Both District Town.

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP M. Le D. Agrange SCHOOL / TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCHB Bad / TCB 0/= DESTINATION Russelle H.C. ADDRESS 1/0/1/9457. Russellx/1/ ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME TBA RETURN TIME 13A DATE(S) OF TRIP SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. 50 FACULTY SPONSORS > TOTAL # OF PARTICIPANTS > 7 NUMBER OF: STUDENTS EAP: Person contacted at venue to discuss EAP: RYGADA REPORT Person making contact: Mk & SA HA Is there an Automated External Defibrillator (AED) on site: Tyes I No If yes, where: Does the venue have an Emergency Response Team: \(\overline{Q}\)Yes \(\overline{Q}\) No If yes, how are they contacted: \(\overline{Q}\) \(\overline{Q}\) \(\overline{Q}\) School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Nike Dranguell (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 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:** 

Date \_\_\_\_

Coach or School Representative Signature

	est Form & Event Specific Emergency Action Plan (EAP)
SCHOOL TCCHS	FACULTY MEMBER(S) SPONSORING TRIP DIPOGO
Trans on Then (comore one).	5
Organization requesting the Trip / Orga	inization responsible for Payment: TCCH's Bond
DESTINATION WWW.  Overnight; give name, address, phor	ADDRESS
Overnight; give name, address, phor	ie of lodging
DATE(S) OF TRIP_3-14-2024	DEPARTURE TIME TO O RETURN TIME TOO
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE	DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students 25 FAC	ULTYSPONSORS TOTAL# OF PARTICIPANTS 26
EAP: Person contacted at venue to discuss E	ULTYSPONSORS TOTAL# OF PARTICIPANTS 2 6  AP: Good scholar Person making contact: A. D. Pozzorok
Is there an Automated External Defibrillator	(AED) on site: Yes No If yes, where: Ardiraiva
Does the venue have an Emergency Respons	e Team:  Yes No If yes, how are they contacted:
School Employee(s) Attending Trip (Please n	tote beside name if employee is CPR trained):
Please use separate sheet and attach to this  Signature of Faculty Sponsor  Approval of Site Based Council Represe	form if more space is needed to list school employees attending).  2-13-12014  Date 2-15-21
Approvai of Site Based Council Represe	manye Date 2 10 22
	District Use Only
Section 2	
Approval of District Representative	Date
	N THIS FORM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above informa	tion is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signatur	reDate

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)		
SCHOOL TOCHS FACULTY MEMBER(S) SPONSORING TRIP CASEY WILLIAMS		
Type of Trip (check one):		
Organization requesting the Trip / Organization responsible for Payment:		
Organization requesting the Trip / Organization responsible for Payment:  Soft BALL  DESTINATION Hopkinssing Address 430 Yoffman V. Hopkinsville		
☐ Overnight; give name, address, phone of lodging		
DATE(S) OF TRIP 4-29-24 DEPARTURE TIME 4:00 RETURN TIME 10:00		
SOURCE OF FUNDING FOR TRIP AHHICEICS		
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.		
Number of: students/5 faculty_sponsors Z Total # of Participants/7		
EAP: Person contacted at venue to discuss EAP: Jacob Baell Person making contact: M. & P. Sm &		
Is there an Automated External Defibrillator (AED) on site: Si Yes I No If yes, where: Our, ye		
Does the venue have an Emergency Response Team: Team: Yes \( \subseteq \) No If yes, how are they contacted: \( \frac{Ourset}{2} \)		
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):		
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).		
Approval of Site Based Council Representative  Date  Date  2-12-24  Date  Date		
***************************************		
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		

