

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Logan Aluminum ADDRESS 6920 Lewisburg Rd Russellville KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP march 26th DEPARTURE TIME 8:30 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 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS _____

EAP: Person contacted at venue to discuss EAP: Bobby Dee Person making contact: _____

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):

Chris Skipworth
Rachel Westerman

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

Michael Westerman
Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature] 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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Westerman

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS

DESTINATION Plymouth ADDRESS _____

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/19/2024 DEPARTURE TIME 8:30 RETURN TIME 1 pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 10

EAP: Person contacted at venue to discuss EAP: T. Primm Person making contact: Reachel Westerman

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):

Reachel Westerman _____

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

Reachel Westerman
Signature of Faculty Sponsor _____ Date _____

Approval of Site Based Council Representative [Signature] Date 3.14.24

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 TCHS FACULTY MEMBER(S) SPONSORING TRIP Holly Lawson/Nina Poe

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: CBI- SPED

DESTINATION SNOWBOX (MOVIES) ADDRESS 4000 Ft. Campbell Blvd. Hopkinsville, KY 42241
 Overnight; give name, address, phone of lodging Little Ceasars (pick up pizzas), Elkton Park

DATE(S) OF TRIP April 12, 2024 DEPARTURE TIME 9:00 RETURN TIME 1:30

SOURCE OF FUNDING FOR TRIP Self pay

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: _____

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):

Holly Lawson _____ Danette Campbell - CPR Certified
Nina Poe _____ Jessica Jones
Elizabeth Blake _____ Rochelle Willis

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

Holly Lawson
Signature of Faculty Sponsor

3/21/24
Date

Approval of Site Based Council Representative [Signature] Date 3.25.24

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 TCCHS FACULTY MEMBER(S) SPONSORING TRIP Holly Lawson/Nina Poe

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip Organization responsible for Payment: CBI-SPED

DESTINATION Elkton - Food Giant + Park ADDRESS Elkton, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/25/24 DEPARTURE TIME 11:00 RETURN TIME ~~12:00~~ 2:

SOURCE OF FUNDING FOR TRIP Self pay

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Holly Lawson

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):

Holly Lawson
Nina Poe
Elizabeth Blake

Danette Campbell - CPR certified
Jessica Jones
Rachelle Willis

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

Holly Lawson
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] Date 3-25-24

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 TCCHS FACULTY MEMBER(S) SPONSORING TRIP Quarles

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TC FFA

DESTINATION MSU Expo Center ADDRESS 2101 College Farm Rd Murray, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP April 17th, 2014 DEPARTURE TIME 07:00 AM RETURN TIME 6:00 PM

SOURCE OF FUNDING FOR TRIP Perkins

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

NUMBER OF: STUDENTS 45 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 47

EAP: Person contacted at venue to discuss EAP: Rhea Ann Holland Person making contact: Q. Quarles

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Cherry Expo and Equine Building

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

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

Quashawn Quarles
Shawla Berry

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

Signature of Faculty Sponsor _____ Date 3/11/2014

Approval of Site Based Council Representative _____ Date 3-11-2014

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 _____