

Leave from TCHA

STUDENTS

09.36 AP.21

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

SCHOOL Tcms FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Trigg Co. ADDRESS 303 Complex Rd.

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-11-24 DEPARTURE TIME 4:00 pm RETURN TIME 10:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Jake Wallace Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna _____

Dustin Wheeler _____

Rusty Jackson _____

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

Chris _____ 12-1-23

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave From TCHA

STUDENTS

09.36 AP.21

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

SCHOOL Tcms FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Trigg County ADDRESS 303 Complex Rd.

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-29-24 DEPARTURE TIME 400pm RETURN TIME 1000pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 14 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Jake Wallace Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Concession stand

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna
Dustin Wheeler
Rusty Jackson

(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 _____

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 _____

Leaving from High School Annex

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Edmonson ADDRESS 220 Wildcat Way

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-9-24 DEPARTURE TIME 8:00 am RETURN TIME 6:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Michael Meredith Person making contact Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Home Dugout

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna (CPR) _____
Dustin Wheeler (CPR) _____
Rusty Jackson _____

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

Chris Luna _____
Signature of Faculty Sponsor Date 11-15-23

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave from TCHA

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chrts Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Edmanson ADDRESS 220 Wildcat Way

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-15-24 DEPARTURE TIME 4:00pm RETURN TIME 11:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Michael Meredith Person making contact: Chrts Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Home August

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chrts Luna (CPR) Rusty Jackson
Dustin Wheeler (CPR)

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

Chrts Luna 11-15-23
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative _____ Date _____

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 _____

Leaving from TCMS

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Hopkins Central ADDRESS 6625 Hopkinsville Road

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-16-24 DEPARTURE TIME 8:00am RETURN TIME 6:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Austin Starks Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna CPR Rusty Jackson
Dustin Wheeler CPR

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

Chris Luna 11-15-23
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date _____

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 _____

Leaving from TCFA

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Muhlenberg County ADDRESS 501 W. Everly Brothers Blvd.

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-19-24 DEPARTURE TIME 4:00pm RETURN TIME 11:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25


EAP: Person contacted at venue to discuss EAP: Tony Nicholl Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna CPR Rusty Jackson
Dustin Wheeler CPR

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
 _____
Signature of Faculty Sponsor _____ Date 11-15-23

Approval of Site Based Council Representative _____ Date _____

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 _____

Leaving from TCMS

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Henderson Co. ADDRESS 211 Elm Street

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-23-24 DEPARTURE TIME 8:00am RETURN TIME 5:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Aaron Houser Person making contact: Chris Luna

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: 911

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

Chris Luna CPR Kusty Jackson
Dustin Wheeler CPR

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

[Signature] 11-15-23
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave from TCHA

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION: University Heights ADDRESS 1300 Academy Dr

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-25-24 DEPARTURE TIME 4:00 RETURN TIME 11:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Tyler Perry Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna CPR Kusty Jackson
Dustin Wheeler CPR

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

Chris Luna Signature of Faculty Sponsor Date 11-15-23

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave from TCHS

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Tcms Baseball

DESTINATION Moss Middle ADDRESS 559 Morgantown Road

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-28-24 DEPARTURE TIME 4:00 RETURN TIME 11:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Adam Vance Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Home Dugout

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna CPR Kusty Jackson
Dustin Wheeler CPR

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

Chris Luna 11-15-23
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave from TCHA

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Franklin Simpson ADDRESS 400 S. College Street

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-11-24 DEPARTURE TIME 4:00pm RETURN TIME 11:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Matthew Wilkins Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: CONCESSION STAND

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna CPR Rusty Jackson
Dustin Wheeler CPR

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

[Signature]
Signature of Faculty Sponsor

11-15-23
Date

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave from TCHA

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION McLean County ADDRESS 1859 Hwy 136 East

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-19-24 DEPARTURE TIME 4pm RETURN TIME 11pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Darren Lyman Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna CPR Rusty Jackson
Dustin Wheeler CPR

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

Chris Luna _____ 11-15-23
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave from TCHA