School-Related Student Trip Request Form & Event Specific	Emergency Action Plan (EAP)
SCHOOL TCCHS FACULTY MEMBER(S) SPON	SORING TRIP Jim Da
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization responsible for Paymo	ent 100th Barchell Athletic
DESTINATION Cancer Calet ADDRESS 99 Vince	+ A Brownwille
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 1/9/24 DEPARTURE TIME 10	OCAM RETURN TIME 6: COPI
SOURCE OF FUNDING FOR TRIP TO COM Alberto	
No student shall be denied the trip because of an	INABILITY TO PAY.
Number of: students 25 faculty sponsors To	OTAL # OF PARTICIPANTS 3
EAP: Person contacted at venue to discuss EAP: Kylepiele. Person	on making contact: M'ke Smith
Is there an Automated External Defibrillator (AED) on site:   Yes No If y	100.000
Does the venue have an Emergency Response Team:   Yes No If yes, how	v are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee is C	The state of the s
Cackes	
(Please use separate sheet and attach to this form if more space is needed to list so	thool employees attending
Will of the space is needed to his some in more space is needed to his so	1/23/24
Signature of Faculty Sponsor	Bate
Approval of Site Based Council Representative	Date 2-15-24
***************************************	••••••
Section 2 District Use Only	
Approval of District Representative	Data
Approval of District Representative:	Date
***************************************	
DRIVER: TURN THIS FORM IN WITH TI	MESHEETS
Section 3	
Date/Time Departure:Od	ometer Start:
Date/Time Return: Od	ometer End:
I hereby certify that the above information is correct to the best of my k	nowledge.
Driver Signature	Data
Driver Signature Driver Comments:	Date
—	
Coach or School Representative Signature	Date

School-Related Student Trip Request Form & Event Specific	c Emergency Action Plan (EAP)
SCHOOL FACULTY MEMBER(S) SPO	NSORING TRIP Trades Le
(Company of the control of the contr	
Organization requesting the Trip / Organization responsible for Payn	nent: Manual Jaka 40
DESTINATION Combile STORY ADDRESS 23? Vol	
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 3/33/34 DEPARTURE TIME 9.	RETURN TIME STOOK
SOURCE OF FUNDING FOR TRIP CC HI Athletij	town for the state of the state
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF A	
Number of: students 25 faculty sponsors 5	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: Like And Sic Per	
Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ No If	
Does the venue have an Emergency Response Team:   Yes No If yes, ho	
School Employee(s) Attending Trip (Please note beside name if employee is	CPR trained):
(Please use separate sheet and attach to this form if more space is needed to list	(126120
Approval of Site Based Council Representative	Date 2-15-24
District Use Only	
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WITH T Section 3	IMESHEETS
Date/Time Departure:O	dometer Start:
Date/Time Return:O	dometer 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

School-Related Student Trip Request Form & Event S	pecific Emergency Action Plan (EAP)
SCHOOL JECH FACULTY MEMBER(	s) sponsoring trip Jim balale
Type of Trip (curcy one).	
Organization requesting the Trip / Organization responsible for	or Payment: CCHS Danball Athles
DESTINATION Webster Co. H Address 2	1-48 Dec 64
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 3/30/24 DEPARTURE TIM	E P.OOPM RETURN TIME //: COP
SOURCE OF FUNDING FOR TRIP TECHSAFILE HIS	
NO STUDENT SHALL BE DENIED THE TRIP BECAU	SE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS OF FACULTY SPONSORS	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: Zach Lagran	L. Person making contact: M.K.P. Ca. +C
Is there an Automated External Defibrillator (AED) on site: Yes	
Does the venue have an Emergency Response Team: Yes \( \text{P} \) No If	
School Employee(s) Attending Trip (Please note beside name if employee	
Coaches	yee is CPR trained):
(Please use separate sheet and attach to this form if more space is needed.  Signature of Faculty Sponsor	1/02/24
	Date 2-15-24
Approval of Site Based Council Representative	Date
District Use Only	
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN W. Section 3	ITH 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

