relf-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 □//S/ 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 Does the venue have an Emergency Response Team: \(\overline{\text{V}}\) Yes \(\overline{\text{No If yes, how are they contacted:}}\) 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 Approval of Site Based Council Representative **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.

Coach or School Representative Signature ______ Date _____

_____ Date

Driver Signature

Name: Dance - Jevi Lear
Address
Telephone number:
Name of school children attend, if applicable: Group represented: Double +town
Check if request was submitted to: Superintendent Board Chairperson Conferred with following administrators (names): Conferred with following administrator
Description of Issue: + YOVE
Specific Action Requested: Dermission to travel to Un chester evernight for dance Competition
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. Hems submitted shall require prior approval of the Superintendent.

School-Related Student Trip Request Form & Event Specific Emergen	cy Action Plan (EAP)
SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TR	IP CW3 FAGAN
The second of th	
Organization requesting the Trip / Organization responsible for Payment:	IROTC
Organization requesting the Trip / Organization responsible for Payment: ADDRESS 515 W. Mac	in St. Elkton, K
Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 4 Feb 2026 DEPARTURE TIME 1:00 PM	RETURN TIME 2:20
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY T	O PAY.
Number of: students 2 paculty sponsors \ Total # of]	PARTICIPANTS 21
EAP: Person contacted at venue to discuss EAP:Person making contacted at venue to discuss EAP:	ontact:
Is there an Automated External Defibrillator (AED) on site: Yes	
Does the venue have an Emergency Response Team: Yes No If yes, how are they con	ntacted:
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):	
(Please use separate sheet and attach to this form if more space is needed to list school employe	
Signature of Equation Spanson	5 NOV 2025
Signature of Faculty Sponsor Approval of Site Based Council Representative	
District Use Only	
Section 2	
Approval of District Representative	Date

DRIVER: TURN THIS FORM IN WITH TIMESHEET	'S
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 & Event Specific Emergence	y <u>Action Plan (EAP)</u>
SCHOOL TOCHS TOMS FACULTY MEMBER(S) SPONSORING TRI	PCW3 FAGAN
Type of TDIP (CHECK ONE):	
Organization requesting the Trip / Organization responsible for Payment: DESTINATION Overnight; give name, address, phone of lodging Overnight; give name, address, phone of lodging	otc
DESTINATION LUCAS OIL STADIMA ADDRESS 500 S Capito	1 Ave Indianapa
Overnight; give name, address, phone of lodging Company	HEdinburgh, IN
DATE(S) OF TRIP JAN 13-14 2026 DEPARTURE TIME 0800	DETUDN TIME 3 30
DATE(S) OF TRIP JAN 13-14, 2024 DEPARTURE TIME _ 6866	RETURN TIME 2.00
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO	
Number of: students 45 faculty sponsors 2 Total # of P	ARTICIPANIS
EAP: Person contacted at venue to discuss EAP: T: # Na y Person making co	maci. CW3 FAGAA
Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:	to at a di
Does the venue have an Emergency Response Team: The Yes I No If yes, how are they com	tacted:
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 employee	NOU 2025
Approval of Site Based Council Representative	Date <u>12-5-25</u>
District Use Only	
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WITH TIMESHEETS	3
Section 3	
Odometei End.	
I hereby certify that the above information is correct to the best of my knowledge.	
Driver Signature	Date
Driver Comments:	E
Coach or School Representative Signature	Date

Name: tagan
Address:
Telephone number:
Name of school children attend, if applicable: Group represented: JROTC
Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson Conferred with following administrators (names): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Description of Issue:
Specific Action Requested: Permission to travel Overnight to Edinburg IN
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.

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: \square Yes \square 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 Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Od om et er Start:

Date/Time Return: ______ Odometer End:

Coach or School Representative Signature ______ Date _____

Date

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

Driver Signature

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 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 11/23/25 Signature of Faculty Sponsor Approval of Site Based Council Representative **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 Start: Date/Time Return: _____ Odometer End: ____ I hereby certify that the above information is correct to the best of my knowledge. Driver Signature ______ Date _____

Coach or School Representative Signature ______ Date _____

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

SCHOOLTCCHS FACULTY MEMBER(S) SPONSORI	NG TRIPLISA PETRIE-
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization r TEAM	esponsible for Payment:TCCHS ACADEMIC
DESTINATIONTBD	
□ Overnight; give name, address, phone of lodging _	
DATE(S) OF TRIPTUESDAY, JAN 20, 2026_ DEPART	URE TIMETBD RETURN TIMETBD
SOURCE OF FUNDING FOR TRIPTCCHS ACADEM	MIC TEAM
No student shall be denied the tr	RIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS4_FACULTY SPONSORS _2	TOTAL # OF PARTICIPANTSVAN SREQUEST
EAP: Person contacted at venue to discuss EAP:P	erson 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	
School Employee(s) Attending Trip (Please note beside name Lisa Petrie Evan Cantarelli (Please use separate sheet and attach to this form if more space Lisa Petrie	the is needed to list school employees attending). 11/23/25
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date 12-5-25
District U Section 2	se Only
Approval of District Representative	Date
DRIVER: TURN THIS FORE	M IN WITH TIMESHEETS
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

