

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 Shelley Cook - Beta

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
- ☒ Organization/Club Trip, specify Beta State Comp. ☐ Other (athletic, band, if applicable) _____

DESTINATION Lexington, KY ADDRESS Central Bank Center PHONE _____

- ☐ Out of State ☒ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Lexington Marriott City Center
121 W. Vine St. Lexington, KY 40507

DATE(S) OF TRIP Mar. 4-6, 2026 DEPARTURE TIME 8:30am RETURN TIME 3:00pmPURPOSE/EDUCATIONAL VALUE State Beta CompetitionSOURCE OF FUNDING FOR TRIP Beta Fundraising / Student payment / BOE

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 24 FACULTY SPONSORS 1 OTHER CHAPERONES 2
 TOTAL # OF PARTICIPANTS 27

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: Ryan Alexander Person making contact: Shelley CookIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Hotel LobbyDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:Employee text system / Radios

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

Shelley Cook NO

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

Shelley Cook
 Signature of Faculty Sponsor

1/5/2026
 Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

1/5/26
 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

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

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SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Brandon Weaver
Nikki Towe

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable) _____

DESTINATION FFA Camp ADDRESS Hardinsburg PHONE 270-606-1270☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging 111 FFA Camp Rd - Hardinsburg, KY - FFA CampDATE(S) OF TRIP June - July DEPARTURE TIME 7:00am RETURN TIME 2:00p.m. June 15-19thPURPOSE/EDUCATIONAL VALUE FFA Camp Leadership DevelopmentSOURCE OF FUNDING FOR TRIP FFA

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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 17

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) _____

Brandon Weaver will drive.

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 ☐ NoPerson contacted at venue to discuss EAP: Josh Mitcham Person making contact: Brandon WeaverIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: see attachedDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: see attached

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

Brandon Weaver
Nikki Towe

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

Brandon Weaver
Signature of Faculty Sponsor8-1-25
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee9/26/25
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

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

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 SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Brandon Weaver
Nikk Towe

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable) _____

 DESTINATION Rupp Arena ADDRESS Lexington PHONE 270-606-1270

- ☐ Out of State ☒ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Either the Hyatt Regency or Lexington Downtown Hotel - see attached.

 DATE(S) OF TRIP 6-8 to 6-11-26 DEPARTURE TIME 12:00pm RETURN TIME 2:00pm

 PURPOSE/EDUCATIONAL VALUE State FFA Convention

 SOURCE OF FUNDING FOR TRIP FFA

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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 17

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: Matt Chaliff Person making contact: Brandon Weaver

 Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: See attached.

 Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: see attached

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

Brandon Weaver
Nikk Towe

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

Brandon Weaver
 Signature of Faculty Sponsor

8-1-25
 Date

 Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

9/26/25
 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

overnight

STUDENTS

09.36 AP.21

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

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SCHOOL ACHS FACULTY MEMBER(S) SPONSORING TRIP 4 Coaches

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify Girls 2 A state ☒ Other (athletic, band, if applicable) _____

DESTINATION _____ ADDRESS _____ PHONE _____

- ☐ Out of State ☒ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Jan 15, 16, 17, 18 DEPARTURE TIME 5:00 RETURN TIME 3

PURPOSE/EDUCATIONAL VALUE

2 A state Tournament in Owensboro, KY

SOURCE OF FUNDING FOR TRIP B

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

For Travel
NUMBER OF: STUDENTS 16 FACULTY SPONSORS 4 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 20

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):

Coach Dewitt Yes
Coach Miller Yes
Coach Roy Yes
Coach Eder Yes

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

Mary L Dewitt
Signature of Faculty Sponsor _____ Date 1/7

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____
<u>[Signature]</u> Signature of Superintendent/Designee _____ Date <u>1/7/25</u>

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