

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL A.C.T.C. FACULTY MEMBER(S) SPONSORING TRIP Emily Chapman

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify Jr. Beta☐ Other (athletic, band, if applicable)DESTINATION Lexington Ky ADDRESS _____ PHONE _____☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Clarion Hotel Conference Center - North
1950 Newtown Pike Lexington Ky 40511 1-859-469-6562DATE(S) OF TRIP 3-1-26 - 3-4-26 DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE

Jr. Beta ConventionSOURCE OF FUNDING FOR TRIP Beta Activity Acct.

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFYBeta Activity Acct.NUMBER OF STUDENTS 64 FACULTY SPONSORS 3 OTHER CHAPERONES 3TOTAL # OF PARTICIPANTS 70

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site? ☒ Yes ☐ No If yes, where: LobbyDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:911

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Emily Chapman
Neghan Grant
Jeremy Simmons

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Emily Chapman

Signature of Faculty Sponsor

1-8-26
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised: 9/18/2023

Non-ACIC Chaperones

Emily Adams

Kelsey Detty - works @ HS

Marideth Trammel - works @ HS