

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

SUBMIT THIS FORM [] ONE WEEK [] TWO WEEKS [x] OTHER, SPECIFY 5 wks PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Diane Towe

TYPE OF TRIP (CHECK ONE):

- [] Classroom Field Trip [] Class Trip (i.e., junior, senior), specify
[] Organization/Club Trip, specify
[x] Other (athletic, band, if applicable) Cheer comp

DESTINATION Lexington, KY ADDRESS See Attached PHONE See attached

- [] Out of State [] Out of County [] Within County
[x] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP March 13-14 DEPARTURE TIME 3/13/26 4:30PM RETURN TIME 7:00pm 3/14/26

PURPOSE/EDUCATIONAL VALUE Cheer Competition

SOURCE OF FUNDING FOR TRIP Booster club + board account for bus

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 22 FACULTY SPONSORS 1 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 23

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [] NO [x] 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? [x] Yes [] No

Person contacted at venue to discuss EAP: Jasmine Richardson Person making contact:

Is there an Automated External Defibrillator (AED) on site: [x] Yes [] No If yes, where:

Does the venue have an Emergency Response Team: [x] Yes [] No If yes, how are they contacted:

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

Diane Towe - CPR

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

Signature of Faculty Sponsor

2/3/26 Date

Trip has been [x] approved [] disapproved. Reason for disapproval

Signature of Superintendent/Designee

2/4/26 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

**ACSHS CHEER
LEXINGTON ITINERARY
MARCH 13-14**

Friday, March 13th:

- *Leave from the ACS Athletic Complex at 4:30.
- *Stop about 1.5 hours into the trip (about halfway) for a restroom break—E-town at Chic-fil-A for dinner and restroom break.
- *Arrive in Lexington and check in for the night.

Saturday, March 14th:

- *Breakfast at hotel (free)
- *Meet at 8:00am (location TBD) and head to cheer competition
- *8:00-1:00 Cheer Derby Grand Nationals cheer competition
- *Awards
- *Load bus and travel home.
- *Stop about 1.5 hours for a restroom break if needed & possibly a meal depending on competition's schedule. Location is at driver's discretion.
- *Return to ACS Athletic Complex 7:00pm

2026 ACSHS Cheer Competitions

March 14th- Cheer Derby

Location: Central Bank Center

430 W Vine Street

Lexington, KY 40507

859-233-4567

*Leave on Friday, March 13th at 4:30pm.

*Return home on March 14th by 7:00pm

LODGING: Expense covered by ACS CPO \$139/room/night

Springhill Suites by Marriott near University of Kentucky

863 South Broadway

Lexington, KY 40504

(859) 225-1500

MEALS: Hotel has free breakfast. Athletes will cover the cost of their own meals for dinner on the 13th and lunch on March 14th. The booster club will provide each room with snacks, water, & gatorade.

**Dinner on the 13th—we will stop at Chic-fil-a in Elizabethtown.

Registration: Registration for the event will be paid by the booster club.

Cheer Derby-\$2,416.80

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SUBMIT THIS FORM [] ONE WEEK [] TWO WEEKS [] OTHER, SPECIFY PRIORITY TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP B. BONDS

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip, Class Trip, Organization/Club Trip, Other (athletic, band, if applicable) SOFTBALL

DESTINATION HARRISON Co HS ADDRESS Cynthia Ky PHONE

- Out of State, Out of County, Within County

Overnight; give name, address, phone of lodging LEXINGTON, Ky

* Will Play @ Nelson Co on Thursday & Bryan Station on Friday

DATE(S) OF TRIP 4-9 thru DEPARTURE TIME 4-9(8:00) RETURN TIME 4-11

PURPOSE/EDUCATIONAL VALUE 4-11 9:00 pm * Harrison on Sat

SOURCE OF FUNDING FOR TRIP SOFTBALL-BOARD

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 2 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 27

MODE OF TRANSPORTATION

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

* BRAD BONDS 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? [X] Yes [] No

Person contacted at venue to discuss EAP: COACH / AD Person making contact: BRAD BONDS / CAMERON COOK

Is there an Automated External Defibrillator (AED) on site: [] Yes [] No If yes, where: CONCESSION / PRESS BOX

Does the venue have an Emergency Response Team: [X] Yes [] No If yes, how are they contacted:

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

BRAD BONDS - YES
NIP RICE - YES
BRYSON BONDS - YES

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

Signature of Faculty Sponsor

1-16-26
Date

Trip has been [X] approved [] disapproved. Reason for disapproval
Signature of Superintendent/Designee
Date 1/20/26

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