

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

SUBMIT THIS FORM  ONE WEEK  TWO WEEKS  OTHER, SPECIFY \_\_\_\_\_ PRIOR TO THE TRIP.

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

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip  Class Trip (i.e., junior, senior), specify \_\_\_\_\_
- Organization/Club Trip, specify \_\_\_\_\_  Other (athletic, band, if applicable) SOFTBALL

DESTINATION JACK FISHER PARK ADDRESS OWENSBORO, KY PHONE \_\_\_\_\_

- Out of State  Out of County  Within County
- Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4-16 thru 4-19 DEPARTURE TIME 4:00 pm RETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE (4-16)  
CLASS 2A CHAMPIONSHIPS

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 18 FACULTY SPONSORS 1 OTHER CHAPERONES 2  
TOTAL # OF PARTICIPANTS 21

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: 2A REP Person making contact: AD/COACH/2A BOARD

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: 2A REP

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

BRAD BONDS - YES \_\_\_\_\_

NIP RICE - YES \_\_\_\_\_

BRAYSON BONDS - NO \_\_\_\_\_

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

Brad Bonds

Signature of Faculty Sponsor

3-30-26

Date

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent/Designee

\_\_\_\_\_  
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



# ALLEN COUNTY BOARD OF EDUCATION

570 OLIVER STREET  
SCOTTSVILLE, KY 42164  
(270)618-3181  
FAX (270)618-3185

**To:** Brad Hood, Athletic Director  
Cameron Cook, Asst. Athletic Director  
Shane Humphrey, Principal

**From:** Brian Carter, Deputy Superintendent

**Date:** April 13, 2026

**Subject:** Support for Softball Participation in the 2A State Tournament

The district has reviewed and calculated the allocation for supporting the participation of our students in the 2A State Tournament. In accordance with board policy, which provides transportation for student-athletes. It is our understanding that, in this case, the students will be transported via a school bus with only seat time being charged by the driver.

The allocation calculation was based on the following assumptions:

- Transportation to Jack C. Fisher Park Owensboro, Ky
- Estimated round-trip mileage of 194 plus miles, Bus provided at no charge for school please use this code 020-1-925-0898
- Driver cost estimated at \$18.54 per hour for 20 hours minus 4 hours for drive time since the driver is donating other hours. 4 hrs drive time please charge to this code 020-1-925-0131

This calculation results in an additional allocation of \$296.64 to support the Girl Softball participants. Please charge all expenses for the tournament to the Girls Activity Fund and request reimbursement for up to \$300 dollars once everything is paid. If expenses do not add up to \$300, the board will only reimburse for actual expenses. The expenses for the Coaches should be on a green sheet and separate from this allocation. We will provide for 2 coaches rooms for Thursday and Friday and meals according to district policy during the stay. Hotel and Meals Code for Coaches - 020-1-925-0580P

Please collaborate with the Coach to determine the best use of these funds to support the students during their participation in the 2A State Softball Tournament. Let me know if you need any further clarification or assistance.



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

**School**

ALLEN COUNTY-SCOTTSVILLE HIGH SCHOOL

**Faculty Member(s) Sponsoring Trip**

David S Walker

**Type of Trip (Check One)**

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

**Type of Trip**

JROTC Summer Camp

**Destination**

Wendell H Ford Regional Training Center

**Phone**

(502) 607-7921

**Address**

4675 State Route 181 N

**Destination Type**

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

**Departure Date & Time**

05/27/2026 12:00 PM

**Return Date & Time**

05/31/2026 12:00 PM

**Purpose/Educational Value**

Leadership Camp.

**Source of Funding for Trip**

Cadet Command, Army JROTC

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

D-JROTC Activity Funds M-JROCTC Activity Funds

Funding Verification (Signature):

Date Signed

*Brittany Walker*

03/27/2026 01:15 pm

Estimate Cost of Trip

(actual cost billed after the completion of the trip)

Is there a registration cost?

Yes  No

Type of Vehicle Needed

Bus  Fleet Vehicle (i.e., SUV)

# of Busses

Round Trip Mileage

Length of Trip (in hours)

1

130

4

Est. Cost of Buses

Est. Cost of Driver

\$169.00

\$80.00

Meal Cost Estimate

\$0

Are there any other costs associated with the trip?

Yes  No

Total Estimated Cost

\$249.00

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

Bill Trip Expenses To

- Sponsoring Organization
- School Council
- Board
- Other

**Number of Students**

10

**Faculty Sponsors**

1

**Other Chaperones**

0

**Total # of Participants**

11

**Mode of Transportation**

**Is District Transportation Needed?**

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

**Transportation Type Specifications**

Bus

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

Name of Adult	Phone Number
David S. Walker	270-237-0681

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**

Chief Murphy

**Person making contact**

David Walker

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

- Yes
- No

**If Yes, where?**

Lunch Room, Clinic, Barracks

**Does the venue have an Emergency Response Team?**

**If Yes, how are they contacted?**

Yes  No

Radio/Cell

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

Employee	CPR Trained
David Walker	<input checked="" type="checkbox"/>

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

**Faculty Sponsor Name**

David Walker

**Faculty Sponsor Email**

david.walker@allen.kyschools.us

For the purpose of processing this form

**Signature of Faculty Sponsor**

*David S. Walker*

**Date Signed**

03/27/2026 12:18 pm

**Trip has been**

Approved  Disapproved

**Signature of Principal/Designee**

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**

Approved  Disapproved

**Date of Board Approval**

**Signature of Superintendent/Designee**

**RELATED PROCEDURES:** 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212