

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Michelle Rager

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Pop / ???

DESTINATION Diddle Arena @ WKU ADDRESS 1605 Ave. JE Champion Bowling Groe

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/9/24 DEPARTURE TIME 4:45 RETURN TIME 10:00

SOURCE OF FUNDING FOR TRIP 27%

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

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Chris Beck 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):

Chaperones _____ Lori Carver _____
Rick Martin _____
Sara Martin _____

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

Michelle Rager _____ 3-8-24 _____
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative [Signature] Date 3.8.24

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 _____