



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

School

ALLEN COUNTY-SCOTTSVILLE HIGH SCHOOL

Faculty Member(s) Sponsoring Trip

Joshua Patton

Type of Trip (Check One)

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

Type of Trip

Girls Basketball

Destination

Campbellsville University

Phone

(270) 789-5378

Address

1 University Drive Campbellsville, Ky 42718

Destination Type

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

Give name, address, phone of lodging

Campbellsville University
1 University Drive Campbellsville, Ky 42718

Departure Date & Time

06/09/2026 7:00 AM

Return Date & Time

06/11/2026 4:00 PM

Purpose/Educational Value

Summer Games

Source of Funding for Trip

Booster

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

Girls Basketball Booster

Funding Verification (Signature):

Date Signed

Brittany Walker

05/21/2026 08:12 am

Estimate Cost of Trip

(actual cost billed after the completion of the trip)

Is there a registration cost?

Yes No

of Rooms

Cost per Room

Est. Room Cost

TBD

TBD

\$0.00

Type of Vehicle Needed

Bus Fleet Vehicle (i.e., SUV)

of Busses

Round Trip Mileage

Length of Trip (in hours)

1

81 miles

1 hour 24 mins

Est. Cost of Buses

Est. Cost of Driver

\$105.30

\$20.00

Meal Cost Estimate

\$0

Are there any other costs associated with the trip?

Yes No

Total Estimated Cost

\$125.30

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

Booster

Number of Students

10

Faculty Sponsors

1

Other Chaperones

2

Total # of Participants

13

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
Joshua Patton	2707076545

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

Miranda Dinney

Person making contact

Joshua Patton

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

Yes No

If Yes, where?

On Campus

Does the venue have an Emergency Response Team?

Yes No

If Yes, how are they contacted?

Phone

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

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

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

Faculty Sponsor Name

Joshua Patton

For the purpose of processing this form

Faculty Sponsor Email

joshua.patton@allen.kyschools.us

Signature of Faculty Sponsor

Joshua Patton

Date Signed

05/20/2026 01:27 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

Signature of Superintendent/Designee

Date of Board Approval

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