

Request to Place an Item on the AgendaName: Class of 2024- Keilani CampbellAddress: 806 South mainTelephone number: 270 265 2506Name of school children attend, if applicable: Class of 2024Group represented: →Check if request was submitted to: Superintendent Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travel to Santa Claus IN to Holiday world for Senior tripon May 16thCheck 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

Request to Place an Item on the AgendaName: Vicki JenkinsAddress: TCCHSTelephone number: 270 985 3469Name of school children attend, if applicable: TCCHSGroup represented: English DeptCheck if request was submitted to: Superintendent Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: Field trip request to attend Shakespeare Drama at Roxy Theatre, out of state.Specific Action Requested: permission to attend an out of state event.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

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Vicki Jenkins
Becky Milburn

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Site based Funds

DESTINATION Roxy Theater ADDRESS 100 Franklin St Clarksville, TN
37040

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/24/24 DEPARTURE TIME 9am RETURN TIME 2pm

SOURCE OF FUNDING FOR TRIP Site based Funds

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

NUMBER OF: STUDENTS 145 FACULTY SPONSORS 5(?) TOTAL # OF PARTICIPANTS 150

EAP: Person contacted at venue to discuss EAP: Katie Kennedy Person making contact: Becky Milburn

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Lighting/Sound booth

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 5 staff on-site

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

Becky Milburn _____ Scott Fleming _____
Vicki Jenkins _____ Admin? _____
Paige Carver _____

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

Vicki Jenkins _____ Date 4/22/2024
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] Date 2-23-24

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 AgendaName: Brook Wagoner

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: Superintendent Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travel to the Nashville Zoo on March 28thCheck 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

STUDENTS

09.36 AP.21

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

SCHOOL Todd Co. Central H.S. FACULTY MEMBER(S) SPONSORING TRIP Brook Wagoner

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Nashville Zoo ADDRESS 3777 Nolensville Pike, Nashville TN 37211

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP March 28, 2024 DEPARTURE TIME 8:00am RETURN TIME 2:15pm

SOURCE OF FUNDING FOR TRIP Students paying for their tickets

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

NUMBER OF: STUDENTS 31 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 33

EAP: Person contacted at venue to discuss EAP: Kendra Bergmann Person making contact: Brook Wagoner

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: please see attached park map

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Any zoo staff member

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Brook Wagoner Can radio ERT

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

[Handwritten Signature]

Signature of Faculty Sponsor

2/20/24
Date

Approval of Site Based Council Representative *[Handwritten Signature]* Date 2-23-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

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Driver Signature _____ Date _____

Driver Comments: _____

Coach or School Representative Signature _____ Date _____

Request to Place an Item on the Agenda

Name: Tim Dudge, Leo Quintero & Mike Smith

Address: 800 S Main St, Elkhart KY 42220

Telephone number: 270 265 2800

Name of school children attend, if applicable: TCC HS

Group represented: Basketball

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Leo Quintero & Mike Smith

Description of Issue: Playing various Basketball Teams in Florida on the week of Spring Break (3/31/24-4/6/24)

Specific Action Requested: Out of state requests

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

Request to Place an Item on the Agenda

Name: Corey Williams, Lee Quaker, + Mike Smith

Address: 706 S. Moore St Elkton Ky

Telephone number: 270-265-2506

Name of school children attend, if applicable: TCCHS

Group represented: Softball

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quaker + Mike Smith

Description of Issue: Playing various teams in ALabama + Florida in the week of Spring Break (3/31-4/6/24)

Specific Action Requested: Overnight and out-of-state requests

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

Request to Place an Item on the Agenda

Name: Jim Douglas, Lee Quaker, + Mike Smith

Address: 806 Main St. Elkton KY

Telephone number: 2702652506

Name of school children attend, if applicable: TCCHS

Group represented: Bereby #1

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quaker, + Mike Smith

Description of Issue: Playing a baseball game at Kenwood H.S. in Clarksville TN on March 19, 2024

Specific Action Requested: Out-of-state Legality

Check if you are: Board Member District Employee Community Member

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Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Jim Paule