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 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: Does the venue have an Emergency Response Team: 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 Approval of Site Based Council Representative *********************** **District Use Only** Section 2 Approval of District Representative _____ Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Od om et er Start Date/Time Return: _____ Odometer End:

Date

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

Coach or School Representative Signature ______ Date _____

Driver Signature

SCHOOL TCCHS & TCMS FACULTY MEMBER(S) SPONSORING TRIP Q	tion Plan (EAP)
	M3 FAGAN
Type of Trip (Check One):	
TO T	
Organization requesting the Trip / Organization responsible for Payment. DESTINATION No though High Schaperss 800 Lacragette 23 Overnight; give name, address, phone of lodging	Clarksville
Overnight: give name, address, phone of lodging	77
DATE(S) OF TRIP 14 Feb 2026 DEPARTURE TIME DOOD RETU	URN TIME 2pm
SOURCE OF FUNDING FOR TRIP TROTC	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
Number of: students \(\) \(\) \(\) FACULTY SPONSORS \(\) \(\) \(\) TOTAL # OF PARTIC	CIPANTS \
EAP: Person contacted at venue to discuss EAP: Quy Perez Person making contact:	Cu3 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 Cest	
(Please use separate sheet and attach to this form if more space is needed to list school employees attend	ing). lov 2025
Company of Exculty Courses	
Approval of Site Based Council Representative Da	ite 12-5-2
	-
District Use Only	
District Use Only Section 2	
District Use Only Section 2	
District Use Only	
District Use Only Section 2 Approval of District Representative	
District Use Only Section 2 Approval of District Representative	
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District Use Only Section 2 Approval of District Representative	e
District Use Only Section 2 Approval of District Representative	e

Name: +agam
Address:
Telephone number:
Name of school children attend, if applicable:
Group represented: JROTC
Check if request was submitted to: Superintendent Board Chairperson
Conferred with following administrators (names): LE OLICES
11.000
Description of Issue: +VOVE
Specific Action Requested: DEKMISSIAM TO HOVE!
Specific Action Requested: Dermission to travel Out of State to Clarksville TN to Morth West High School
to North mest High School
10 120,11.00001 1110,11.001001
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.

School-Related Student Trip Request Form & Event Specific Emergence	y <u>Action Plan (EAP)</u>
SCHOOL TCCHS & TCMS FACULTY MEMBER(S) SPONSORING TRI	P CW3 FAGAN
Type of Trip (CHECK ONE).	
Organization requesting the Trip / Organization responsible for Payment: DESTINATION Kenned High Schappress 215 E Pine was address, phone of lodging Clay	
DATE(S) OF TRIP 28 Fels 2026 DEPARTURE TIME 0666	RETURN TIME 1:00
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO	PAY.
NUMBER OF: STUDENTS \ \ 5 FACULTY SPONSORS \ TOTAL # OF P.	ARTICIPANTS \
EAP: Person contacted at venue to discuss EAP:Person making con	ntact:
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 contained the second s	tacted:
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):	
(Please use separate sheet and attach to this form if more space is needed to list school employees	s attending).
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date <u>12-5-25</u>
District Use Only	
Section 2	
Approval of District Representative	_ Date
DRIVER: TURN THIS FORM IN WITH TIMESHEETS	S
Section 3	
Date/Time Departure: Odometer Start:	
Date/Time Return: Odometer End: _	
hereby certify that the above information is correct to the best of my knowledge.	
Oriver Signature	Date
Oriver Comments:	· · · · · · · · · · · · · · · · · · ·
Coach or School Representative Signature	Date

POWERS AND DUTIES OF THE BOARD OF EDUCATION

Name: tagay
Address:
Telephone number:
Name of school children attend, if applicable: Group represented: DDTC
Check if request was submitted to: Superintendent Board Chairperson
Conferred with following administrators (names):
Description of Issue: +VOVE
Specific Action Requested: Dermission to travel Cut Of State to Kenwood High School
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.