School-Related Student Trip R	<u>lequest Form &amp; Event Spe</u>	cific Emergenc	<u>Y Action Plan (EAP)</u>
SCHOOL TCC#5	FACULTY MEMBER(S)	SPONSORING TRI	Din Daicke
TYPE OF TRIP (CHECK ONE):	***************************************	(#4. c. 6)	
Organization requesting the Trip /	Organization responsible for I	ayment: TCM	Maresoll/Athleta
DESTINATION	Aclin - "ADDRESS - CO	Si College 51	= Franklin, Kg
☐ Overnight; give name, address,	phone of lodging		
DATE(S) OF TRIP		4:15 PM	RETURN TIME 10:600
Source of funding for trip $\overline{\mathcal{V}}$	CHSAHLENU	entered Appropriate to the content of Appropriate Content, 19,000	and the second s
NO STUDENT SHAL	LL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO	PAY.
NUMBER OF: STUDENTS 8	FACULTY SPONSORS	TOTAL # OF P	ARTICIPANTS 20
EAP: Person contacted at venue to disc	uss EAP: MatthewW. Ihre	 _Person making co	ntact: Mkelmitt
Is there an Automated External Defibrill	lator (AED) on site: TYes DN	o If yes, where:	ne s
Does the venue have an Emergency Res			
School Employee(s) Attending Trip (Ple	ease note beside name if employe	e is CPR trained):	
Signature of Faculty Sp Approval of Site Based Council Rep	oonsor / A	1/29/	s attending).  the
	District Use Only		
Section 2	District Osc Only		
Approval of District Representative			Date
NDIVED. 7	FURN THIS FORM IN WIT		######################################
Section 3	ORN THIS FORM IN WIT	HIMESHELI	8
Date/Time Departure:		Odometer Start	
Date/Time Return:		Odometer End:	
Dato, Time Retain.		Odometer End.	
I hereby certify that the above inform	nation is correct to the best of	my knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative Sign	nature		Date

<b>School-Related Student Trip I</b>	Request Form & Event Specific Emergency A	ction Plan (EAP)
SCHOOL CH	FACULTY MEMBER(S) SPONSORING TRIP	in Daisle
TYPE OF TRIP (CHECK ONE):	T- 10A	Allani.
Organization requesting the Trip	Organization responsible for Payment:	ab/////////////////
DESTINATION ILLA MALLA MALLA TO.	ADDRESS // CO. W. S.	<u>IDIO JAJAA</u>
☐ Overnight; give name, address	s, phone of lodging	
		TURN TIME 10:00F
SOURCE OF FUNDING FOR TRIP	TECH Athleto	LOOK 1977
No student sha	ALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PA	Y. O
Number of: students _ O	FACULTY SPONSORS TOTAL # OF PART	TICIPANTS O
<b>EAP:</b> Person contacted at venue to dis	scuss EAP Cycal Deligate Person making contac	t: V=V(1)1, +6
Is there an Automated External Defibri	illator (AED) on site: Profes De No If yes, where:	9/16/2
Does the venue have an Emergency Re	esponse Team: Yes D No If yes, how are they contacted	ed: 2 5 /2
School Employee(s) Attending Trip (Pl	Please note beside name if employee is CPR trained):	
Pleas use separate sheet and attach  Signature of Faculty S  Approval of Site Based Council Re		ending). Date <u>9-15-24</u>
	District Use Only	
Section 2		
Approval of District Representative	eI	Date
	•••••	
	TURN THIS FORM IN WITH TIMESHEETS	
Section 3		
Date/Time Departure:		
Date/Time Return:	Odometer End:	
I hereby certify that the above infor	rmation is correct to the best of my knowledge.	
Driver Signature		Date
Driver Comments:		
Coach or School Representative Sig	gnature	Date

09.36 AP.21

## **STUDENTS**

School-Related Student Trip Requ	est Form & Event Specific Emergency Action Plan (EAP)
SCHOOL TCCH)	FACULTY MEMBER(S) SPONSORING TRIP Jande
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Orga	anization responsible for Payment: CCHS Bajebah JAHhleh'd ADDRESS 100 Park H. Edmenter ne of lodging
DESTINATION Met-celfe Celfele	ADDRESS 100 Neile 4 Edmenter
☐ Overnight, give name, address, phor	ne of lodging
DATE(S) OF TRIP 425 704	DEPARTURE TIME 2:00 PM RETURN TIME 11:30PM
SOURCE OF FUNDING FOR TRIP	to dellessing
	DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF STUDENTS & T	CULTY SPONSORSTOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss F	EAP: Met Sm. H. Person making contact: Miles Sm. H.
Is there an Automated External Defibrillator	(AED) on site: ☐ Yes ☐ No If yes, where:
Does the venue have an Emergency Respons	the Team: Yes \( \square\) No If yes, how are they contacted: \( \lambda_{\text{opt}} \) \( \text{Team} \)
	note beside name if employee is CPR trained):
Cacker	· · · · · · · · · · · · · · · · ·
(Please was senarate sheet and attach to this	form if more space is needed to list school employees attending).
	entative Date 2-15-24
Approval of Site Based Council Represe	ntative Date 2=15-29
***************************************	
	District Use Only
Section 2	
Approval of District Representative	Date
DRIVER: TUR	N THIS FORM IN WITH TIMESHEETS
Section 3	•
Date/Time Departure:	Odometer Start:
Date/Time Return:	
I hereby certify that the above information	on is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signatu	re Date

