School-Re	elated Student Trip R	equest Form & Event Sp	ecific Emerge	ncy Action Plan (EAP)
SCHOOL_	TCCH5	FACULTY MEMBER(S) S	SPONSORING TE	UP CASEY WILLIAMS
TYPE OF T	RIP (CHECK ONE).			
Organizat	ion requesting the Trip /	Organization responsible for ADDRESS 1014	Payment:	SOFTBALL
DESTINATION	ON HART CO.	ADDRESS 1014	+5, Dikich	lay, Munfordville
□ Overni	ght; give name, address,	phone of lodging		
DATE(S) OF	TRIP 3-9-24	DEPARTURE TIME	8100	RETURN TIME 4:00
SOURCE OF		ATHIETILS		
	NO STUDENT SHALL	L BE DENIED THE TRIP BECAUSE	OF AN INABILITY	TO PAY.
NUMBER O	F: STUDENTS	FACULTY SPONSORS 2	TOTAL # 01	PARTICIPANTS 17
EAP: Person	n contacted at venue to discu	iss EAP: Chad Griffin	Person making	contact: MKe Smith
Is there an A	utomated External Defibrilla	ator (AED) on site: Yes D	No If yes, where:	Onsite
Does the ven	ue have an Emergency Resp	oonse Team: 🗹 Yes 🗆 No If ye	es, how are they o	contacted: Un SHE
CASEY	oyee(s) Attending Trip (Ple Williams (CPR)	ase note beside name if employe	ee is CPR trained):
		this form if more space is needed to	1'-1 1 1 1	
(Please t	ise separate sheet and attach to	this form if more space is needed to	o nsi senooi empio	L19-Z4
	Signature of Faculty Spo	esentative In Ol		Date
Approval of	Site Based Council Repr	resentative Mull	36	Date 1-30-24
•••••	***************		**********	
		District Use Only		
Section 2				_
Approval of	District Representative			Date
****	***************	**************	*****	
	DRIVER: T	URN THIS FORM IN WIT	TH TIMESHEE	ETS
Section 3				
Date/Time I	Departure:		Odometer Sta	urt:
Date/Time F	Return:		Odometer En	d:
I hereby cert	tify that the above inform	ation is correct to the best of	my knowledge.	
Driver Signa	ature			Date
Driver Com				
Coach or Sc	hool Representative Sign	ature		Date

School-Related Studen	t Trip Reque	est Form & Event Sp	<u>ecific Emerger</u>	icy <u>Action Plan (EAP</u>	!
SCHOOL TECHS	<u></u>]	FACULTY MEMBER(S) S	SPONSORING TRI	P LASEY WILLAN	ۍ
TYPE OF TRIP (CHECK ON					
Organization requesting DESTINATION Ft. C	the Trip / Orga	nization responsible for	Payment:	SOFTBALL	
DESTINATION Ft. C	AND BELL	ADDRESS 4/2	Carenton &	d, Ff. Compbell	
☐ Overnight; give name	, address, phon	e of lodging			
DATE(S) OF TRIP 3	1-19-24	DEPARTURE TIME	4:00	RETURN TIME 10:0	O
SOURCE OF FUNDING FOR	TRIP	ATHIETICS			
No stu	DENT SHALL BE I	DENIED THE TRIP BECAUSE	OF AN INABILITY	TO PAY.	
NUMBER OF: STUDENTS	15 FACU	JLTY SPONSORS Z	TOTAL # OF	PARTICIPANTS 17	
EAP: Person contacted at ver	nue to discuss E	AP: Banb: Cardwell	Person making o	ontact: M. Kessin	
Is there an Automated Externa	,	,			
Does the venue have an Emer		•			_
School Employee(s) Attending		ote beside name if employe	ee is CPR trained):		
CHUCK CASE	E1				
Please se separate sheet a	and attach to this f	orm if more space is needed t			
Signature of	Faculty Sponsor	- I N	2 - I	/-19-24 Patë	
Approval of Site Based Con				Date	ک
**************	********	District Use Only			11
Section 2		District Ose Only			
Approval of District Repres	sentative			Date	ē
************		***********	***********		£ !
DRI Section 3	IVER: TURN	THIS FORM IN WIT	TH TIMESHEE	rs	
Date/Time Departure:			Odometer Star	t:	
Date/Time Return:				:	
I hereby certify that the abo	ve information	is correct to the best of	my knowledge.		
