

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 **RUPP 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

3/26/24
Date

Approval of Site Based Council Representative *Jennifer Byrd* Date *3/11/24*

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 _____