

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name: Nick Stottle, Lee Gunder, & Mike Smith

Address: P.O. Box 5, Mt. St. Elizabeth, E. 42220

Telephone number: 270 205-2506

Name of school children attend, if applicable: TCCM

Group represented: G.I. Bartlett

Check if request was submitted to: ☐ Superintendent ☒ Board Chairperson

Conferred with following administrators (names): Lee Gunder & Mike Smith

Description of Issue: Playing in the Murray Tice Classic in Murray on Dec. 29-30, 2005

Specific Action Requested: Overnight request

Check if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

Request to Place an Item on the AgendaName: Mrs. Hampton Lee Quilest + Mke SmithAddress: POB S. Main St. Belknap, KY 42220Telephone number: 270-265-2500Name of school children attend, if applicable: TCCASGroup represented: CheerleadingCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quilest + Mke Smith

Description of Issue: Participating in the UCA Regional competition at the Central Bank Center in Lexington on Nov 15th, 2025. They will spend the night on Nov 14th, 2025. The students and parents will be self-transporting and will be responsible for the purchase of room.

Specific Action Requested: Overnight requestCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Emily Conner

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FCCLADESTINATION Christian Way Farms ADDRESS 19590 Linnville Rd, Hopkinsville, KY 42240☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 10/21 DEPARTURE TIME 8:15 RETURN TIME 1:30SOURCE OF FUNDING FOR TRIP FCCLA**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**NUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS _____
EAP: Person contacted at venue to discuss EAP: Tanie Conner Person making contact: Emily ConnerIs 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: _____

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

Emily Conner - CPR certified

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

Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

Date 10-13-25**District Use Only****Section 2**

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS**Section 3**

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments: _____

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP L. Brown/H. Lawson**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Honeysuckle Hill Farm ADDRESS 1765 Martins Chapel Rd. Springfield
TN, 37172☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 10/31/25 DEPARTURE TIME 9:00 RETURN TIME 2:00SOURCE OF FUNDING FOR TRIP SPED**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**NUMBER OF: STUDENTS 18 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 25EAP: Person contacted at venue to discuss EAP: Makayla Yates Person making contact: Lauren BrownIs 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: _____

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

Lauren BrownHolly LawsonDanette CampbellPhilip ClemonsJessica JohnsonPreston RagerJemaria Shaw

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

Lauren Brown
Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature]Date 10-15-25**District Use Only****Section 2**

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS**Section 3**

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments: _____

Coach or School Representative Signature _____ Date _____

Request to Place an Item on the AgendaName: SPED L. Brown / H. Lawson

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee CharlesDescription of Issue: travelSpecific Action Requested: permission to travel to
Honey suckle Hill Farm on
10/31/2025Check if you are: ☐ Board Member ☐ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Revised/Revised: 10/2010

STUDENTS

09.36 AP.21

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS

DESTINATION BETA DISTRICT COMPETITION ADDRESS HILLVUE HEIGHTS CHURCH (3219 NASHVILLE ROAD, BOWLING GREEN, KY)

*Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP TUESDAY, NOV.) DEPARTURE TIME 7:45 AM RETURN TIME TBD

SOURCE OF FUNDING FOR TRIP TC BETA

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

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 42

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Lisa Petrie

Is there an Automated External Defibrillator (AED) on site: * Yes No If yes, where: Medical STATIONS

Does the venue have an Emergency Response Team: * Yes No If yes, how are they contacted: EMERGENCY EMS is contacted

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

Lisa Petrie _____

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

Lisa Petrie _____
Signature of Faculty Sponsor Date 10/3/25

Approval of Site Based Council Representative [Signature] Date 10-15-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ CAR/VAN _____ O d o m e t e r _____ S t a r t : _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

STUDENTS

09.36 AP.21

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS

DESTINATION JV CHALLENGE ACADEMIC TEAM ADDRESS 400 S COLLEGE ST, FRANKLIN, KY
☒ Overnight; give name, address, phone of lodging _____ Admissions provides housing _____

DATE(S) OF TRIP OCT 28 (1-VAN) NOV. 1 (2-VANS) DEPARTURE TIME NOV. 1 - 7:00 AM
RETURN TIME TBD

SOURCE OF FUNDING FOR TRIP TCCHS

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

NUMBER OF: STUDENTS 8-10 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 12

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Lisa Petrie

Is there an Automated External Defibrillator (AED) on site: ☒ Yes No If yes, where: MEDICAL STATIONS

Does the venue have an Emergency Response Team: ☒ Yes No If yes, how are they contacted: EMERGENCY
EMS is contacted _____

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

Lisa Petrie
(maybe) Evan Cantarelli

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

Lisa Petrie Signature of Faculty Sponsor Date 10/3/25

Approval of Site Based Council Representative [Signature] Date 10-15-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ CAR/VAN _____ O d o m e t e r _____ S t a r t :

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____
Driver Comments: _____

Coach or School Representative Signature _____ Date _____

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP BROOK WAGONER

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: BOYS SOCCER

DESTINATION MUHLENBERG COUNTY HIGH SCHOOL

ADDRESS 501 ROBERT DRAPER WAY, GREENVILLE

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/16/25 DEPARTURE TIME 4:00 P.M. RETURN TIME 9:00 PM

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 604-3345

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 18

EAP: Person contacted at venue to discuss EAP: Brad Rogers Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: On site

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: On site

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

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

Wagoner
Signature of Faculty Sponsor

10/16/25
Date

Approval of Site Based Council Representative [Signature]

Date 10.16.25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

Request to Place an Item on the AgendaName: FFA - S. Berry

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: FFACheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travel
overnight to KY FFA State Land
Judging Competition. 11/5-11/6Check if you are: ☐ Board Member ☐ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 61.45. Items submitted shall require prior approval of the Superintendent.

Revised/Revised: 01/1996

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY, QUASHAWN QUARLES & HAYDEN MILLER
(STUDENT TEACHER)

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding
DESTINATION :

KY FFA State Land Judging Competition

Hardinsburg, KY

DATE(S) OF TRIP: NOVEMBER 5-6, 2025

DEPARTURE TIME 6:00 AM (NOVEMBER 5)

RETURN TIME: 6:00 P.M. (NOVEMBER 6)

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS
7

EAP: Person contacted at venue to discuss EAP: Front Desk Staff

Person making contact: Shayla Berry

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Various on site, front desk

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: *Hardinsburg PD*

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

Shayla Berry (formerly CPR trained)

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

Shayla Berry

Signature of Faculty Sponsor

10/16/25

Date

Approval of Site Based Council Representative

Date *10-17-25*

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____