Name: Class of 2024- (eclani Campbel
Address: 806 Soluth mours
Telephone number: 270 265 2506
Name of school children attend, if applicable CLASS of 2084
Group represented:
Check if request was submitted to:
Conferred with following administrators (names): LEE QLICIT LES
Description of Issue: +VOUC
Specific Action Requested: pervnission to travel to
Santa Claus IN to Holiday world for Senior tripon may leth
To serior Treport may wetre
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

Name: VICKI JENKINS
Address: TCC HS
Telephone number: 270 985 3467
Name of school children attend, if applicable: TCCHS
Group represented Examination Dect
Check if request was submitted to. Superintendent Board Chairperson
Conferred with following administrators (names): Lee Courtes
Bhatespeare Drains at Baxy Theatre
Specific Action Requested: DEFINITION to attend an
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 Eme	rgency Action Plan (EAP)
SCHOOL TCCHS FACULTY MEMBER(S) SPONSORIN	IGTRIP VICK, JENKINS
TVPF OF TRIP (CHECK ONE).	Becky Milburn
Organization requesting the Trip / Organization responsible for Payment: DESTINATION ROXY Theater Address 100 From KI	Dite hosed Funds,
DESTINATION ROXY Theater ADDRESS 100 From KI	in St Clarksville, TN
☐ Overnight; give name, address, phone of lodging	3704G
DATE(S) OF TRIP 4 24 24 DEPARTURE TIME 9am	RETURN TIME 2000
Source of Funding for trip Site based Funds	• · · · · · · · · · · · · · · · · · · ·
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABI	
Number of: students 45 faculty sponsors 5(?) Total	
EAP: Person contacted at venue to discuss EAP: Kette Venyldy Person mal	
Is there an Automated External Defibrillator (AED) on site: Yes IN No If yes, wh	
Does the venue have an Emergency Response Team: Yes I No If yes, how are the	ney contacted: 55 forff on Sit
School Employee(s) Attending Trip (Please note beside name if employee is CPR training Milburn VICKY JENKINS Pauge Carvey	ning
(Please use separate sheet and attach to this form if more space is needed to list school en	mployees attending). 12/2/2024
Approval of Site Based Council Representative	Date 2-23-24

District Use Only	
Section 2	
Approval of District Representative	Date
Section 3 DRIVER: TURN THIS FORM IN WITH TIMES	HEETS
Date/Time Departure: Odomete	er Start:
	er End:
I hereby certify that the above information is correct to the best of my knowledgest and the second	edge.
Driver Signature	Date
Driver Comments:	**************************************
Coach or School Representative Signature	Date

Review/Revised: 3/13/06

lame: brook wagener
address:
elephone number:
dame of school children attend, if applicable.
Froup represented
Check if request was submitted to: Superintendent Board Chairperson
Description of Issue: +vave1
Specific Action Requested Dermission to travel to the Mashville 200 on March 28th
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.

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & Even	t Specific Emergency Action Plan (EAP)
SCHOOL TOLD CO. CENTRAL H.S. FACULTY MEMB	
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization responsible DESTINATION NICHALLE ZOO ADDRESS 3 Overnight; give name, address, phone of lodging	TTT Noknsville Pike, Nochville TN 37211
Overnight, give name, address, phone or loaging	···
DATE(S) OF TRIP MOY(h 28, 2014 DEPARTURE T SOURCE OF FUNDING FOR TRIP STUDENTS DONING	
NO STUDENT SHALL BE DENIED THE TRIP BE	
Number of: students 12 faculty sponsors	
EAP: Person contacted at venue to discuss EAP: Kento Brown	Person making contact: Brook WOMON er
Is there an Automated External Defibrillator (AED) on site: Yes	No If yes, where: DROS See Atlached Dack Map
Does the venue have an Emergency Response Team: Yes 🗖 N	o If yes, how are they contacted: AN 200 Storf member
School Employee(s) Attending Trip (Please note beside name if en	nployee is CPR trained): Can radio EPT
Please use separate sheet and attach to this form if more space is no Signature of Faculty Sponsor Approval of Site Based Council Representative	Date 2-23-24
District Use O Section 2	nly
	_
Approval of District Representative	Date

DRIVER: TURN THIS FORM IN Section 3	WITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	
	Odometer End.
I hereby certify that the above information is correct to the	ne best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	D-4-
COMPT OF DOTTOOL LECKTOCHERING DISHBIRTIE	Date

Names Line Duck LEBRING & Mito South
Address: FOO SMC SF EIRIL KY 42280
Telephone number: 276 26 2606
Name of school children attend, if applicable TCC EV
Group represented: Decreball
Check if request was submitted to: Superintendent Board Chairperson
Conferred with following administrators (names): Lead of the San
Description of Issue: Maring Vorier Destall From in Florida on the
WPK OF SOLY BEEK (3/3/DV-4/9/DV)
Specific Action Requested: OV Crash and out of Heter Company
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.