Driver Signature				Date	
Driver Comments:					
Coach or School Represent	ative Signature	;		Date	

SCHOOL TCCHS	FACULTY MEMBER(S) SI		
Type of Trip (CHECK ONE): Organization requesting the Trip of DESTINATION Overnight; give name, address	Organization responsible for F		, v **2
DATE(S) OF TRIP 3-30-24	DEPARTURE TIME	TED	RETURN TIME 730
SOURCE OF FUNDING FOR TRIP	ATHIETILS		
	LL BE DENIED THE TRIP BECAUSE	OF AN INABILITY	TO PAY.
NUMBER OF: STUDENTS /5 EAP: Person contacted at venue to disc	cuss EAP: Krister Andelson	_Person making o	contact: M.KeSn. FL
Is there an Automated External Defibri			
Does the venue have an Emergency Re.			
School Employee(s) Attending Trip (Pl	ease note beside name if employed	e is CPR trained):	
CHULIC CASE			3
Walt Works			
(Please use separate sheet and attach	to this form if more space is needed to	list school employ	ees attending)
Signature of Faculty S	ponsor /	. 1	Date
Approval of Site Based Council Rep	presentative fur (C		Date <u> 1 - 30 - 2</u>
	District Use Only		
Section 2			
Approval of District Representative		i-	Date
***************			***********
DRIVER: 7	TURN THIS FORM IN WIT	H TIMIESHEE	TS
Section 3			
Date/Time Departure:		Odometer Sta	rt:
Date/Time Return:			1:
I hereby certify that the above inform	mation is correct to the best of	ny knowledge.	
Driver Signature			Date
Driver Comments:			

School-Related Stude	nt Trip Requ	<u>uest Form & Event</u>	Specific Em	ergenc	y Action Plan (EAP)
SCHOOL TECH	\$	FACULTY MEMBER	(S) SPONSORII	NG TRIP	CASEY WILLIAM
TYPE OF TRIP (CHECK C	NE):				
Organization requesting	g the Trip / Org	ganization responsible	for Payment:		SoffBALL
Organization requesting DESTINATION CHEST	stinu Co.	ADDRESS_&	20 6/45	AJE	Hopkingville
☐ Overnight; give nam	e, address, pho	one of lodging	and decorates		
DATE(S) OF TRIP4	1-18-24	DEPARTURE TI	ME 4:0	, 0	RETURN TIME 10:00
SOURCE OF FUNDING FO	R TRIP	Athletics			
		E DENIED THE TRIP BECA		BILITY TO	PAY.
NUMBER OF: STUDENTS	15 FAC	CULTY SPONSORS	Z TOTAL	L#ofP	ARTICIPANTS 17
EAP: Person contacted at v	enue to discuss I	EAP: John Wheeler	Person m	aking co	ntact: M. Le South
Is there an Automated Exter	nal Defibrillator	(AED) on site: 🗗 Yes	□ No If yes, w	here: 🕖	15/14
Does the venue have an Em	ergency Respons	se Team: Yes No	If yes, how are	they con	tacted: On site
School Employee(s) Attend	ing Trip (Please	note beside name if emp	oloyee is CPR to	ained):	
CASEY WILLIAMS		_			
CHUCK CHSE					
// 10/		form if more space is nee		/	-19-24
Signature	of Faculty Sponso	P /	1 -	Da	te
Signature of Approval of Site Based C	ouncil Represe	entative for (jus		Date <u>1-30-24</u>
************	**********			*****	
Section 2		District Use On	ly		
Approval of District Repr	esentative				Date
ripprovar of District Repr		*******			
Di	RIVER: TUR	N THIS FORM IN V	WITH TIMES	SHEETS	8
Section 3	7481				
Date/Time Departure:			Odomet	er Start:	
Date/Time Return:				er End:	
I hereby certify that the ab	oove information	on is correct to the bes	st of my knowl	edge.	