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Baseball / Athletics

DESTINATION Leewood HS ADDRESS 251 E Pine Mountain Rd, Clarksville TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/19/24 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 AM

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP: Shona McQueen Person making contact: Mike Smith

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

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

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

Coach

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

Walt High Signature of Faculty Sponsor 1/23/24 Date

Approval of Site Based Council Representative [Signature] Date 2-15-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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: Jim Doyle, Lee Quicker, + Mike Smith

Address: POB 5 Men Pt. Elkhart, IN

Telephone number: 270 205 2500

Name of school children attend, if applicable: TECH

Group represented: Berkley

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quicker, Mike Smith

Description of Issue: Playing a basketball team against TN Heat in Nashville, TN home school on April 9, 2004

Specific Action Requested: Out-of-State request

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

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Jim Daisle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Baseball / Athletes

DESTINATION Donelson Rotary Park CTN 1100 ADDRESS 4541 Old Hickory Blvd, Old Hickory TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/19/24 DEPARTURE TIME 3:30 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP: TCCHS Athlete Fee

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP: Jeremy Day Person making contact: Mike Smith

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):

Coach _____

(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 [Signature] Date 2-15-24

District Use Only

Section 2

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 _____

Request to Place an Item on the Agenda

Name: Jim Daide, Lee Quaker, + Mike Smith

Address: FOC S. Me. St Elkton, Ky

Telephone number: 270 265 2500

Name of school children attend, if applicable: TCEM

Group represented: Baseball

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quaker + Mike Smith

Description of Issue: Playing a Baseball game at Kirkwood HS in Clarksville TN on April 27, 2024

Specific Action Requested: Out-of-state request

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

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Jim Dagle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS / Jaceban Athletic

DESTINATION Kirkwood H.S. ADDRESS 2702 Roswell Rd. Clarksville TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/27/24 DEPARTURE TIME 4:00pm RETURN TIME 10:00pm

SOURCE OF FUNDING FOR TRIP TCCHS Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP: Josh Stoekli Person making contact: Mike Smith

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

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

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

Coccher

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

Nabalyt
Signature of Faculty Sponsor

2/29/24
Date

Approval of Site Based Council Representative [Signature] Date 2-15-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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 _____

Request to Place an Item on the Agenda

Name: Jim Randle, Leo Quintero + Mike Smith

Address: 800 S Main St, Elizabethton, TN

Telephone number: 270 205 2526

Name of school children attend, if applicable: TCMS

Group represented: Barbell

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Leo Quintero + Mike Smith

Description of Issue: Play a baseball game at Stewart County HS on May 2, 2024 in Dover, TN

Specific Action Requested: out-of-state request

Check if you are: Board Member District Employee Community Member

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Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCU FACULTY MEMBER(S) SPONSORING TRIP Jim Daigle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCU Basketball Club Letter

DESTINATION Princeton Co. HS ADDRESS 120 Robertson H. Blvd. Seale, TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/8/24 DEPARTURE TIME 3:30 PM RETURN TIME 11:00 PM

SOURCE OF FUNDING FOR TRIP TCCU Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 30

EAP: Person contacted at venue to discuss EAP: Dale Byrd Person making contact: Mike Smith

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

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

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

Cooche

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

Walter Byrd

Signature of Faculty Sponsor

1/24/24

Date

Approval of Site Based Council Representative [Signature]

Date 2-15-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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 _____

Van if needed

(State Track Meet)

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Rick McCain

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Track / Athletic

DESTINATION Shively Track Field ADDRESS Sports Center Dr. Lexington

Overnight; give name, address, phone of lodging: TOP

DATE(S) OF TRIP Week of 5/26/24-6/1/24 DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP TCCHS Track

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

NUMBER OF: STUDENTS ??? FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS ???

EAP: Person contacted at venue to discuss EAP: Julian Tactott Person making contact: Mike Smith

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

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

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

Coach

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

Walt
Signature of Faculty Sponsor

2/15/24
Date

Approval of Site Based Council Representative [Signature] Date 2-15-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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 _____