School-Related Student Trip Request Form & Event Spec	cific Emergency Action Plan (EAP)
SCHOOL TCC#J FACULTY MEMBER(S) S	SPONSORING TRIP J. Deice
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization responsible for P	ayment: TCC # Merchell Att offo
DESTINATION LOCKAGE HIS ADDRESS SIGNO	Builton Grentes, Quirelliste
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 4/30/24 DEPARTURE TIME	CICOM PRODUCTION OF COL
	RETURN TIME 105 SUP
Source of funding for trip TCCHI Athletic	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE O	OF AN INABILITY TO PAY.
Number of: students 27 faculty sponsors 7	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: Cauche Spear	
Is there an Automated External Defibrillator (AED) on site	The state of the s
Does the venue have an Emergency Response Team: Team: No If yes	The second by th
School Employee(s) Attending Trip (Please note beside name if employee	e is CPR trained):
( Ochel)	
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 2 15-24
Section 2 District Use Only	
Approval of District Representative	Date
1 1pp 20 1 42 01 2 200 1 20 1 20 1 20 1 20 1	Dato
DRIVER: TURN THIS FORM IN WITH Section 3	H TIMESHEETS
	01
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to the best of a	my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

School-Related Student Trip Request Form & Event Spec	cific Emergency Action Plan (EAP)
SCHOOL TCCAS FACULTY MEMBER(S) S	SPONSORING TRIP Lin Dolde
Type of Trip (Check one):	
Organization requesting the Trip / Organization responsible for P	ayment: Off Boreball Athletin
DESTINATION 1/2/ Out 4 CON ADDRESS 16 2	), Me St. Morgantorn
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP \$\\\ 3\\\ 2\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	F. 15 PM RETURN TIME 11. COM
Source of funding for trip TCCHS Athle tice	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE O	OF AN INABILITY TO PAY.
Number of: students 2 faculty sponsors 5	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: Jandon Enhage	Person making contact: Mke Smt
Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ No.	o If yes, where:
Does the venue have an Emergency Response Team: ☐Yes ☐ No If yes	
School Employee(s) Attending Trip (Please note beside name if employee	e is CPR trained):
(P) ease 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 2-15-24
***************************************	
District Use Only	
Section 2	
Approval of District Representative	Date
	***************************************
DRIVER: TURN THIS FORM IN WITH	H 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 a	my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

School-Related Student Trip Re	<u>quest Form &amp; Event Sp</u>	ecific Emergency	Action Plan (EAP)
SCHOOL J CCUS	FACULTY MEMBER(S)	SPONSORING TRIP	Dim Doicle
Trans on There (or one)	and the state of t		Se.
Organization requesting the Trip / C DESTINATION	Organization responsible for	Payment: JCCHJ	Bapeboll JAPhlekie
DESTINATION DESTINATION	ADDRESS 7/Co	@water Park	Pauran Mag
☐ Overnight; give name, address, p	hone of lodging		
DATE(S) OF TRIP 5/7/24	DEPARTURE TIME	4 WPM	RETURN TIME [1:00]
SOURCE OF FUNDING FOR TRIP			
No student shall	BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO	PAY.
NUMBER OF: STUDENTS F EAP: Person contacted at venue to discuss	ACULTY SPONSORS 5	TOTAL # OF PA	ARTICIPANTS 20
EAP: Person contacted at venue to discus	ss EAP: Elizabeth lobinson	Person making con	tact: M. ka Smith
Is there an Automated External Defibrilla Does the venue have an Emergency Response	onse Team: 🗆 Yes 🖼 No If y	es, how are they conta	acted: On 1.4e
School Employee(s) Attending Trip (Plea			ACT THE SECTION AND THE SECTIO
(P) case use separate sheet and attach to	this form if more space is needed t	o list school employees	attending)
Wall Water		1/24/	24
and the second s	nsor /	Date Date	
Approval of Site Based Council Repre	esentative A		Date <u>2 -15 -2</u> 0
***************************************	••••		******
	<b>District Use Only</b>		
Section 2			
Approval of District Representative _			_ Date
	*****************		**************
DRIVER: TU	URN THIS FORM IN WIT	TH TIMESHEETS	<b>,</b>
Section 3			
Date/Time Departure:		Odometer Start:	
Date/Time Return:			
		~	
I hereby certify that the above information	ation is correct to the best of	my knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative Signa	aturo.		Data
Concil of periodi representative pigns	narc		Date