Driver Signature					Date
Driver Comments:					
Coach or School Represer	ntative Signatur	re			Date

School-Related Student Trip Request Form & 1	Event Specific Emergency Action Plan (EAP)
SCHOOL TECHS FACULTY ME	MBER(S) SPONSORING TRIP CASEY WILLIAMS
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization respon	nsible for Payment: Soff BALC
Organization requesting the Trip / Organization responses TINATION Hopkins Co. ADDRES Overnight; give name, address, phone of lodging	is 6625 Hiptinnille Rd. Madismillie
☐ Overnight; give name, address, phone of lodging _	
DATE(S) OF TRIP 4-19-24 DEPARTU	RE TIME 4:00 RETURN TIME /0:00
SOURCE OF FUNDING FOR TRIP ATHIE	TICS"
NO STUDENT SHALL BE DENIED THE TRI	
NUMBER OF: STUDENTS FACULTY SPONSOR	RS Z TOTAL # OF PARTICIPANTS 17
EAP: Person contacted at venue to discuss EAP:	Person making contact: Mike Sath
Is there an Automated External Defibrillator (AED) on site:	Yes \(\subseteq \text{No If yes, where: } \int_{\begin{subseteq} \text{\$\lambda_{\begin{subseteq} \text{\$\lambda_{\eta}} \text{\$\lambda_{\eta}} \text{\$\lambda_{\eta} \text{\$\lambda_{\eta} \text{\$\lambda_{\eta} \text{\$\lambda_{\eta} \text{\$\lambda_{\eta} \text{\$\lambda_{\eta} \text{\$\lambda_{\eta} \text{\$\lambda_{\eta} \$\l
Is there an Automated External Defibrillator (AED) on site: Does the venue have an Emergency Response Team: Tyes	□ No If yes, how are they contacted: On site
School Employee(s) Attending Trip (Please note beside name	
CASIEY WILLIAMS (CPR)	
Chuck CASE	
(Please use separate sheet and attach to this form if more space	e is needed to list school employees attending).
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date
Approval of Site Based Council Representative	Date 1-30-24

District Us	se Only
Section 2	
Approval of District Representative	Date
*******	******************************
DRIVER: TURN THIS FORM	4 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 t	he best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

School-Related Student Tri	p Request Form & Event Spe	<u>cific Emergen</u>	cy Action Plan (EAP)
SCHOOL TCCHS	FACULTY MEMBER(S) SI	ONSORING TRU	CASEY WILLIAMS
TYPE OF TRIP (CHECK ONE):			
Organization requesting the Tr	ip / Organization responsible for P	ayment:	SOFIBALL
DESTINATION RUSSELLO	rip / Organization responsible for P	W. 44 14.	Russellalle
Overnight; give name, addr	ess, phone of lodging		
DATE(S) OF TRIP 4- 2.3-	24 DEPARTURE TIME.	4:00	RETURN TIME 10:00
SOURCE OF FUNDING FOR TRIP	ATHIETICS		
No student s	SHALL BE DENIED THE TRIP BECAUSE O	OF AN INABILITY T	O PAY.
NUMBER OF: STUDENTS	FACULTY SPONSORS 2	TOTAL # OF I	PARTICIPANTS 17
EAP: Person contacted at venue to	discuss EAP: Kyan Davenpet	Person making co	ontact: M. K. Son ti
Is there an Automated External Defi	ibrillator (AED) on site: 🗆 Yes 🛚 No	o If yes, where: \cline{L}	15ite
Does the venue have an Emergency	Response Team: Tyes I No If yes	s, how are they cor	ntacted: On site
	(Please note beside name if employee	e is CPR trained):	
CASET WILLIAMY (CPR)		
CHUEK CASIE			
(Please use separate sheet and atta	ach to this form if more space is needed to	list school employe	es attending). /-/ 9- 2-4
Signature of Facult	ty Sponsor / ///		ate
Approval of Site Based Council	Representative		Date 1-30-24
	District Use Only		**********
Section 2	District Osc Only		
Approval of District Representat	ive	34	Date
rippioval of Dibatol Representati			
DRIVER	: TURN THIS FORM IN WITI	A TIMESHEET	CS
Section 3	3		
Date/Time Departure:		Odometer Start	.