Request to Place an Item on the Agenda

Name: Copy W. W. xay, Lee Quirks, & Mike South
Address: POC S. Mo in It Elkfor KY
Telephone number: 270-265-2566
Name of school children attend, if applicable. TCC+FI
Group represented: Softball
Check if request was submitted to: Superintendent Board Charperson
Conferred with following administrators (names): \[\int \text{Pe (Gap. (e) + \text{M} \text{F = Call F})} \]
Description of Issue Player Various + Conr in Aletters + Fledon
Description of Issue: Playing Verious Francis Alexan + Florida :
Specific Action Requested. Dutto just and out-of-state requests
Specific Action Requested. 20 (777 ii) 1 - 77 pt 2 v - 77 - 77 pt
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: 3/15/06

Name Jim Dongla, Lee Queles, or Mt. Son the
Address: 800 Plan to Folletton RY
Telephone number: 270 265 2506
Name of school children attend, if applicable: TCCHI
Group represented: B: 1900 47
Check if request was submitted to:
Conferred with following administrators (names): (Pe Que My + M Le Sen H Le
Description of Issue. Playing a baseball gone at Femines 145 in Clubby 167 Won Mach 19,2024
Specific Action Requested: Out-of-State Legs ()+
Check if you are: Board Member District Employee D 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.

STUDENTS 09.36 AP.21 School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): Organization requesting the Trip/ Organization responsible for Payment: DESTINATION LONG ADDRESS 2016 PAR MONTY Overnight; give name, address, phone of lodging DEPARTURE TIME 4:15 PM DATE(S) OF TRIP 3/19/20 RETURN TIME / DATE(S) OF TRIP TO DEPARTURE TIMESOURCE OF FUNDING FOR TRIP TO A HE LANGE NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Thena McLana Person making contact: Mike Santa Is there an Automated External Defibrillator (AED) on site: Yes \(\square\$ No If yes, where: \(\square\$ 1.5 \) Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contacted: Ohr 172 School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Caaches (Please use separate sheet and attach to this form if more space is needed to list school employees attending). 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

Sect	ion	3
	Lat.	

Date/Time Departure: _____ Date/Time Return:

Odometer Start: Odometer End:

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature Driver Comments:

Date

Coach or School Representative Signature

Date ____

Name Jin Deide Lee Quedes + Mikela it
Address: POLS Non Pt Elkhang LE
Telephone number: 2 70 205 2500
Name of school children attend, if applicable. TECH!
Group represented: (3/27 b)
Check if request was submitted to:
Conferred with following administrators (names): Lee Que, les e M Longe +
Description of Tissue: Playing a harried transfer of TN House in
Description of Issue Playing a normal transgener TN Heat in Nurselle, TH Chame school on April 9,2024
Specific Action Requested Q 64-04-54-64-64-64-64-64-64-64-64-64-64-64-64-64
Check if you are: Board Member D District Employee D 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.

STUDENTS

09.36 AP.21

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

SCHOOL TCCAS FACULTY MEMBER(S) S	SPONSORING TRIP Jin Daisle
Type of Trip (CHECK ONE).	
Organization requesting the Trip / Organization responsible for P	ayment: TCCHS Clare by 11/14/11/24 "
DESTINATION Conclus Cotas Part CTN Haraddress School	Old Anderolled Old Hillery TI
Organization requesting the Trip / Organization responsible for P DESTINATION Conclusion foliage of CTN Hard DDRESS Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 4/9/29 DEPARTURE TIME	RETURN TIME 10:00P
SOURCE OF FUNDING FOR TRIP. TO STATE A STATE OF THE SOURCE OF FUNDING FOR TRIP. TO STATE OF THE SOURCE OF FUNDING FOR TRIP. TO STATE OF THE SOURCE OF FUNDING FOR TRIP. TO STATE OF THE SOURCE OF FUNDING FOR TRIP. TO STATE OF THE SOURCE OF TH	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE O	
Number of: students Faculty sponsors F	TOTAL#OF PARTICIPANTS //
EAP: Person contacted at venue to discuss EAP:	Person making contact: MKESn. 74
Is there an Automated External Defibrillator (AED) on site: Yes I No	o If yes, where:
Does the venue have an Emergency Response Team: \square Yes \square No If yes	s, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee	e is CPR trained):
Coo chapming and continue to the continue to t	
(Please use separate sheet and attach to this form if more space is needed to	list school employees attending).
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date _ 2 - 1.5 - 2 -
District Use Only Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WITH	u timequeete
Section 3	II TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to the best of i	my knowledge.
Driver Signature	Date
Driver Comments:	240
Coach or School Representative Signature	Date

Name: Jim Daide, Lee Quale, & Mko Sait
Address: ECCS, No. St. Eleter KY
Telephone number, 270 SGT STCC
Name of school children attend, if applicable: TOS 141
Group represented: Projety (1
Check if request was submitted to: Superintendent
Conferred with following administrators (names): Lee Guelle & Nie Smith
Description of Issue Playing a Decebell gone at Rykbood HS in Starking Thom April 27, 2029
Specific Action Requested: O v t - v t - 5 to to 1 to 4
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.