School-Related Student Trip Request Form &	Event Specific Emergency Action Plan (EAP)
SCHOOL TEACULTY M	IEMBER(S) SPONSORING TRIP JENDO'JE
Type of TDID (CHECK ONE).	
Organization requesting the Trip / Organization response	onsible for Payment: TO IT Berebell Athlese
DESTINATION (ACTE/AT MOT VAF (MUNTOG (C)ADDRE	SS VA SEG JOHN TORKEN VIEW
☐ Overnight; give name, address, phone of lodging	
	ure Time 3:00 PM RETURN TIME 1130 A
Source of funding for trip TCCHS Athles	
NO STUDENT SHALL BE DENIED THE T	RIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS 25 FACULTY SPONSO	RS TOTAL # OF PARTICIPANTS
NUMBER OF: STUDENTS STACULTY SPONSO EAP: Person contacted at venue to discuss EAP: John	efff Person making contact: Mke Salt
Is there an Automated External Defibrillator (AED) on site:	
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 Cocche)	e if employee is CPR trained):
(Please use separate sheet and attach to this form if more spa Signature of Faculty Sponsor  Approval of Site Based Council Representative	1/24/24 Date
District (	Jse Only
Section 2	•
Approval of District Representative	Date
DRIVER: TURN THIS FOR	MATTAL EXPLORATION OF THE STREET
Section 3	WIN WITH INVESTEETS
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

School-Related Student Trip Request Form & Event Spe	cific Emergency Action Plan (EAP)	
SCHOOL TCC FACULTY MEMBER(S)	SPONSORING TRIP RICK MAAN	
TYPE OF TRIP (CHECK ONE):	,	
TYPE OF TRIP (CHECK ONE):  Organization requesting the Trip / Organization responsible for I  DESTINATION Claudica, H.S. Address 3000	Payment: Va AJ Track Athlatics	
DESTINATION Coldwell Co. H.S. ADDRESS TO THE Overnight; give name, address, phone of lodging	cknown Principal	
☐ Overnight; give name, address, phone of lodging		
DATE(S) OF TRIP 3/17/29 DEPARTURE TIME	3'45'PM RETURN TIME 9'. 00P	
SOURCE OF FUNDING FOR TRIP.		
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE		
NUMBER OF: STUDENTS <u>35</u> FACULTY SPONSORS	TOTAL # OF PARTICIPANTS	
EAP: Person contacted at venue to discuss EAP: Person contacted at venue to discuss EAP:	Person making contact: Mke Palm	
EAP: Person contacted at venue to discuss EAP: $Person$ (AED) on site: $Person$ N	lo If yes, where: Chin te	
Does the venue have an Emergency Response Team: Tes I No If yes, how are they contacted: Oughe		
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):		
Coarle		
Section 1997 Section 1997		
(Please use separate sheet and attach to this form if more space is needed to	o list school complexes at Sinch	
	s ist school employees alteriding).	
Signature of Faculty Sponsor	Date	
Approval of Site Based Council Representative	Date 2-15-29	
District Use Only		
Section 2		
Approval of District Representative	Date	
DRIVER: TURN THIS FORM IN WIT		
Section 3	H IIWIESHEETS	
Date/Time Departure:	Odomotor Starts	
Date/Time Return:	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:	Date	
Cooch on Cahaal Damasaatti a G	_	
Coach or School Representative Signature	Date	