Date/Time Return:		Odometer End:	
-			
I hereby certify that the above in:	formation is correct to the best of r	ny knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative	Signature		Date

School-Related Student Trip Request Form & Event Si	ecific Emergency Action Plan (EAP)
SCHOOL TCUS FACULTY MEMBER(S)	SPONSORING TRIP CASEY WILLIAMS
Type of Trip (check one):	
Organization requesting the Trip / Organization responsible for	Payment: SoftBALL
DESTINATION BOWLING GREEN ADDRESS /80	1 Rock, when In, Bowling Gran
Organization requesting the Trip / Organization responsible for DESTINATION Bowling ADDRESS Overnight; give name, address, phone of lodging	
-	
DATE(S) OF TRIP 4-25-24 DEPARTURE TIME	
Source of funding for trip	
NO STUDENT SHALL BE DENIED THE TRIP BECAUS.	
Number of: students /5 faculty sponsors 2	TOTAL # OF PARTICIPANTS 17
EAP: Person contacted at venue to discuss EAP:	Person making contact: M.ke Sm/+L
Is there an Automated External Defibrillator (AED) on site:	No If yes, where: Ohn He
Does the venue have an Emergency Response Team: Yes D No If y	ves, how are they contacted: On s. te
School Employee(s) Attending Trip (Please note beside name if employ	ee is CPR trained):
CASET WILLIAMS CEPR)	
Walthidan	
(Please use separate sheet and attach to this form if more space is needed	to list school employees attending).
Land Win	1-19-24
Signature of Faculty Sponsor	Date
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date 1-36-24

District Use Only	
Section 2	
Approval of District Representative	Date
TATE THE WATER DESCRIPTION OF THE PROPERTY OF	
DRIVER: TURN THIS FORM IN WIT	TH THYLESHEETS
	O.J Chart
Date/Time Departure:	
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to the best of	F 1 1 - J
r hereby certify that the above information is correct to the best of	illy knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date
Couch of policol (cobrosonant) o Dignature	Dano

School-Rel	ated Student Trip R	equest Form & Event	Spe	<u>cific Emerger</u>	cy Action Plan (EAP)
SCHOOL	TCCHS	FACULTY MEMBER	(S) SP	ONSORING TR	P CASEY WILLIAMS
TYPE OF TRI	P (CHECK ONE):	7.		700	OSCO CH INTON
Organizatio	on requesting the Trip /	Organization responsible	for P	ayment: 100	HI Suffeell/Athe
DESTINATION	LogAN Co.	ADDRESS A	100	Bowlage 181	nkd, knorellusse
☐ Overnigh	nt; give name, address,	phone of lodging			PSS of Shell Athis or Ray Russey will
-					RETURN TIME 10:00
SOURCE OF F	UNDING FOR TRIP	ATHIETICS	-		
		L BE DENIED THE TRIP BECA		F AN INABILITY	ΤΟ ΡΑΥ.
NUMBER OF:		FACULTY SPONSORS			
EAP: Person	contacted at venue to discu	uss EAP:		Person making o	contact: MKeSnIh
Is there an Auto	omated External Defibrill	ator (AED) on site: 🗆 es	□ No	If yes, where:	Orste
		ponse Team: 🗆 Yes 🗆 No			
		ase note beside name if emp			
	WILLIAMS (CA	<u></u>			
Chill	CHSE				
		this form if more space is need	ded to	list school employ	
	and but		~		1-19-24
Approval of S	Signature of Faculty Specific Based Council Repr	/ //	le		Date <u>1 30 - 24</u>
	***********				*************
		District Use Onl	ly		
Section 2					
Approval of Γ	District Representative_				Date
*********				******	********
	DRIVER: T	URN THIS FORM IN V	<i>X</i> ITF	H TIMESHEE	ΓS
Section 3					
Date/Time De	parture:			Odometer Star	t:
				Odometer End	:
I hereby certif	y that the above inform	nation is correct to the bes	t of n	ny knowledge.	