SCHOOL SCHOOL FACULTY MEMBER(S) SPONSORING TRIP LAWS 11 Brown TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION 6 M. Abd ADDRESS DEPARTURE TIME DEPARTICIPANTS DEPARTURE TIME DEPARTURE T	8
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION Organization responsibl	
Organization requesting the Trip / Organization responsible for Payment: DESTINATION Glow Glow ADDRESS Department Glow Glo	
DESTINATION Grid Gold ADDRESS Departure Time Grid Covernight; give name, address, phone of lodging DATE(S) OF TRIP Grid Covernight; give name, address, phone of lodging DATE(S) OF TRIP Grid Covernight; give name, address, phone of lodging DATE(S) OF TRIP Grid Gri	
DATE(S) OF TRIP CL. 12, 7025 DEPARTURE TIME 6:30 RETURN TIME 11:30 SOURCE OF FUNDING FOR TRIP SUFFICIENTS NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Person making contact: # Laws 51/ Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Does the venue have an Emergency Response Team: Yes (S.No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): While Company Company (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 12-3-23	
DATE(S) OF TRIP CL. 12, 7025 DEPARTURE TIME 6:30 RETURN TIME 11:30 SOURCE OF FUNDING FOR TRIP SUFFICIENTS NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Person making contact: # Laws 51/ Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Does the venue have an Emergency Response Team: Yes (S.No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): While Company Company (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 12-3-23	
NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Person making contact: Hours M. 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): While Clemn (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 12-3-23	
NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Person making contact: H-Lawsom Is there an Automated External Defibrillator (AED) on site: Person making contact: H-Lawsom Does the venue have an Emergency Response Team: Person making contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Office of the property of the pr	
NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Is there an Automated External Defibrillator (AED) on site: Does the venue have an Emergency Response Team: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): While Clember (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 12-3-2	
Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:	•
Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:	
Does the venue have an Emergency Response Team: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Complete Comple	
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Compared Co	
Carren Brun Philip Clemm Philip Clemm Philip Clemm Philip Clemm President Pr	
(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 12-35-2	me
Approval of Site Based Council Representative	
	5
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

School-Related Student Trip Request Form & Event Specific	Emergency Action Plan (EAP)
SCHOOL TCCHS FACULTY MEMBER(S) SPONS	SORING TRIP LAWSM BYDW
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payme DESTINATION	ent: SPED
Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP Dec. 10, 2025 DEPARTURE TIME 12:00	RETURN TIME 2:00
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN I	, i = 1
Number of: studentsTo	TAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: Lec Ann Turner Person Is there are Automated External Defibrillator (AED) on site: 1999 I No. If ye	n making contact: 1787 M Lawson
is there all Automated External Denormator (AED) on site. 42 Tes 12 No 11 year	s, whore.
Does the venue have an Emergency Response Team: Yes No If yes, how	
Please use separate sheet and attach to this form if more space is needed to list scho	haw Philip Clemm
Signature of Faculty Sponsor	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 TIME Section 3	ESHEETS
Date/Time Departure: Odom	eter Start:
	eter End:
I hereby certify that the above information is correct to the best of my know	wledge.
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 Instruction	al 🗆 li	a-County Athletic	☐ Other: (Explain In Detail)
⊠ Out-of-County Instru	ctional \Box C	ut-of-County Athletic	
☐ Out-of-State Instruct	onal 🗆 C	ut-Of-State Athletic	
Destination (Event, City, and Sta	te): Quad State Honor Band, I	flurray KY	
Planned Stops To and From: N	A		
Departing Location: TCCHS	Date of Departure: 2/2	6/2026 Time of Departs	ure: TBA
Returning Location: TCCHS	Date of Return: 2/27/20	726 Time of Return: TBA	
Chaperone/s: Mike DiPasquale	Chaperone's Phone: 2	707992006	
Special Requests (Check One)			
X Van □ N	Wheelchair Accessible	☐ Monitor ☐	Other: (Explain In Detail)
If requesting the Van, has the p	erson driving been certified	and approved to drive? X Ye	es 🗆 No (Check One)
Person Driving Van: Heather	Di Pasquale	Trip Requested By: Mike	DiPasquale
Organization Responsible for P	ayment: SBDM		
Approval of Site Based Council	Representative An		Date 12-5-25
Section 2	DIST	RICT USE ONLY	
Approval of District Representa	tive	***************************************	Date:
Section 3		THIS FORM IN WITH TIME	
Date/Time of Departure:		Odometer Sta	art:
Date/Time of Return:		Odometer Er	ıd:
I hereby certify that the above in	formation is correct to the b		
Driver Signature			Date
Driver Comments:			
Coach or School Representative	Signature		Date

Name: Band
Address:
Telephone number:
Name of school children attend, if applicable:
Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson Conferred with following administrators (names):
Description of Issue: +VOVE
Specific Action Requested: Dernyssion to murray KY Overnight for allad State Honor Band
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

