



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

School

ALLEN COUNTY-SCOTTSVILLE HIGH SCHOOL

Faculty Member(s) Sponsoring Trip

Adam Crabtree

Type of Trip (Check One)

- Classroom Field Trip
- Class Trip (specify)
- Organization/Club Trip (specify)
- Other (specify)

Type of Trip

Academic Team to travel to the High School National Championship Tournament in Atlanta, Georgia

Destination

Atlanta Marriot Marquis in Atlanta, Georgia

Phone

(404) 521-0000

Address

265 Peachtree Center Ave NE, Atlanta, GA 30303

Destination Type

- Out of State
- Out of County
- Within County
- Overnight

Departure Date & Time

05/22/2026 9:00 AM

Return Date & Time

05/25/2026 1:00 PM

Purpose/Educational Value

ACSHS received an invitation to the High School National Championship Tournament for the first time in school history.

Source of Funding for Trip

Academic Team Activity Fund

Source of Funding for Trip (Verified by Principal's Designee)

Funding Verification (Signature):

Estimate Cost of Trip

(actual cost billed after the completion of the trip)

Is there a registration cost?

Yes No

of Registrations

Cost per Registration

Est. Registration Cost

1

920

\$920.00

Type of Vehicle Needed

Bus Fleet Vehicle (i.e., SUV)

of Fleet Vehicles

Round Trip Mileage

Current Mileage Rate

1

576

0.42

[Click here for current mileage rate.](https://finance.ky.gov/office-of-the-controller/office-of-statewide-accounting-services/Pages/state-employee-travel.aspx) (https://finance.ky.gov/office-of-the-controller/office-of-statewide-accounting-services/Pages/state-employee-travel.aspx)

Est. Fleet Vehicle Cost

241.92

Meal Cost Estimate

\$0

Are there any other costs associated with the trip?

Yes No

If yes, please explain.

Estimated Additional Cost

Hotel Expenses

\$1717.83

Total Estimated Cost

\$2,879.75

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

Bill Trip Expenses To

- Sponsoring Organization
- School Council
- Board
- Other

If other, specify

Academic Team Activity Fund

Number of Students

7

Faculty Sponsors

1

Other Chaperones

0

Total # of Participants

8

Mode of Transportation

Is District Transportation Needed?

- NO
- YES, SEE PROCEDURE 09.36 AP.212.

Transportation Type Specifications

Request to use district owned SUV

Supervision (Please List of Names of Adults Accompanying Students on Trip)

Name of Adult	Phone Number
Adam Crabtree	2706180476

You can add employees by clicking the + icon to the right

Have all chaperones undergone required records check and been designated by the principal/designee to supervise students?

Yes No

EMERGENCY ACTION PLAN

Person contacted at venue to discuss EAP

(Pending)

Person making contact

Adam Crabtree

Is there an Automated External Defibrillator (AED) on site?

Yes No

Does the venue have an Emergency Response Team?

Yes No

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

Employee	CPR Trained
Adam Crabtree	<input type="checkbox"/>

You can add employees by clicking the + icon to the right

Faculty Sponsor Name

Adam Crabtree

Faculty Sponsor Email

adam.crabtree@allen.kyschools.us

For the purpose of processing this form

Signature of Faculty Sponsor

Adam Crabtree

Date Signed

02/26/2026 08:04 am

Trip has been

Approved Disapproved

Signature of Principal/Designee

[Empty signature box]

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

Trip has been

Date of Board Approval