

STUDENTS

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, 2024 DEPARTURE TIME 8:30 am RETURN TIME 3:00 pmPURPOSE/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, SPECIFYNUMBER 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.
 CERTIFIED 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 Cook

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Hotel Lobby

Does 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

1/5/2024
 Date

Trip has been approved disapproved. Reason for disapproval _____

Shelley Cook
 Signature of Superintendent/Designee

1/5/24
 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 Camp

DATE(S) OF TRIP June 8-19 DEPARTURE TIME 7:00am RETURN TIME 2:00p.m. June 15-19th

PURPOSE/EDUCATIONAL VALUE FFA Camp Leadership Development

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) _____

*Brandon Weaver w: 11
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 No

Person contacted at venue to discuss EAP: Josh Mitcham 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

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 Sponsor

8-1-25

Date

Trip has been approved disapproved. Reason for disapproval _____

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

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 ACSA'S 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 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 12:00 pm RETURN TIME 2:00 p.m.

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) _____

*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 No

Person contacted at venue to discuss EAP: Matthew 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
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 Sponsor

8-1-25
 Date

Trip has been approved disapproved. Reason for disapproval _____

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

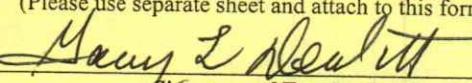
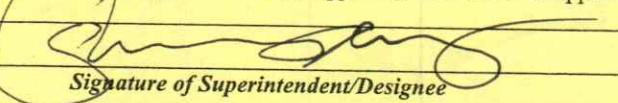
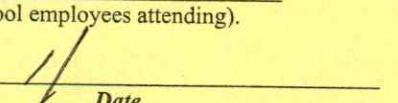
Review/Revised: 9/18/2023

overnight

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM		<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
SCHOOL <u>ACSHS</u>		FACULTY MEMBER(S) SPONSORING TRIP <u>4 Coaches</u>			
TYPE OF TRIP (CHECK ONE):					
<input type="checkbox"/> Classroom Field Trip <input type="checkbox"/> Class Trip (i.e., junior, senior), specify _____ <input type="checkbox"/> Organization/Club Trip, specify <u>Girls 2 A State</u> <input type="checkbox"/> Other (athletic, band, if applicable) _____					
DESTINATION _____		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 _____					
DATE(S) OF TRIP <u>Jan. 15/16, 17/18</u>		DEPARTURE TIME <u>5:00</u>	RETURN TIME <u>?</u>		
PURPOSE/EDUCATIONAL VALUE <u>2 A state Tournament in Owensboro, KY</u>					
SOURCE OF FUNDING FOR TRIP <u>B</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 checked="" type="checkbox"/> BOARD <input type="checkbox"/> OTHER, SPECIFY <u>For Travel</u>					
NUMBER OF: STUDENTS <u>16</u>		FACULTY SPONSORS <u>4</u>	OTHER CHAPERONES _____		
TOTAL # OF PARTICIPANTS <u>20</u>					
MODE OF TRANSPORTATION					
<input type="checkbox"/> 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: _____					
Does the venue have an Emergency Response Team: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how are they contacted: _____					
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):					
<u>Coach Dewitt</u> Yes <u>Coach Miller</u> Yes <u>Coach Roy</u> Yes <u>Coach Bader</u> Yes					
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).					
 <i>Mary L Dewitt</i> <i>Signature of Faculty Sponsor</i>			 <i>John Gandy</i> <i>Signature of Superintendent/Designee</i>		
Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____			 <i>1/7/25</i> <i>Date</i>		

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