Driver Signati	ıre				Date
Driver Comm					
Coach or Scho	ool Representative Sign	ature			Date
Coach or Scho	ool Representative Sign	ature			Date

School-Rela	ated Student Trip	Request Form	n & Event Sp	<u>ecific Emergenc</u>	Action]	Plan (EAP)
SCHOOL	TECHS	FACULT	Y MEMBER(S) S	PONSORING TRIE	CASEY	Williams
TYPE OF TRU	P (CHECK ONE):					
Organizatio	n requesting the Trip	o / Organization	responsible for	Payment:	SOFTBA	LL
DESTINATION	HERITAGE C	Heistiam AI	DDRESS X14	1 Facle Way	Typass, H	-p Kinsalle
☐ Overnigh	nt; give name, addres	ss, phone of lodg	ging			
DATE(S) OF T	TRIP <u>5-2-2</u> 0	V DEP	ARTURE TIME	4700	RETURN 1	CIME 10: 00
SOURCE OF F	UNDING FOR TRIP_		Athletics			
	NO STUDENT SH	TALL BE DENIED T	HE TRIP BECAUSE	OF AN INABILITY TO	PAY.	
NUMBER OF:	STUDENTS 15	FACULTY SPO	ONSORS 2	TOTAL # OF I	ARTICIPAL	TS 17
EAP: Person of	contacted at venue to d	iscuss EAP://(৫٦	H McGamen	Person making co	ntact:	er Smith
Is there an Auto	omated External Defib	rillator (AED) on	site: ☐ Yes ☐ N	To If yes, where:	mr. for	7.
Does the venue	have an Emergency F	Response Team: 🛭	Yes I No If yo	es, how are they con	tacted: 0	site
	ee(s) Attending Trip		e name if employe	ee is CPR trained):		
Chek	Chilliphony (CIRI	~			
(Please use	separate sheet and attac	h to this form if mo	re space is needed t		es attending). /-/9-24	
	Signature of Faculty	Sponsor	110		ite	-
Approval of S	ite Based Council R		In ac	9	Date <u>/</u>	-30-24
			**********	*******		*******
Section 2		Distr	ict Use Only			
	Victoriat Damas acceptation				Doto	
Approval of L	District Representativ	re			Date	
*********		**********	********		*******	
Section 3	DRIVER:	TURN THIS I	FORM IN WIT	H TIMESHEET	S	
Date/Time De	parture:			Odometer Start		
	turn:					
I hereby certif	y that the above info	rmation is corre	ct to the best of	my knowledge.		
Driver Signatu	ire				Date	
Driver Commo	ents:					
Coach or Scho	ool Representative S	ignature			Date	

School-Related Student Trip Requi			
SCHOOL TECHS	FACULTY MEMBER(S) SE	PONSORING TR	IP CASEY WILLIAMS
TYPE OF TRIP (CHECK ONE):	' ' '11 C. T		66-
Organization requesting the Irip / Orga	nization responsible for P	ayment:	College
Organization requesting the Trip / Organization Melean Co. Destination Melean Co. Destination of the Control	ne of lodging	4241213	Lainour
= 0, ormani, grio namo, audross, priori	or reagang		
DATE(S) OF TRIP 5-3-24	DEPARTURE TIME	4;00	RETURN TIME /diud
SOURCE OF FUNDING FOR TRIP	Athletic	5	
No student shall be a	DENIED THE TRIP BECAUSE (OF AN INABILITY	TO PAY.