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Lina

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Russellville ADDRESS 1101 West 9th Street

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-23-24 DEPARTURE TIME 4:00pm 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 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Kenneth Edmonds Person making contact: Chris Lina

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Lina CPR Kusty Jackson
Dustin Wheeler CPR

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

[Signature] _____ Date 1-5-23

Signature of Faculty Sponsor

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave from TCHA

09.36 AP.21

STUDENTS

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Allan Co. ADDRESS 1545 Bowling Green Road

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-26-24 DEPARTURE TIME 4:00pm RETURN TIME 11:00am

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Chris Carter Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Home dugout

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna CPR Dustin Wheeler CPR Rusty Jackson

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

[Signature]
Signature of Faculty Sponsor

11-15-23
Date

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave from TCHA

09.36 AP.21

STUDENTS

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Logan Co ADDRESS 2222 Bowling Green Road

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-29-24 DEPARTURE TIME 4:00pm RETURN TIME 11:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Ethan Meguiar Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna CPR Kusty Jackson
Dustin Wheeler CPR

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


Signature of Faculty Sponsor

11-15-23
Date

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave From TCHA

09.36 AP.21

STUDENTS

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Loma

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Heritage Christian ADDRESS 8349 Eagle Way

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5-3-24 DEPARTURE TIME 4:00 pm RETURN TIME 10:00 am

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Dillon Dawson Person making contact: Chris Loma

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Home dugout

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Loma CPR Rusty Jackson
Dustin Wheeler CPR

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

[Signature] Signature of Faculty Sponsor Date 7-15-23

Approval of Site Based Council Representative _____ Date _____

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 _____

Leave TCMS

09.36 AP.21

STUDENTS

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Baseball

DESTINATION Caverna ADDRESS 2278 South Dixie Highway

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5-4-24 DEPARTURE TIME 8:00am RETURN TIME 6:00pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Tim Gower Person making contact: Chris Luna

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Chris Luna CPR Rusty Jackson
Dustin Wheeler CPR

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

[Signature] Signature of Faculty Sponsor Date 11-15-23

Approval of Site Based Council Representative _____ Date _____

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)

Submit this form on my behalf I am a parent Other specify 1/22/24 page 1 of 2

SCHOOL TRMS FACULTY MEMBER(S) SPONSORING TRIP DIPASQUALE

TYPE OF TRIP (CHECK ONE)

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

DESTINATION Eku ADDRESS 521 LARKSPUR PHONE 859 622 1000

- Out of State Out of County Within County AVE RICHMOND, KY

Overnight; give name, address, phone of lodging will provide once approved

DATE(S) OF TRIP 3/21-3/22 DEPARTURE TIME 3/21 3pm RETURN TIME 3/22 11pm

PURPOSE/EDUCATIONAL VALUE Honor Band Trip

SOURCE OF FUNDING FOR TRIP

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 _____ FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____ (will send email once selections have occurred)

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212

CERTIFICATED COMMON CARRIER; SPECIFY _____

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: _____

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):

Heather Dipasquale

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

STUDENTS

09.36 AP.21

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

Request this form in _____ Class Year _____ Event/Event _____ Other, specify 11/27/24 Event on this form

SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP Dipasquale

TYPE OF TRIP (CHECK ONE):
 Classroom Field Trip Class Trip (i.e., Junior, senior), specify _____
 Organization/Club Trip, specify _____ Other (athletic, band) if applicable _____

DESTINATION Bowling Green ADDRESS Van Meter Hall
 Out of State Out of County Within County WV

Overnight, give name, address, phone of lodging _____

DATE(S) OF TRIP 3/14/24 DEPARTURE TIME 8:00am RETURN TIME 2:30pm

PURPOSE/EDUCATIONAL VALUE Concert Band Assessment Performance
6th grade @ 718 Bands

SOURCE OF FUNDING FOR TRIP _____

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 100 FACULTY SPONSORS 1 OTHER CHAPERONES ?

TOTAL # OF PARTICIPANTS 101 + additional parents

MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

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: _____

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):

Heather Dipasquale _____

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