

09.36 AP.2
TA
3/18/26

Field Trip Planning Form

This form is to be used when students take any trip off campus for school purposes.

School: Larry A. Ryle High School Grade(s): 9-12 Class/Activity Group/Team: DECA
 Teacher/Sponsor/Coach: Mrs. Elizabeth Schnelle Cell Phone Number: 859-814-4509
 Person trained with current medication administration training CPR/FA/AED credential Schnelle & Koberna

Destination Venue, Location and State: Atlanta, GA- Mercedes Benz Stadium & Embassy Suites Buckhead
 Trip Location Contact Person: Lisa Oakes Phone Number: 859-771-6555

Teachers: 3 # Students: 33 # Chaperones: 1 Adult/Student Ratio: 1:9

Date(s) & Times		Cost	Transportation
Departure Date: <u>4/24/26</u>		Total Cost: \$ <u>31,510.31</u>	<input type="checkbox"/> District Bus/Van
Time: <u>9:00</u> <u>AM</u> / <u>PM</u>		Funding Source: _____ fundraising	<input type="checkbox"/> Charter Bus:
Return Date: <u>4/29/26</u>		Fee to be assessed to students:	Approved Bid - Company Name
Time: <u>4:00</u> <u>AM</u> / <u>PM</u>		<u>\$695 - \$450 already paid</u>	<input checked="" type="checkbox"/> Other: <u>CHARTER OF</u>
		<i>Attach Student Activity Cost Form 09.15 AP.23</i>	<i>Attach a copy of Charter Bus Contract.</i>
Meals	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/>	Location where packed lunches will be consumed: _____
	School Cafeteria Packed <input type="checkbox"/>	Name & Location: <u>VARIOUS</u>	
Over Night	Date: <u>4/24/26</u>	Lodging: <u>Embassy Suites Buckhead, Atlanta, GA</u>	
	Date: _____	Lodging: _____	

INVOICE ATTACHED

Trip Purpose and Core Content/learning targets: DECA CTSO International competition

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: N/A

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: Morgan Medious, Elizabeth Schnelle, Brandon Koberna

School Nurse Initials: JS/MU for verification that medications administrator listed above received training.

Due Date: _____ to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- EAS I have attached an anticipated Trip Itinerary
- EAS I have evaluated the trip site for potential hazards/special requirements
- EAS I have an event-specific emergency action plan for the trip site and will distribute to all personnel attending the event in an official capacity.
- EAS Funds have been secured for indigent students
- EAS If needed, background checks for chaperone approval have been initiated
- EAS Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: ESchnelle Date: 3/18/26

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Embassy Suites Buckhead

Venue Address 3285 Peachtree Rd. NE Atlanta, GA 30306

Person or email contacted at venue to discuss EAP Angel White

Position/Title of person contacted Front Desk Staff

Date (s) of contact 3/18/26

Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? _____

Does venue have an emergency response team (ERT) yes no?

Process to request AED and/or ERT if needed at the scene will bring one from Ryle.

PORTABLE

Will a portable AED be taken from school on this trip? yes no? If yes, who will be responsible for oversight and location of AED? _____

Is any other assigned emergency equipment available on field trip? yes no

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs.
- If possible, how to gain access.
- Steps that must be taken quickly to initiate the chain of survival.
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
 - Call 911 using cell phone or other means of communication.
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute).
 - Retrieve and use the nearest AED.
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.

○ APPROVAL SIGNATURES REQUIRED

○ CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

○ Principal: [Signature] Date: 3/18/26

○ Required for all trips

○ Superintendent/Designee: _____ Date: _____

○ Overnight Trips

○ Board of Education: _____ Meeting Date: _____

○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ Travel outside the Tri-State area of KY, OH, IN

○ Common Carrier contract including cost

○ Common Carrier Transportation Reason for using a Charter Bus/Plane: _____

○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

Billing Contact

First Name

Wren

Email Address

WrenOwilson@icloud.com

Last Name

Wilson

Phone Number

+1 (859) 940-1802

Reservation #1462012

1	Address 10379 US-42, Union, KY 41091, USA	Pickup Date 4/24/2026 9:00 AM	
2	Address Embassy Suites by Hilton Atlanta Buckhead 3285 Peachtree Rd NE, Atlanta, GA 30305, USA	Dropoff Date 4/24/2026 3:45 PM	Pickup Date 4/24/2026 6:30 PM
3	Address Truist Park 755 Battery Ave SE, Atlanta, GA 30339, USA	Dropoff Date 4/24/2026 7:00 PM	Pickup Date 4/24/2026 10:30 PM
4	Address Embassy Suites by Hilton Atlanta Buckhead 3285 Peachtree Rd NE, Atlanta, GA 30305, USA	Dropoff Date 4/24/2026 11:00 PM	Pickup Date 4/25/2026 11:00 AM
5	Address Ponce City Market 675 Ponce De Leon Ave NE, Atlanta, GA 30308, USA	Dropoff Date 4/25/2026 11:30 AM	Pickup Date 4/25/2026 2:00 PM
6	Address Embassy Suites by Hilton Atlanta Buckhead 3285 Peachtree Rd NE, Atlanta, GA 30305, USA	Dropoff Date 4/25/2026 2:30 PM	Pickup Date 4/25/2026 4:30 PM

charterUP

Invoice

14	Address Embassy Suites by Hilton Atlanta Buckhead 3285 Peachtree Rd NE, Atlanta, GA 30305, USA	Dropoff Date 4/28/2026 9:30 AM	Pickup Date 4/28/2026 10:30 AM
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15	Address Topgolf Atlanta Midtown 1600 Ellsworth Industrial Blvd NW, Atlanta, GA 30318, USA	Dropoff Date 4/28/2026 11:00 AM	Pickup Date 4/28/2026 1:00 PM
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16	Address Embassy Suites by Hilton Atlanta Buckhead 3285 Peachtree Rd NE, Atlanta, GA 30305, USA	Dropoff Date 4/28/2026 1:30 PM	Pickup Date 4/28/2026 7:00 PM
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17	Address Mercedes-Benz Stadium 1 AMB Dr NW, Atlanta, GA 30313, USA	Dropoff Date 4/28/2026 7:30 PM	Pickup Date 4/28/2026 9:30 PM
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18	Address Embassy Suites by Hilton Atlanta Buckhead 3285 Peachtree Rd NE, Atlanta, GA 30305, USA	Dropoff Date 4/28/2026 10:00 PM	Pickup Date 4/29/2026 8:00 AM
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19	Address 10379 US-42, Union, KY 41091, USA	Dropoff Date 4/29/2026 2:45 PM	
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Trip Type Daily	Passengers 38	Vehicle 1 Charter Bus	Drivers 1
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Grand Total \$17,363.48

Remaining Balance \$17,363.48

Due Date 5/24/2026

If paying by check, please mail the check and include this invoice to the following mailing address:

CharterUP LLC
P.O. Box 738539
Dallas, TX 75373-8539

If paying by wire, the banking information can be found below:

CharterUP LLC
6595 Roswell Rd
Ste G291
Atlanta, GA 30328
Bank: JP Morgan Chase
Account Number: 888756209
Routing Number: 061092387

Terms & Conditions were accepted on 3/20/2026 4:30 PM (GMT).
See <https://www.charterup.com/transportation-terms>.