NUMBER OF: STUDENTSFACT	JLTY SPONSORS 2	TOTAL#OF	PARTICIPANTS 17
EAP: Person contacted at venue to discuss E			
Is there an Automated External Defibrillator (
Does the venue have an Emergency Response	_		
School Employee(s) Attending Trip (Please n	ote beside name if employee	e is CPR trained)	:
Caser Williams (CRE)	-		
Walt Hiden			=======================================
(Please use separate sheet and attach to this f	orm if more space is needed to	list school employ	- :
Signature of Faculty Sponsor			/-19-24 Date
Approval of Site Based Council Represen	tative for ALC	2	Date 1-30-24
rippioval di bito baboa council represen	The Control of the Co		
	~~~~~~~		
Section 2	District Use Only		
			Dete
Approval of District Representative			Date
*******************	**************	**********	************
	THIS FORM IN WITH	H TIMESHEE	TS
Section 3			
Date/Time Departure:			rt:
Date/Time Return:		Odometer End	1:
I hereby certify that the above information	is correct to the best of n	ny knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative Signature	<del>)</del>		Date

	Request Form & Event Spec		
	FACULTY MEMBER(S) SP	ONSORING TRI	P CASET WILLIAM
Type of Trip (check one):	/ Oinstitut managarible for De		C Financi
Organization requesting the Trip DESTINATION  Overnight; give name, address	p / Organization responsible for Pa	O-ole	SIFIGACO
Overnight: give name address	ss phone of lodging	Tecarry D	1. Hape, Minix
C voringht, give name, address	ss, phone or roughly		* I M SECTION OF THE
DATE(S) OF TRIP 5-6-2			RETURN TIME /0:04
SOURCE OF FUNDING FOR TRIP	Athletic	) ·	
NO STUDENT SE	HALL BE DENIED THE TRIP BECAUSE O	F AN INABILITY	TO PAY.
NUMBER OF: STUDENTS	FACULTY SPONSORS	_TOTAL # OF	PARTICIPANTS 17
EAP: Person contacted at venue to d	iscuss EAP: Taylor Sporks	Person making o	ontact: Mke Smith
Is there an Automated External Defib	rillator (AED) on site: 🗖 Yes 🛮 No	If yes, where: 2	Insite
Does the venue have an Emergency F	Response Team: 🗗 Yes 🛚 No If yes,	how are they co	ntacted: On 5. fe
	Please note beside name if employee	is CPR trained):	
CASEY Williams (	CPR)		
Chuk CASP			
	h to this form if more space is needed to l	ist school employe	ees attending).
Cam Da			-19-24
Signature of Faculty Approval of Site Based Council R	epresentative An Clo		Date 1 - 30 - 24
****************	District Use Only		
Section 2	2		
Approval of District Representative	/e		Date
*******		*******	*********
	TURN THIS FORM IN WITH	TIMESHEE	rs
Section 3	32		
Date/Time Departure:		Odometer Star	t:
Date/Time Return:		Odometer End	:
I hereby certify that the above info	ormation is correct to the best of m	y knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative S	ignature		Date

(		EACH TY MEMPER(S) S			
Type of Trip (che		FACULTY MEMBER(S) S	PONSORING II	CVPIRT WITH	· /- /- 3
		ganization responsible for I	Payment:	SOFFBALL	
DESTINATION F	EMNKIN Simos	Address 72/	INHIRA		
☐ Overnight; give	name, address, pho	one of lodging			
		DEPARTURE TIME	५;७७	RETURN TIME 10	<u>:•</u> a
SOURCE OF FUNDING	G FOR TRIP	Athletics			_
		E DENIED THE TRIP BECAUSE	OF AN INABILITY	TO PAY.	
NUMBER OF: STUDE EAP: Person contacte	NTS 15 FAC	CULTY SPONSORS 2 EAP: Mafthaw W. (4 44	TOTAL # O	contact: Mkesh	7
		(AED) on site: 🗆 Yes 🗀 N			
Does the venue have ar	n Emergency Respon	se Team: □ Yes □ No If ye	s, how are they	contacted:	
CASEY Will	ams (cpr)	note beside name if employe	e is CPR trained	):	
Cher Casi	5	-			
(Please use separate	e sheet and attach to this	s form if more space is needed to	list school emplo	yees attending).	
