

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Bailey Brewer & Kala Ford

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FCCLA / Perkins Funding

DESTINATION Lee S. Jones Con. Center ADDRESS 172 Lee S. Jones Rd. Eddyville, KY 42038

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP March 7th, 2024 DEPARTURE TIME 7:50am RETURN TIME 2:50pm

SOURCE OF FUNDING FOR TRIP Perkins CTE Funding

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 32

EAP: Person contacted at venue to discuss EAP: Amanda Guzik Person making contact: Bailey Brewer

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):

Bailey Brewer NO
Kala Ford yes

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

Bailey Brewer 02/06/2024
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative [Signature] Date 2-8-24

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 _____

Request to Place an Item on the Agenda

Name: FCCLA - Bailey Brewer / Kala Ford

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: FCCLA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: Permission to travel to Louisiana KY March 27-29

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

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SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Bailey Brewer & Kala Ford

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FCCLA / Perkins Funding

DESTINATION The Galt House Hotel ADDRESS 140 N Fourth St, Louisville, KY 40202

Overnight; give name, address, phone of lodging The Galt House Hotel
140 N Fourth St. Louisville, KY 40202 (502) 589-8200

DATE(S) OF TRIP March 17th - 29th DEPARTURE TIME 2PM (27th) RETURN TIME 3PM (29th)

SOURCE OF FUNDING FOR TRIP Perkins CTE Funding

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

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 10

EAP: Person contacted at venue to discuss EAP: Ashleigh vanToos Person making contact: Bailey Brewer

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):

Bailey Brewer NO
Kala Ford yes

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

Bailey Brewer 02/06/2024
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative [Signature] Date 2-8-24

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Approval of District Representative _____ Date _____

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Section 3

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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 _____