STUDENTS 09.36 AP.21

School-Related Student Trip Reques	t Form & Event Specific Emergency Action Plan (EAP)
SCHOOL TCCHT 1	FACULTY MEMBER(S) SPONSORING TRIP
Type of Trip (CHECK ONE):	A 1001
Organization requesting the Trip / Organi	ization responsible for Payment: TCG Blace ball Affilet.
DESTINATION ENVIOLE HS	ADDRESS 2702 ROSTRAKA, CRANNETN
☐ Overnight; give name, address, phone	of lodging
DATE(S) OF TRIP 4/27/24	DEPARTURE TIME 4.009 RETURN TIME 10:00PM
SOURCE OF FUNDING FOR TRIP TO CONT.	Athletig
	ENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students 🔗 🦳 facui	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EA	P: Jan Stock Person making contact: Mke 1474
Is there an Automated External Defibrillator (A	ED) on site: Ves \(\sim No If yes, where: On it
Does the venue have an Emergency Response T	Team: DYes D No If yes, how are they contacted: Our te
School Employee(s) Attending Trip (Please not	
(Please use separate sheet and attach to this for Signature of Faculty Sponsor Approval of Site Based Council Representation	rm if more space is needed to list school employees attending). 1947 9 Date 2 - 15 - 2
	District Use Only
Section 2	
Approval of District Representative	Date
Section 3	THIS FORM IN WITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	
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

Name: J. M. W. de, Lee Quadery + Mke South
Address: 800 5 No in St. Dellaton KY
Telephone number: 2702012701
Name of school children attend, if applicable: Tre th
Group represented: DE/EDE//
Check if request was submitted to:
Conferred with following administrators (names): Lee Guerley or M. L. Co. 14
Description of Issue: Play & Descripting from the Stevent County HS Co.
MEXILORIA CONTRACTOR
Specific Action Requested: 10 14-04-56-46-70-90-90-7
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.

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Specific Em	nergency Action Plan (EAP)
SCHOOL CCI FACULTY MEMBER(S) SPONSOR	ING TRIP J. M. Dajole
Type Of Toid (CHECK ONE).	The second secon
Organization requesting the Trip / Organization responsible for Payment:	ICCHBAGGER 11/AAALA
DESTINATION ADDRESS ADDRESS ADDRESS	MARIUKA DIDOLAN
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP STORY DEPARTURE TIME STORY	RETURN TIME // COPY
Source of funding for trip Total Athletic	And the second s
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INA	
NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL	L#OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: /// Person m	naking contact: M. Ke Jm/H
Is there an Automated External Defibrillator (AED) on site: Yes No If yes, w	
Does the venue have an Emergency Response Team: No If yes, how are	they contacted: Oar Re
School Employee(s) Attending Trip (Please note beside name if employee is CPR to	rained):
(2006kg)	
(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	Date <u>2-15-24</u>
District Co. 1	
Section 2 District Use Only	
Approval of District Representative	Date
	Daio
DRIVER: TURN THIS FORM IN WITH TIMES Section 3	SHEETS
Date/Time Departure: Odome	ter Start:
Date/Time Return: Odome	
I hereby certify that the above information is correct to the best of my know	ledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

Van Freeded (State Track Neet)

STUDENTS

09.36 AP.21

BIODENIA	07.0012.21
School-Related Student Trip Request Form	& Event Specific Emergency Action Plan (EAP)
SCHOOL TCCHS FACULTY	MEMBER(S) SPONSORING TRIPLICE MCAIN
Type of This (our or own).	2 Para Conference Conf
Organization requesting the Trip / Organization res	sponsible for Payment: 1041 Track Addletion
DESTINATION JANA Tocko Ed Stal XDDI	RESS DOORS CENTURE VERIAGES
Overnight; give name, address, phone of lodging	g 70 4
DATE(S) OF TRIP Deek of \$/26/24-6/1/24 DEPAR	RTURE TIME THAT RETURN TIME TOA
SOURCE OF FUNDING FOR TRIP TECHS Track	4
NO STUDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS 2?? FACULTY SPON	SORSTOTAL # OF PARTICIPANTS ? ??
EAP: Person contacted at venue to discuss EAP:	Teckoth Person making contact: Mike Sa. 42
Is there an Automated External Defibrillator (AED) on sit	te: TYes D No If yes, where: On 12 te
Does the venue have an Emergency Response Team:	
School Employee(s) Attending Trip (Please note beside no	ame if employee is CPR trained):
Coachos	
Please use separate sheet and attach to this form if more s	space is needed to list school employees attending).
Signature of Faculty Sponsor	21104
Approval of Site Based Council Representative	Date 2-18-21
7	
Distric	t Use Only
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FO	ORM 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	
Coach or School Representative Signature	Date