



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

School *

ALLEN CO. INTERMEDIATE CENTER

Faculty Member(s) Sponsoring Trip *

EMILY CHAPMAN

Type of Trip (Check One) *

Classroom Field Trip

Class Trip (specify)

☒ Organization/Club Trip (specify)

Other (specify)

Type of Trip *

BETA CONVENTION

Destination *

CENTRAL BANK CENTER

Phone *

(859) 233-4567

Address *

430 WEST VINE STREET

Destination type *

Out of State

Out of County

Within County

☒ Overnight

Give name, address, phone of lodging *

THE MANCHESTER
941 MANCHESTER STREET, LEXINGTON KY 40508
18597853900

Departure Date & Time *

01/27/2027 8:00 AM

Return Date & Time *

01/29/2027 2:00 PM

Purpose/Educational Value *

BETA CONVENTION IS WHERE STUDENTS COMPETE AGAINST OTHER STUDENTS IN THEIR SAME AGE IN ACADEMIC COMPETITIONS.

Source of Funding for Trip *

FUNDRAISING AND PARENT/GUARDIAN CONTRIBUTION

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

BETA ACTIVITY ACCOUNT

Funding Verification (Signature): *

Keena Woods

Date Signed

09/08/2026 11:06 am

Estimate Cost of Trip

(actual cost billed after the completion of the trip)

Is there a registration cost? *

Yes ☐ No ☒

of Rooms *

15

Cost per Room *

348.0

Est. Room Cost

\$5,220.00

Type of Vehicle Needed *

☒ Bus ☐ Fleet Vehicle (i.e., SUV)

of Busses *

1

Round Trip Mileage *

330

Length of Trip (in hours) *

16

Est. Cost of Buses

\$429.00

Est. Cost of Driver

\$320.00

Meal Cost Estimate *

\$0

Are there any other costs associated with the trip? *

Yes ☐ No ☒

Total Estimated Cost

\$5,969.00

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 *

20

Faculty Sponsors *

2

Other Chaperones *

2

Total # of Participants

24

Mode of Transportation

Is District Transportation Needed? *

NO ☒ YES, SEE PROCEDURE 09.36 AP.212.

Transportation Type Specifications *

1 BUS WITH UNDER CARRAGE FOR LUGGAGE

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

Name of Adult	Phone Number
EMILY CHAPMAN	2706221817
MEGHAN GANTT	2706181360

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 *

UNKNOWN AT THIS TIME

Person making contact *

EMILY CHAPMAN

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

☒ Yes ☐ No

If Yes, where? *

MULTIPLE LOCATIONS

Does the venue have an Emergency Response Team? *

☒ Yes ☐ No

If Yes, how are they contacted? *

911

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

Employee	CPR Trained
EMILY CHAPMAN	
MEGHAN GANTT	
MARIDETH TRAMMEL	

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

Faculty Sponsor Name *

EMILY CHAPMAN

Faculty Sponsor Email *

emily.chapman@allen.kyschools.us

For the purpose of processing this form

Signature of Faculty Sponsor *

Emily Chapman

Date Signed

09/08/2026 11:05 am

Trip has been *

☒ Approved Disapproved

Signature of Principal/Designee *

Jeremy Simmons

Date Signed

09/08/2026 11:08 am

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 *

☐ Approved Disapproved

1

Signature of Superintendent/Designee *

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