

**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.
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SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Morrison

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip  Class Trip (i.e., junior, senior), specify \_\_\_\_\_

Organization/Club Trip, specify ED Rising  Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Oregon ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Out of State  Out of County  Within County

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP June 2020 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_  
PURPOSE/EDUCATIONAL VALUE National Convention/CompetitionSOURCE OF FUNDING FOR TRIP ED Rising

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, SPECIFY \_\_\_\_\_NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS \_\_\_\_\_

## 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: \_\_\_\_\_Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: \_\_\_\_\_

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

Chelsea Morrison

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

Chelsea Morrison  
Signature of Faculty Sponsor5/23/25  
DateTrip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_Frank  
Signature of Superintendent/Designee5/23/25  
DateFor 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