

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

SUBMIT THIS FORM		<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
SCHOOL <u>ACIC</u>		FACULTY MEMBER(S) SPONSORING TRIP <u>Emily Chapman</u>			
TYPE OF TRIP (CHECK ONE):					
<input type="checkbox"/> Classroom Field Trip <input type="checkbox"/> Class Trip (i.e., junior, senior), specify _____ <input checked="" type="checkbox"/> Organization/Club Trip, specify <u>Jr. Beta</u> <input type="checkbox"/> Other (athletic, band, if applicable) _____					
DESTINATION <u>Lexington KY</u>		ADDRESS _____	PHONE _____		
<input type="checkbox"/> Out of State <input checked="" type="checkbox"/> Out of County <input type="checkbox"/> Within County		<input checked="" type="checkbox"/> Overnight; give name, address, phone of lodging <u>Clarion Hotel Conference Center - North</u> <u>1950 Newtown Pike Lexington KY 40516</u> <u>1-859-469-6562</u>			
DATE(S) OF TRIP <u>3-1-26 - 3-4-26</u>		DEPARTURE TIME _____	RETURN TIME _____		
PURPOSE/EDUCATIONAL VALUE <u>Jr. Beta Convention</u>					
SOURCE OF FUNDING FOR TRIP <u>Beta Activity Acct.</u>					
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.					
<i>NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.</i>					
BILL TRIP EXPENSES TO: <input type="checkbox"/> SPONSORING ORGANIZATION <input type="checkbox"/> SCHOOL COUNCIL <input type="checkbox"/> BOARD <input type="checkbox"/> OTHER, SPECIFY <u>Beta Activity Acct.</u>					
NUMBER OF: STUDENTS <u>64</u>		FACULTY SPONSORS <u>3</u>	OTHER CHAPERONES <u>3</u>		
TOTAL # OF PARTICIPANTS <u>70</u>					
MODE OF TRANSPORTATION					
IS DISTRICT TRANSPORTATION NEEDED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, SEE PROCEDURE 09.36 AP.212. <input type="checkbox"/> CERTIFICATED COMMON CARRIER; SPECIFY _____ <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Person contacted at venue to discuss EAP: _____			Person making contact: _____		
Is there an Automated External Defibrillator (AED) on site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: <u>Lobby</u>					
Does the venue have an Emergency Response Team: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how are they contacted: <u>911</u>					
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):					
<u>Emily Chapman</u> _____ <u>Angela Gant</u> _____ <u>Jeremy Simmons</u> _____					
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).					
<u>Emily Chapman</u> <i>Signature of Faculty Sponsor</i>			<u>1-8-26</u> <i>Date</i>		
Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____					
<i>Signature of Superintendent/Designee</i> _____ <i>Date</i> _____					

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

(Please use separate sheet and attach to this
Emily Chapman
Signature of Faculty Sponsor

1-8-24
Date

Trip 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 09.16.

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 Petty - works @ HS

Marideth Trammel - works @ HS