STUDE-NTS 09.36 AP.21

SchoolRelated Student Trip R	equest Form & Event	Specific Emergency Acti	on Plan (EAP)
SCHOOLTCCHS FACULT	ГҮ MEMBER(S) SPONSOR	NG TRIPLISA PETRIE	_
TYPE OF TRIP (CHECK ONE): TRIP Organization requesting the Trip / Organization responsible for Paym	TCCHS BETA nent:TCCHS BETA		
DESTINATIONEXTENSION AGE □ Overnight; give name, address, p			
DATE(S) OF TRIP_MARCH 22	DEPARTURE TIME _	8:40 RETURN TIME	E12:30 PM
SOURCE OF FUNDING FOR TRIP	TCCHS BETA CLUB_		
		USE OF AN INABILITY TO PAY.	
Number of: students50F			
EAP: Person contacted at venue to disc			
Is there an Automated External Defibrill	, ,	•	
Does the venue have an Emergency Res School Employee(s) Attending Trip (PleLisa Petrie	-		Call 911
Signature of Faculty Sp Approval of Site Based Council Rep	resentative An (C	2/8/24 Date	_ ate <u>2 · 9 · 2 l</u>
Section 2	District Use Onl	у	
Approval of District Representative		Dat	e
DRIVER: T Section 3	TURN THIS FORM IN V	VITH TIMESHEETS	
Date/Time Departure:		O d o m e t e r	Start:
Date/Time Return:		Odometer End:	
I hereby certify that the above inform	nation is correct to the bes	t of my knowledge.	
Driver Signature		Da	te
Driver Comments:			
Coach or School Representative Sign	nafure	Da	te

STUDENTS 09.36 AP.21

C I D I A I C	• = .	09.36 AP.21
SchoolRelated Stu	udent Trip Request Form & Event Specific Emergency	Action Plan (FAD)
SCHOOLALL SCH	HOOLS_FACULTY MEMBER(S) SPONSORING TRIPLISA PET	English Land
TILE OF TRIP (CHECK	K ONF):	******
Organization request	ting the Trin / Organization reasonable for December 1	D.4.
ALAH	TAMBKA ADDRESS HODKINGSTITE IZE	
Overnight; give nar	me, address, phone of lodging	
The state of the s		
DATE(S) OF TRIP_MA	ARCH 13 DEPARTURE TIME _4:00PM RETURN TIME	AE O.OO DM
SOURCE OF FUNDING F	FOR TRIPSTUDENT PAY	_
No s	STUDENT SHALL BE DENIED THE TRIP RECAUSE OF AN INABARA	v
NUMBER OF: STUDE	ENTS70FACULTY SPONSORS _CANTARELLI/PETR	I. Tomas u
EAP: Person contacted at	t venue to discuss EAP:Sheri RiggsPerson making contact: _I	ica Datria
is there all Automated Exte	ernal Defibrillator (AED) on site: Yes No. If yes where I	
Does the venue have an Emdoctor/ call 911	mergency Response Team: Yes No If yes, how are they contains	acted: _Director is a
School Employee(s) Attend	ding Trip (Please note beside name if employee is CPR trained):	
	Lana D-4.	
other volunteers welcom	ned	
Please use separate shee	et and attach to this form if more space is needed to list school employees atten-	
		ding).
Signature of	of Faculty Sponsor	7
Approval of Site Based Co	Council Representative (n	ate 2-8-24
************	******************************	2021
Section 2	District Use Only	
Provide of District Repre	esentativeDate	Α.
Section 3 DR	RIVER: TURN THIS FORM IN WITH TIMESHEETS	*********
Date/Time D	THE SHEETS	
Date/Time Departure:	O d o m e t e r	~
Date/Time Return:	o dom eter	Start:
Time Rolain,	Odometer End:	
refer the above	ove information is correct to the best of my knowledge.	
Driver Signature	Date	
Oriver Comments:	Date	*
Touch - a a -		
or School Representat	ntive Signature Date	
	Date	

STUDENTS 09.36 AP.21

SchoolRelated Student Trip	Request Form & Event Specific Emergence	y Action Plan (EAP)
SCHOOL _TCCHSFA	ACULTY MEMBER(S) SPONSORING TRIP _LISA P	ETRIE
Type of Trip (CHECK ONE): Organization requesting the Tri DESTINATION SPRING THIR	p / Organization responsible for Payment:TC D DISTRICT BETA 2024	CHS BETA
_	ROAD, BOWLING GREEN, KY ss, phone of lodgingNA	
DATE(S) OF TRIP_MARCH 5, 20	024 DEPARTURE TIME8:00AM RETU	RN TIME _2:30 PM_
SOURCE OF FUNDING FOR TRIP _	TCCHS BETA	
No student sh	HALL BE DENIED THE TRIP BECAUSE OF AN INABILITY T	TO PAY.
	FACULTY SPONSORS1TOTAL # OF PARTI	
	discuss EAP:Stephanie EstersPerson making con	-
Is there an Automated External Defib	orillator (AED) on site: ♥ Yes □ No If yes, where:	
	Response Team: *Yes Please note beside name if employee is CPR trained):	ntacted:contact office_
(Please use separate sheet and attac	ch to this form if more space is needed to list school employee	es attending).
Lean Petre		
Signature of Faculty Approval of Site Based Council R		-5-24 ute Date2 -8 -24
• • • • • • • • • • • • • • • • • • • •	District Use Only	•••••
Section 2		
Approval of District Representative	ve	Date
DRIVER: Section 3	TURN THIS FORM IN WITH TIMESHEET	S
	0.4	044 .
Date/Time Departure:	O d o m e t e r	Start:
Date/Time Return:	Odometer End:	
I hereby certify that the above info	ormation is correct to the best of my knowledge.	
Driver Signature		Date
Driver Comments:		-
Coach or School Penresentative S	ignatura	Data

STUDENTS 09.36 AP.21

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:X Yes No If yes, how are they contacted: Beta School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): ___Evan Cantarelli Lisa Petrie (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Lucy Petro Signature of Faculty Sponsor Approval of Site Based Council Representative **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 Start: Date/Time Return: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Date **Driver Signature Driver Comments:**

Coach or School Representative Signature Date

Request to Place an Item on the Agenda Address: Telephone number: Name of school children attend, if applicable: Group represented: ☐ Board Chairperson Check if request was submitted to: ☐ Superintendent Conferred with following administrators (names): Description of Issue: Specific Action Requested: VAX ☐ Community Member Beard Member ☐ District Employee Check if you are: 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