

STUDENTS

09.36 AP.21

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

SCHOOL Todd County Middle FACULTY MEMBER(S) SPONSORING TRIP Kim Davis

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS

DESTINATION Ky Drown Under Zoo ADDRESS 3780 L+N Turnpike Rd, Horse Cave, Ky 42749

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP April 24, 2024 DEPARTURE TIME 8:00 AM RETURN TIME 2:30 PM

SOURCE OF FUNDING FOR TRIP TCMS

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

NUMBER OF: STUDENTS 143 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 148

EAP: Person contacted at venue to discuss EAP: Chris Ham Person making contact: Kim Davis

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):

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

Signature of Faculty Sponsor _____ Date _____
Approval of Site Based Council Representative Kim Davis 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 Tcms FACULTY MEMBER(S) SPONSORING TRIP Heather Key

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Dream Riders, Park ADDRESS Cable Vision Rd. Russellville, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Thurs., April 11th DEPARTURE TIME 9:30 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP TCBOE / SPED

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

NUMBER OF: STUDENTS 9 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 13

EAP: Person contacted at venue to discuss EAP: Sue Sharp Person making contact: Heather Key

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: Call 911

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

Heather Key _____ Nancy Tucker
Kim McCormick _____ Jennifer Sears
Abby Blake _____

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

Heather Key _____ 3/22/24
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: _____ 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 TCMS

FACULTY MEMBER(S) SPONSORING TRIP Heather Key

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Christian Way Farm ADDRESS 19590 Linville Rd. Hopkinsville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Thurs., April 25th DEPARTURE TIME 9:00 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP TCBOE/SPED

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

NUMBER OF: STUDENTS 9 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 13

EAP: Person contacted at venue to discuss EAP: Janie Corley Person making contact: Heather Key

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: Call 911

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

Heather Key _____ Nancy Tucker _____
Kim McCormick _____ Jennifer Sears _____
Abby Blake _____

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

Heather Key _____ 3/22/24 _____
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: _____ 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 TCMS FACULTY MEMBER(S) SPONSORING TRIP Heather Key

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCB / TCBOES PED

DESTINATION Courthouse, Post Office, Dog Park ADDRESS Elkton (Destinations may change)

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Thurs. May 2nd DEPARTURE TIME 10:00 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP TCBOE / SPED

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

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 13

EAP: Person contacted at venue to discuss EAP: Managers Person making contact: Heather Key

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

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

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

Heather Key _____ Nancy Tucker _____
Kim McCormick _____ Jennifer Sears _____
Abby Blake _____

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

Heather Key _____ Date 3/22/24
Signature of Faculty Sponsor

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: _____ 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 _____

Only post office has an EAP

Only Courthouse has an AED

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Heather Key

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: CB1/TCBOE

DESTINATION Dream Riders, Park ADDRESS Cable Vision Rd. Russellville

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Thursday, May 9th DEPARTURE TIME 9:30 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP TCBOE/SPED

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

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 13

EAP: Person contacted at venue to discuss EAP: Sue Sharp Person making contact: Heather Key

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: Call 911

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

Heather Key _____ Nancy Tucker
Kim McCormick _____ Jennifer Sears
Amy Blake _____

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

Heather Key _____ 3/22/24
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: _____ 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 _____