

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD, TCMS, TCCHS FACULTY MEMBER(S) SPONSORING TRIP CHRIS & ERICA SKIPWORTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: STLP/ Board of Education

DESTINATION RUFF ARENA - STATE STLP ADDRESS 430 WEST VINE STREET LEXINGTON, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP MARCH 26 - 27TH, 2024 DEPARTURE TIME 3/26/2024 3 PM RETURN TIME 3/28/24 6 PM

SOURCE OF FUNDING FOR TRIP BOARD OF EDUCATION

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

NUMBER OF: STUDENTS 15 (ESTIMATING) FACULTY SPONSORS 2+3 JUDGES TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: Jeff Sebulsky Person making contact: Erica Skipworth

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: by contacting senior event management (action plan attached)

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

Chris Skipworth

Erica Skipworth

Jenny Byrd

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

Erica Skipworth
Signature of Faculty Sponsor

2/26/24
Date

Approval of Site Based Council Representative [Signature]

Date 2-26-24

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 _____