

Request to Place an Item on the Agenda

Name: Todd County Middle School

Address: 515 W. Main St. Ellettsville, Ky 42220

Telephone number: 270-245-2511

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Kimberly Lewis

Description of Issue: Approve out of state trips for athletics

Baseball to Dickson, TN on 3/26/24, Clarksville Christian
in Clarksville, TN on 4/9/24, [REDACTED]

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: 3/13/2006

Leaving 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 Charterville Christian ADDRESS 650 Bellamy Lane

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-9-24 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: Chuck Cooper 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 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] 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 Dickson ADDRESS 120 Upper Lake Dr.

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-26-24 DEPARTURE TIME 4:00 pm RETURN TIME 11:00 pm

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 Spencer 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):

Dustin Wheeler CPR Rusty Jackson
Chris Luna CPR

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

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