

Request to Place an Item on the Agenda

Name: Shayla Berry - FFA

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: FFA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: Permission to travel to Murray, KY
11/16 overnight 4.1 11/17

Specific Action Requested: _____

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 10-24-23 Date of Event 11-16-23 - 11-17-23
Organization TC FFA School TCCMS
Number of Passengers 4

Type of Trip (Circle One)

- In-County Instructional
- Out-of-County Instructional
- Out-of-State Instructional
- In-County Athletic
- Out-of-County Athletic
- Out-of-State Athletic
- Other: (Explain in detail)

Destination (Event, City, and State)) MSU Rodeo + Vet Science ^{FFA} Contest - Murray, KY
Planned Stops to and from 2

Departing location TC Ag. Dept. Date of Departure 11-16-23 Time of Departure 4:30 p.m.
Returning location TC Ag. Dept. Date of Return 11-17-23 Time of Return 4:00 p.m.

Chaperone(s) Shayla Berry Chaperone's Phone # 270-604-5237

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: 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 Shayla Berry Trip Requested By: Shayla Berry
Organization Responsible for Payment TC FFA

Approval of Site Based Council Representative [Signature] Date 11-9-23

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 & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCLHS FACULTY MEMBER(S) SPONSORING TRIP Shayla Berry

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
 Organization/Club Trip, specify FFA Other (athletic, band, if applicable) _____

DESTINATION Murray State Univ. ADDRESS 2101 College Farm Rd. PHONE 270-809-2222

- Out of State Out of County Within County
 Overnight; give name, address, phone of lodging Holiday Inn Express - Murray
1564 N. 12th St. Murray, KY 47071 270-759-4449

DATE(S) OF TRIP 10/11/23 - 11/17/23 DEPARTURE TIME 4:00 p.m. RETURN TIME 4:00pm.

PURPOSE/EDUCATIONAL VALUE KY FFA Vet Science Contest + MSU Rodeo

SOURCE OF FUNDING FOR TRIP FFA / Perkins

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 4 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 5

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
 CERTIFICATED COMMON CARRIER; SPECIFY van
 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: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: lobby of MSU expo

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):
Shayla Berry _____

(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 Date 10/30/23

Trip has been approved disapproved. Reason for disapproval _____
[Signature]
Signature of Superintendent Designee Date 11-9-23
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

*Previously submitted
for a day day trip,
but will now need to
schedule for an overnight
trip for the Vet Science
team.

*A separate request will
be for the 16th - those
students are just attending the
rodeo.