

**SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE

TYPE OF TRIP (CHECK ONE): TRIP TO SEE VIRTUAL CONVENTION TOGETHER AND TO ENJOY LUNCH

Organization requesting the Trip / TCCHS BETA

Organization responsible for Payment: TCCHS BETA

DESTINATION EXTENSION AGENCY ADDRESS POND RIVER, ELKTON

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP MARCH 22 DEPARTURE TIME 8:40 RETURN TIME 12:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS BETA CLUB

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

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 51

EAP: Person contacted at venue to discuss EAP: Jill HARRIS Person making contact: Lisa Petrie

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: Call 911 \_\_\_\_\_

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

Lisa Petrie  
\_\_\_\_\_  
\_\_\_\_\_

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

*Lisa Petrie*

Signature of Faculty Sponsor

2/8/24

Date

Approval of Site Based Council Representative *[Signature]*

Date 2.9.24

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ O d o m e t e r \_\_\_\_\_ S t a r t : \_\_\_\_\_

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)

SCHOOL ALL SCHOOLS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Beta

DESTINATION ALAHAMBRA ADDRESS HOPKINSVILLE, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP MARCH 13 DEPARTURE TIME 4:00PM RETURN TIME 9:00 PM

SOURCE OF FUNDING FOR TRIP STUDENT PAY

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

NUMBER OF: STUDENTS 70 FACULTY SPONSORS CANTARELLI/PETRIE TOTAL # OF PARTICIPANTS 75

EAP: Person contacted at venue to discuss EAP: Sheri Riggs Person making contact: Lisa Petrie

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Director is a doctor/ call 911

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

Evan Cantarelli

Lisa Petrie

other volunteers welcomed

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

Lisa Petrie  
Signature of Faculty Sponsor

2-1-24  
Date

Approval of Site Based Council Representative [Signature]

Date 2-8-24

District Use Only

Section 2

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

Section 3

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

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 \_\_\_\_\_

**SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: TCCHS BETA

DESTINATION SPRING THIRD DISTRICT BETA 2024

ADDRESS 3219 NASHVILLE ROAD, BOWLING GREEN, KY

Overnight; give name, address, phone of lodging NA

DATE(S) OF TRIP MARCH 5, 2024 DEPARTURE TIME 8:00AM RETURN TIME 2:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS BETA

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

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 52

EAP: Person contacted at venue to discuss EAP: Stephanie Esters Person making contact: Lisa Petrie

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: contact office

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

Lisa Petrie \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*Lisa Petrie*

*Signature of Faculty Sponsor*

2-5-24  
Date

Approval of Site Based Council Representative *[Signature]*

Date 2-8-24

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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**Section 3**

Date/Time Departure: \_\_\_\_\_ O d o m e t e r \_\_\_\_\_ S t a r t :

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 \_\_\_\_\_

**SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE/EVAN CANTARELLI

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: TCCHS BETA

DESTINATION NATIONAL BETA ADDRESS SAVANNAH GEORGIA

☒ Overnight; give name, address, phone of lodging Hotel is in the works - must have Approval and PO Hotel on recommendation of National Beta

DATE(S) OF TRIP JUNE 15- 19TH DEPARTURE TIME LATE EVENING RETURN TIME LATE EVENING

SOURCE OF FUNDING FOR TRIP TCCHS BETA CLUB

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

NUMBER OF: STUDENTS 45 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 50

EAP: Person contacted at venue to discuss EAP: yes Person making contact: Lisa Petrie

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

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

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

Lisa Petrie Evan Cantarelli

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

*Lisa Petrie*

*Signature of Faculty Sponsor*

2/5/24

*Date*

Approval of Site Based Council Representative *[Signature]*

Date 2-8-24

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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**Section 3**

Date/Time Departure: \_\_\_\_\_ O d o m e t e r \_\_\_\_\_ S t a r t :

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: TCHS Beta - Lisa Petrie

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: Lisa Petrie

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Lee Swarles

Description of Issue: Travel

Specific Action Requested: Permission to travel to Savannah Georgia June 15-19 for National Beta Convention

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