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 O	ne)			
☐ In-County	Instructional	□ In-Cou	unty Athletic	☐ Other: (Explain In Detail)
⊠ Out-of-Cou	ınty Instructional	☐ Out-of	Out-of-County Athletic	
☐ Out-of-Stat	e Instructional	□ Out-Oi	f-State Athletic	
Destination (Event, Cit	y, and State): All State	e Band, Louisville, KY		
Planned Stops To and	l From: NA			
Departing Location: TCCHS Date of Departure		of Departure: 2/4/2026	Time of Departure:	TBA
Returning Location: TCCHS Date of Return: 2/7/		of Return: 2/7/2026	Time of Return: TBA	
Chaperone/s: Mike DiPasquale Chaperone's Phone: 2707992006				
Special Requests (Che	eck One)			
X Van	□ Wheelchair A	Accessible	☐ Monitor ☐ Othe	er: (Explain In Detail)
If requesting the Van,	has the person driv	ng been certified and	approved to drive? X Yes	□ No (Check One)
Person Driving Van: Mike DiPasquale Trip Requested By: Mike DiPasquale				
Organization Respons	ible for Payment: Si	BDM	12	
Approval of Site Based	d Council Represent	ative <u>An</u>		Date <u>/2-5-25</u>
Section 2		DISTRIC	T USE ONLY	
Approval of District Re	epresentative	************	•••••	Date:
Section 3			S FORM IN WITH TIMESH	
Date/Time of Departure:		Odometer Start:		
Date/Time of Return:		Odometer End:		
I hereby certify that the	e above information	is correct to the best	of my knowledge.	
Driver Signature				Date
Driver Comments :				
Coach or School Representative Signature			Date	

Name: 5000
Address:
Telephone number:
Name of school children attend, if applicable: Group represented: band
Check if request was submitted to: Superintendent Board Chairperson Conferred with following administrators (names): Let United S
Description of Issue:
Specific Action Requested: permission to travel Over night to Au State Band in Louisvule ky
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.

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 Athle	etic	
☑ Out-of-County Instruction	al 🗀 Out-of-County A	Athletic	
☐ Out-of-State Instructional	☐ Out-Of-State A	☐ 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)			
X Van □ Whee	elchair Accessible	or ☐ Other: (Explain In Detail)	
If requesting the Van, has the person	on driving been certified and approve	ed to drive? X Yes □ No (Check One)	
Person Driving Van: Heather DiPasq	uale Trip Rec	quested By: Mike DiPasquale	
Organization Responsible for Paym	ent: SBDM	27	
Approval of Site Based Council Rep	presentative	Date 12-5-25	
Section 2	DISTRICT USE C	DNLY	
Approval of District Representative		Date:	
Section 3	DRIVER - TURN THIS FORM		
Date/Time of Departure:		Odometer Start:	
Date/Time of Return:		Odometer End:	
I hereby certify that the above inform	mation is correct to the best of my kr	nowledge.	
Driver Signature		Date	
Driver Comments:			
Coach or School Representative Sig	nature	Date	

Name: Dand
Address:
Telephone number:
Name of school children attend, if applicable:
Group represented: band
Check if request was submitted to: Superintendent
Description of Issue: Wavel
Specific Action Requested: permission to travel Over night to wky Honors Band in Bowling Green Ky
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.

09.36 AP.21 **STUDENTS** 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 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: $\square x$ Yes \square No If yes, where: Various on site, front desk Does the venue have an Emergency Response Team: $\Box x \text{ Yes} \Box$ 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).

Section 2 District	t Use Only
Approval of District Representative	Date
DRIVER: TURN THIS FO Section 3	PRM IN WITH TIMESHEETS
DRIVER: TURN THIS FO Section 3 Date/Time Departure:	

Coach or School Representative Signature

12/3/25

Date

Date

Date

Driver Signature

Driver Comments:

Shayla Berry

Signature of Faculty Sponsor

09.36 AP.21 **STUDENTS** 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 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: □x Yes □ No If yes, where: Various on site, front desk, Curris Center Does the venue have an Emergency Response Team: $\Box x \text{ Yes} \Box \text{ No If yes, how are they contacted: } Murray PD$ 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 12|3|25 Signature of Faculty Sponsor Date Approval of Site Based Council Representative **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.

Date ____

Driver Signature

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: $\square x$ Yes \square No If yes, where: Various on site, front desk Does the venue have an Emergency Response Team: □x 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 12/4/25 Signature of Faculty Sponsor Date Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative Data

	Date
DRIVER: TURN THIS F	ORM IN WITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is con	rect to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date