

STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP JONES, WILSON, TAYLOR

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: GOLDEN POND PLANETARIUM & 1850S HOMEPLACE ADDRESS: 238 VISITOR CENTER DR, GOLDEN POND, KY 42211

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

DATE(S) OF TRIP: 3/25/2024 DEPARTURE TIME: 8:00 RETURN TIME: 2:30

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS: 64 FACULTY SPONSORS: 5 TOTAL # OF PARTICIPANTS: 69

EAP: Person contacted at venue to discuss EAP: Emma Thompson Person making contact: Joey Jones

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

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

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

Joey Jones 270-225-8558

Taylor Wilson 270-605-4839

Cynthia Taylor 270-991-8283

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


Signature of Faculty Sponsor

3/1/24
Date

Approval of Site Based Council Representative 

Date 3/2/24

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP 1ST GRADE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: North Todd Elementary

DESTINATION: CHRISTIAN WAY FARMS ADDRESS: 19590 LINVILLE RD HOPKINSVILLE KY 42240

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

DATE(S) OF TRIP: 4/29/24 DEPARTURE TIME: 8:30 RETURN TIME: 12:45

SOURCE OF FUNDING FOR TRIP NTES SBDM 0050894

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

NUMBER OF: STUDENTS: 64 FACULTY SPONSORS: 4 TOTAL # OF PARTICIPANTS: 68

EAP: Person contacted at venue to discuss EAP: Janie Corley Person making contact: J.Henderson

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):

Mishawn Greenfield yes

Amanda Gant no

Jerilyn Henderson

Sarah Stuard no

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

Mishawn Greenfield
Signature of Faculty Sponsor

3/1/24
Date

Approval of Site Based Council Representative [Signature] Date 3/2/24

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL: North Todd Elementary School **FACULTY MEMBER(S) SPONSORING TRIP:** BRETT CARVER

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: NTES SBDM

DESTINATION: SHAKER VILLAGE/RUSSELLVILLE PARK ADDRESS: 896 SHAKER MUSEUM RD. AUBURN, KY 42206

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

DATE(S) OF TRIP: 5/15/24 **DEPARTURE TIME:** 9:15 AM **RETURN TIME:** 1:30 PM

SOURCE OF FUNDING FOR TRIP NTES SBDM 0050894

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

NUMBER OF: STUDENTS: 62 **FACULTY SPONSORS:** 3 **TOTAL # OF PARTICIPANTS:** 65

EAP: Person contacted at venue to discuss EAP: Sally Rogers Person making contact: Brett Carver

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):

Brett Carver 270-847-3506

Jessica Lear 270-604-5911

Kaitlyn Morris 270-498-8838

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

Brett Carver _____ 3/2/24
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ 3/2/24
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 _____