

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 **JERIANN WHITE**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **DANCE**

DESTINATION **GEORGE ROGERS CLARK HIGH SCHOOL**

ADDRESS **2745 BOONESBORO RD, WINCHESTER**

☒ Overnight; give name, address, phone of lodging

TBA

DATE(S) OF TRIP **12/13-14/25** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **TCCHS Annex** COACH CONTACT # **(270) 604-5486**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS**

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

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

EAP: Person contacted at venue to discuss EAP: **Julian Tackett** 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).

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 11-12-25

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: Dance - Jeri Lear

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: Dance teamCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: +travelSpecific Action Requested: permission to travel to
Winchester overnight for dance
CompetitionCheck 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

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION TCHS ADDRESS 515 W. Main St., Elkton, Ky

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

DATE(S) OF TRIP 4 Feb 2026 DEPARTURE TIME 1:00 pm RETURN TIME 2:30 pm

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 21

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

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: _____

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

CW3 FAGAN - CPR Cert

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

Signature of Faculty Sponsor

25 NOV 2025
Date

Approval of Site Based Council Representative

Date 12-5-25

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 TCMS & TCMS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION LUCAS OIL STADIUM ADDRESS 500 S Capital Ave Indianapolis

☒ Overnight; give name, address, phone of lodging Camp Atherbury, Edinburgh, IN
46124 812-526-1128

DATE(S) OF TRIP JAN 13-14, 2026 DEPARTURE TIME 0800 RETURN TIME 2:30

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 45 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 47

EAP: Person contacted at venue to discuss EAP: Tiffany Nagy Person making contact: CW3 FAGAN

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: _____

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

CW3 FAGAN - CPR Certified

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

[Signature]
Signature of Faculty Sponsor

24 NOV 2025
Date

Approval of Site Based Council Representative [Signature]

Date 12-5-25

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: Fagan

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: JROTCCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travelovernight to Edinburg INCheck 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

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 ACADEMIC TEAM

DESTINATION TBD

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

DATE(S) OF TRIP MONDAY, FEB 16, 2026 DEPARTURE TIME TBD RETURN TIME TBD

SOURCE OF FUNDING FOR TRIP TCCHS ACADEMIC TEAM

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

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS VAN SREQUEST

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: _____

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):

Lisa Petrie

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

11/23/25

Date

Approval of Site Based Council Representative _____

Date 12-5-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ 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 ACADEMIC TEAM

DESTINATION TBD

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

DATE(S) OF TRIP SATURDAY, FEB 21, 2026 DEPARTURE TIME TBD RETURN TIME TBD

SOURCE OF FUNDING FOR TRIP TCCHS ACADEMIC TEAM

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS VAN
SREQUEST

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: _____

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):

Lisa Petrie

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

11/23/25

Date

Approval of Site Based Council Representative 

Date 2-5-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ 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 ACADEMIC TEAM

DESTINATION TBD

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

DATE(S) OF TRIP TUESDAY, JAN 20, 2026 DEPARTURE TIME TBD RETURN TIME TBD

SOURCE OF FUNDING FOR TRIP TCCHS ACADEMIC TEAM

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

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS VAN SREQUEST

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: _____

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):

Lisa Petrie

Evan Cantarelli

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

Lisa Petrie

11/23/25

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature] Date 12-5-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ 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

School Related 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 ACADEMIC TEAM

DESTINATION TBD

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

DATE(S) OF TRIP SATURDAY JAN.24, 2026 DEPARTURE TIME TBD RETURN TIME TBD

SOURCE OF FUNDING FOR TRIP TCCHS ACADEMIC TEAM

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS VAN
SREQUEST

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: _____

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):

Lisa Petrie

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

11/23/25

Date

Approval of Site Based Council Representative _____

Date 12-5-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ 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

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

SCHOOL TCMS & TCMS FACULTY MEMBER(S) SPONSORING TRIP CW3 Fagan

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION Northwest High School ADDRESS 800 Lafayette Rd, Clarksville, TN

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

DATE(S) OF TRIP 14 Feb 2026 DEPARTURE TIME 0600 RETURN TIME 2pm

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 16

EAP: Person contacted at venue to discuss EAP: CW4 Perez Person making contact: CW3 Fagan

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: _____

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

CW3 Fagan - CPR Cert

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

[Signature]
Signature of Faculty Sponsor

25 Nov 2025
Date

Approval of Site Based Council Representative [Signature]

Date 12-5-25

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: Fagan

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: JROTCCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travel
out of state to Clarksville, TN
to Northwest High SchoolCheck 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

09.36 AP.21

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

SCHOOL TCCHS & TCMS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION Kenwood High School ADDRESS 215 E Pine Mountain Rd

☐ Overnight; give name, address, phone of lodging Clarksville, TN

DATE(S) OF TRIP 28 Feb 2026 DEPARTURE TIME 0600 RETURN TIME 1:00pm

SOURCE OF FUNDING FOR TRIP

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 16

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

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: _____

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

CW3 FAGAN - CPR cert

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

[Signature] 25 NOV 2025
Signature of Faculty Sponsor Date
Approval of Site Based Council Representative [Signature] Date 12-5-25

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: Fagan

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: JROTCCheck if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): _____

