

Request to Place an Item on the Agenda

Name: Kimberly Davis

Address: 515 W. Main St, Elkton Ky 42220

Telephone number: 270-265-2511

Name of school children attend, if applicable: _____

Group represented: Beta

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names) Kim Davis

Description of Issue: Field Trip to Discovery Park of America in Union City, TN

Specific Action Requested: Approve this out of state request

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/2006

STUDENTS

09.36 AP.21

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL ALL SCHOOLS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE/EVAN CANTARELLI

TYPE OF TRIP (CHECK ONE): TRIP TO DISCOVERY PARK OF AMERICA - UNION CITY, TN

Organization requesting the Trip / Organization responsible for Payment: TCCHS Beta Club

DESTINATION DISCOVERY PARK OF AMERICA ADDRESS UNION CITY, TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP SATURDAY, APRIL 27, 2024 DEPARTURE TIME 7:00 AM RETURN TIME 6:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS BETA CLUB - STUDENTS ATTENDING WILL PAY A FEE.

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

NUMBER OF: STUDENTS 60 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 70 (PARENT CHAPERONES AS WELL).

EAP: Person contacted at venue to discuss EAP: Michael Larkin Person making contact: Lisa Petrie

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: One inside and two outside on either side of the park.

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

Lisa Petrie _____ Evan Cantarelli _____

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

Lisa Petrie

3/25/24

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ O d o m e t e r _____ S t a r t : _____

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 _____