School-Related Student Trip Request Form & Event Specific Emergency Action Plants	an (EAP)	
SCHOOL TCG FACULTY MEMBER(S) SPONSORING TRIPLE M.	af A	
TYPE OF TRIP (CHECK ONE):		
Organization requesting the Trip / Organization responsible for Payment:	kleff cy	
DESTINATION BHY CO. HS ADDRESS M. A. D. A. D. Overnight; give name, address, phone of lodging		
DATE(S) OF TRIP PARTIES 3:45 PM RETURN TO	ME <u>9! 00</u> A	
SOURCE OF FUNDING FOR TRIP	to the contract of the contrac	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.		
NUMBER OF: STUDENTS FACULTY SPONSORS 2 TOTAL # OF PARTICIPANT	s 37	
EAP: Person contacted at venue to discuss EAP: Blander Entry Person making contact: Mike S		
Is there an Automated External Defibrillator (AED) on site: Wes \( \sigma\) No If yes, where: On \( \frac{1}{2} \)		
Does the venue have an Emergency Response Team: DYes D No If yes, how are they contacted:		
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):		
Cocher		
	···	
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	2-15-21	
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:	7	
Coach or School Representative Signature		

School-Related Student Trip Request 1	Form & Event Specific Emergency Action Plan (EAP)	
	CULTY MEMBER(S) SPONSORING TRIP Rick Made	
TYPE OF TRIP (CHECK ONE):	5 - 105 May 1	
Organization requesting the Trip / Organiza	tion responsible for Payment: ( C B) Vacket Holeto	
DESTINATION Greenwood #.S.	ADDRESS NOVESS Word La Buyling Green	
☐ Overnight; give name, address, phone of	ADDRESS DOES DOED BUILDS GREET TOOLS TOOLS	
The state of the s		
	DEPARTURE TIME 9:0PM RETURN TIME 9:0PM	
SOURCE OF FUNDING FOR TRIP. ** TCC	1) Atheno	
	IED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PARTICIPANTS		
EAP: Person contacted at venue to discuss EAP: Person making contact: Mkesnith		
Is there an Automated External Defibrillator (AED) on site: Yes \( \square\$ No If yes, where: \( \frac{\chi_{\sqrt{e}}}{\chi_{\sqrt{e}}} \)		
Does the venue have an Emergency Response Tea	am: Dives Divino If yes, how are they contacted: Onnite	
School Employee(s) Attending Trip (Please note to Coche		
Please use separate sheet and attach to this form  Signature of Faculty Sponsor  Approval of Site Based Council Representati	if more space is needed to list school employees attending).  Date  Date  Date	
	Date A.S. 2 S	
	District Use Only	
Section 2	District Use Only	
Approval of District Representative	Date	
	***************************************	
DRIVER: TURN T	HIS 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:	Date	
Coach or School Representative Signature	Date	

School-Related Student Trip Request Form & Event Specific I	Emergency Action Plan (EAP)
SCHOOL TCCHS FACULTY MEMBER(S) SPONS	ORING TRIP CEMERA
TYPE OF TRIP (CHECK ONE):  Organization requesting the Trip / Organization responsible for Paymer DESTINATION (and the first of the fir	nt: TEH/Tock/APA letion
DATE(S) OF TRIP 3/28/24 DEPARTURE TIME 3/43	PM RETURN TIME 9:20PM
SOURCE OF FUNDING FOR TRIP Tall Addition	and the second s
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN I	NABILITY TO PAY.
NUMBER OF: STUDENTS FACULTY SPONSORS TO	TAL # OF PARTICIPANTS 2/
EAP: Person contacted at venue to discuss EAP: Jeffel Person	
Is there an Automated External Defibrillator (AED) on site: Yes No If yes	
Does the venue have an Emergency Response Team: Yes  No If yes, how	
School Employee(s) Attending Trip (Please note beside name if employee is CP	R trained):
(Please use separate sheet and attach to this form if more space is needed to list sch  Signature of Faculty Sponsor  Approval of Site Based Council Representative	ool employees attending).  2/13/2 4  Date  Date  Date
District Use Only	
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WITH TIM	MESHEETS
Section 3	
_	meter Start:
Date/Time Return: Odo	meter End:
I hereby certify that the above information is correct to the best of my kn	owledge.
Driver Signature	Date
Driver Comments:	2. 000
Coach or School Representative Signature	Date