Description of Issue: travelSpecific Action Requested: permission to travel
out of state to Kenwood High
SchoolCheck 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

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Lawson/Brown

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SPED

DESTINATION Below, Goodwill

ADDRESS Hopkinsville, Ky

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

DATE(S) OF TRIP Dec. 12, 2025 DEPARTURE TIME 8:30 RETURN TIME 11:30

SOURCE OF FUNDING FOR TRIP Self pay

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: H. Lawson

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: _____

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

Holly Lawson
Danette Campbell
Jessica Johnson

Lauren Brown
Jemana Shaw
Preston Rager

Philip Clemmons

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

Holly Lawson
Signature of Faculty Sponsor

Approval of Site Based Council Representative _____

Date

Date 12-8-25

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 Lawson/Brown

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SPEDDESTINATION Logan Aluminum ADDRESS _____☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP Dec. 11th, 2025 DEPARTURE TIME 12:00 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.NUMBER OF: STUDENTS 15 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 22EAP: Person contacted at venue to discuss EAP: Lee Ann Turner Person making contact: Holly LawsonIs 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):

Holly Lawson
Danette Campbell - CPR
Jessica JohnsonLauren Brown
Jemana Shaw
Preston RagerPhilip Aemmon

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

Holly Lawson
Signature of Faculty Sponsor

Approval of Site Based Council Representative _____

11/25/25
DateDate 12-5-25**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 _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 12/2/2025 Date of Event: 2/26/2026 - 2/27/2026

Organization: TCCHS Band

School: TCCHS

Number of Passengers: 6

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Quad State Honor Band, Murray KY

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 2/26/2026

Time of Departure: TBA

Returning Location: TCCHS

Date of Return: 2/27/2026

Time of Return: TBA

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 2707992006

Special Requests (Check One)

☒ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☒ Yes ☐ No (Check One)

Person Driving Van: Heather DiPasquale

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: SBDM

Approval of Site Based Council Representative

Date

12-5-25

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of 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: Band

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: BandCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: TravelSpecific Action Requested: permission to murray KY
overnight for Quad State Honor BandCheck 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

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 12/2/2025 Date of Event: 2/4/2026 - 2/7/2026

Organization: TCCHS Band

School: TCCHS

Number of Passengers: 2

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): All State Band, Louisville, KY

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 2/4/2026

Time of Departure: TBA

Returning Location: TCCHS

Date of Return: 2/7/2026

Time of Return: TBA

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 2707992006

Special Requests (Check One)

☒ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☒ Yes ☐ No (Check One)

Person Driving Van: Mike DiPasquale

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: SBDM

Approval of Site Based Council Representative

Date

12-5-25

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____

Odometer Start: _____

Date/Time of 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: Band

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: BandCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travel
Over night to All State Band in
Louisville KYCheck 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

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 12/2/2025 Date of Event: 1/22/2025 - 1/24/2025

Organization: TCCHS Band

School: TCCHS

Number of Passengers: 6

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): WKU Honors Band Bowling Green, KY

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 1/22/2025

Time of Departure: TBA

Returning Location: TCCHS

Date of Return: 1/24/2025

Time of Return: TBA

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 2707992006

Special Requests (Check One)

☒ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☒ Yes ☐ No (Check One)

Person Driving Van: Heather DiPasquale

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: SBDM

Approval of Site Based Council Representative

Date

12-5-25

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure:

Odometer Start:

Date/Time of 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: Band

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: BandCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travelover night to WKU Honors Band
in Bowling Green KYCheck 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

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

TYPE OF TRIP (CHECK ONE):

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

DESTINATION :

KY Fruit & Vegetable Conference

Bowling Green, KY

DATE(S) OF TRIP: JANUARY 13, 2026

DEPARTURE TIME 7:15 AM

RETURN TIME: 4:00 PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 1 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: *Bowling Green 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

12/3/25

Date

Approval of Site Based Council Representative



Date 12-5-25

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 TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY, QUASHAWN QUARLES, & JILLIAN PLUNKETT
(STUDENT TEACHER)

TYPE OF TRIP (CHECK ONE):

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

Pennyrile Region FFA Ag Sales & Job Interview Contest

Murray, KY

DATE(S) OF TRIP: JANUARY 30, 2026

DEPARTURE TIME 7:15 AM

RETURN TIME: 4:00 PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 5 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 8

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, Curris Center

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

12/3/25

Date

Approval of Site Based Council Representative



Date *12-5-25*

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:

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP MADISON FROGUE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FBLA/ community Service
DESTINATION :

South Todd Elementary School/ Mrs. Tara & Ms. Phyllis

DATE(S) OF TRIP: DECEMBER 9, 2025

DEPARTURE TIME 8:00 AM

RETURN TIME: 11:30 AM

SOURCE OF FUNDING FOR TRIP: FBLA FUND – TRIP COST NOTHING

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

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 19

EAP: Person contacted at venue to discuss EAP: Front Desk Staff/Principal/Erica Skipworth/Tara/Phyllis
Person making contact: Madison Frogue

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: Elkton Police Department

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

Marla Gillespie (formaly CPR trained)

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

Madison Frogue

Signature of Faculty Sponsor

12/4/25

Date

Approval of Site Based Council Representative

Date 12-5-25

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 _____