

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input checked="" type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip  Class Trip (i.e., junior, senior), specify 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grade classes
- Organization/Club Trip, specify \_\_\_\_\_  Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION TCCHS ADDRESS 806 S. Main St PHONE 270-265-2860

- Out of State  Out of County  Within County Elkton, Ky
- Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP Nov 10 DEPARTURE TIME 8:30 RETURN TIME 10:30

PURPOSE/EDUCATIONAL VALUE Veteran's Day program at TCCHS  
Will expose students to the purpose and reasons why we recognize Veterans

SOURCE OF FUNDING FOR TRIP TCMS general fund

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER, SPECIFY \_\_\_\_\_

NUMBER OF: STUDENTS 391 FACULTY SPONSORS 24 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 415

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED?  NO  YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY District school buses
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?  Yes  No

Person contacted at venue to discuss EAP: Mr. Lee Quarles Person making contact: Kim Davis

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:  
EAP for Gym discussed TCCHS Admin Lee Quarles

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):  
Michelle White See attached  
Char Young  
Marie Shepworth  
Michelle Andrews  
Keasing Boer  
Crystal Sisco  
Danae Christian

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

*[Handwritten Signature]*  
*Signature of Faculty Sponsor*

10/23/23  
*Date*

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signature of Superintendent/Designee* \_\_\_\_\_ *Date* \_\_\_\_\_

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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

Review/Revised:9/18/2023