(	D we			1-19-24	_
Signa Approval of Site Bas	nture of Faculty Sponso and Council Represe	entative In Out		Date Date 1 - 30 -	24
***********	***********	District Top Only	********		ME NO 30 1
Section 2		District Use Only			
	Representative		14	Date	
		************		************	
Section 3	DRIVER: TUR	EN THIS FORM IN WIT	H TIMESHEI	ETS	
Date/Time Departure	): 		Odometer Sta	art:	
Date/Time Return:			Odometer En	id:	
I hereby certify that t	he above information	on is correct to the best of	my knowledge		
Driver Signature				Date	
Driver Comments:					
Coach or School Rep	resentative Signatu	re		Date	

School-Related Student Trip Red	FACULTY MEMBER(S) SI		
TYPE OF TRIP (CHECK ONE):	<del></del>		
Organization requesting the Trip / Or DESTINATION OR: Co.	ADDRESS 1400 hone of lodging	S. Mair Ft	, Hartfiel
Date(s) of Trip 5-10- 24	DEPARTURE TIME	4;44	RETURN TIME 10:00
SOURCE OF FUNDING FOR TRIP	Athletic		
NUMBER OF: STUDENTS  FAP: Person contacted at venue to discuss Is there an Automated External Defibrillated Does the venue have an Emergency Responsible School Employee(s) Attending Trip (Please U.S.)  (Please use separate sheet and attach to the Signature of Faculty Sponsible Paperoval of Site Based Council Representations of the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Signature of Faculty Sponsible Paperoval of Site Based Council Representations and the Site Based Council Repr	or (AED) on site: Yes \( No nose Team: Yes \( \text{No If yes are note beside name if employee the	TOTAL # OF Person making of If yes, where: (as, how are they can be is CPR trained)	PARTICIPANTS (P contact: M.KeSa. Ht On rock contacted: On rock contacted: On rock
	District Use Only		
Section 2			D. /
Approval of District Representative			Date
DRIVER: TU Section 3	RN THIS FORM IN WITI	H TIMESHEE	ets
Date/Time Departure:		Odometer Sta	rt:
Date/Time Return:		Odometer En	d:
I hereby certify that the above informate	tion is correct to the best of r	ny knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative Signat	ture		Date

SCHOOL Techy	5.00		
TYPE OF TRIP (CHECK ONE):	= FACULTY INTENDER(S) S.	ronsommo.	TKII CVISE? WILLIAM
Organization requesting the Trip / O	roanization responsible for I	Payment.	SFEBALL
Organization requesting the Trip / O DESTINATION FROM SAN C	ADDRESS 200	W. deay	HNOUI Brownsville
☐ Overnight; give name, address, pl	hone of lodging		
DATE(S) OF TRIP . 5-13-24	DEPARTURE TIME	4:00	RETURN TIME 10:03
SOURCE OF FUNDING FOR TRIP	Athleti	C2.	
	BE DENIED THE TRIP BECAUSE		TY TO PAY.
NUMBER OF: STUDENTSF	ACULTY SPONSORSZ	TOTAL#	OF PARTICIPANTS 17
EAP: Person contacted at venue to discus	SEAP: Kylevierce	_Person makir	ig contact: M. Kesiki
Is there an Automated External Defibrillat			
Does the venue have an Emergency Respo	-		
School Employee(s) Attending Trip (Pleas		e is CPR traine	ed):
Chuc Gasa	L		
Walt Hisdon			
(Please use separate sheet and attach to the		list school emp	
Signature of Faculty Spon		7 —	1-19-24 Date
Approval of Site Based Council Repre	sentative du	9	Date 1-30-24
		******	
	District Use Only		
Section 2	2221207 020 021		
Approval of District Representative			Date
DDIVED. TI	RN THIS FORM IN WIT	TIMESTI	rrte
Section 3	·	11 111111111111111111111111111111111111	213 1.13
Date/Time Departure:		Odometer S	Start:
Date/Time Return:			End:
Date, Time Retain.		O d O MI O LO I	3114.
I hereby certify that the above informa	tion is correct to the best of	my knowledg	ge.
Driver Signature			Date
Driver Comments:			
G 1 01.17			Doto
Coach or School Representative Signa	ture		Date

School-Related Student Trip Request Form & Event Spe	cific Emergency Action Plan (EAP)
SCHOOL TCCHS FACULTY MEMBER(S)	SPONSORING TRIP LISO PETVIC
Type of Trip (CHECK ONE).	Lelli Templeman
Organization requesting the Trip / Organization responsible for F	ayment: Youth Services Center
Organization requesting the Trip / Organization responsible for F DESTINATION (VINES (DINTY EXT. AFTASDRESS 430)	US-45 Mayfield KY 4706
Overnight; give name, address, phone of lodging	
March 20 0001	D
DATE(S) OF TRIP MANN 2024 DEPARTURE TIME	RETURN TIME 4-4.30
Source of funding for trip Youth Services Ct	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	
Number of: students $20$ faculty sponsors $2$	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP:	Person making contact: <u>Lelli Jem Plemur</u>
Is there an Automated External Defibrillator (AED) on site: $\Box$ Yes $\Box$ No	
Does the venue have an Emergency Response Team: $\square$ Yes $\square$ No If yes	
School Employee(s) Attending Trip (Please note beside name if employee	s But not up to date
1	1. 1. 1. 1 15. N
(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 1-30-24
District Use Only	
Section 2	
Approval of District Representative	Date
Approvat or District representative	
DRIVER: TURN THIS FORM IN WITH Section 3	H TIMESHEETS
	0.1
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to the best of r	ny knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP SCHOOL. TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION A MAMBER TRUETER ADDRESS SOIS Main Street House Overnight; give name, address, phone of lodging RETURN TIME 1: 30 DATE(S) OF TRIP SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIAD THE TRIP BECAUSE OF AN INABILITY TO PAY. **TOTAL # OF PARTICIPANTS** Number of: students 30 **FACULTY SPONSORS** EAP: Person contacted at venue to discuss EAP: No. | Person making contact: 10 | W Is there an Automated External Defibrillator (AED) on site Yes o If yes, where: Does the venue have an Emergency Response Team: \(\Pi\) Yes \(\pi\)No It yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name it employee is CPR trained): awsm Joines lina foe lizabeta Blake Willis (Please use separate sheet and attach to his form if more space is needed to list school employees attending). Signature of Facility Sponsor Approval of Site Based Council Representative **District Use Only** Section 2 Date Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Odometer Start: Date/Time Departure: Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge. Date **Driver Signature Driver Comments:** Date

Coach or School Representative Signature

Van Only

**STUDENTS** 

09.36 AP.21

School-Related Student Trip Request Form & Event Spec	
SCHOOL FACULTY MEMBER(S) S	PONSORING TRIPK & 6 Mo Air
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Pa DESTINATION Wolfon's Heatthcare South Address 3029	
DESTINATION Notice's the affice of the ADDRESS 1029  Overnight; give name, address, phone of lodging	W. Minhammad HI. ffl. Vol. Luni SV. 116
DATE(S) OF TRIP 8/17/24 DEPARTURE TIME 5	COAN RETURN TIME 9:00 PM
SOURCE OF FUNDING FOR TRIP CCHS Ash le tles	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE O	
NUMBER OF: STUDENTS 3-4 FACULTY SPONSORS 2  EAP: Person contacted at venue to discuss EAP: Franklik Gya.'c.	Person making contact: VILE Saith
Is there an Automated External Defibrillator (AED) on site: Yes \square No	If yes, where: UNSITE
Does the venue have an Emergency Response Team: Team: No If yes	, how are they contacted: On life
School Employee(s) Attending Trip (Please note beside name if employee	
(Please use separate sheet and attach to this form if more space is needed to Signature of Faculty Sponsor Approval of Site Based Council Representative	Date 1-25-24
***************************************	
District Use Only	
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WITE	I 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 n	ny knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date