

STUDENTS

09.36 AP.21

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

SCHOOL South Todd Elem FACULTY MEMBER(S) SPONSORING TRIP Chuck Saddle

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

South Todd PTO

DESTINATION Elkton Airport ADDRESS Airport Rd, Elkton Ky 42220

Overnight; give name, address, phone of lodging n/a

DATE(S) OF TRIP 5-3-24 DEPARTURE TIME 11:30 am RETURN TIME 1:45 pm

SOURCE OF FUNDING FOR TRIP South Todd PTO

No student shall be denied the trip because of an inability to pay.

NUMBER OF: STUDENTS 220 FACULTY SPONSORS 15 TOTAL # OF PARTICIPANTS 235

EAP: Person contacted at venue to discuss EAP: Bill Johnson Person making contact:

Chuck Saddle

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

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):

3rd, 4th, 5th teachers

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

Chuck Saddle
Signature of Faculty Sponsor

3-28-24
Date

Approval of Site Based Council Representative Jenny Byrd Date 4-1-24

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

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SCHOOL South Todd FACULTY MEMBER(S) SPONSORING TRIP Meyer Balmer Ayers

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: ST SBDM

DESTINATION Bowling Green Hotels ADDRESS 300 E 8th Ave Bowling Green KY 40301

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5-15-24 DEPARTURE TIME 8:30 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP ST SBDM + ST PTO

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

NUMBER OF: STUDENTS 80 FACULTY SPONSORS 6 TOTAL # OF PARTICIPANTS 86

EAP: Person contacted at venue to discuss EAP: Marshall Stuart Person making contact: Rachel Meyer

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

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):

Rachel Meyer
Beth Ayers

Ashly Wofford
Brad Balmer

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

Rachel Meyer
Signature of Faculty Sponsor

3-29-24
Date

Approval of Site Based Council Representative Jenny Byrd Date 4-1-24

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

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

Signature of Faculty Sponsor

3/25/24
Date

Approval of Site Based Council Representative

Jenny Byrd

Date 4-2-24

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 _____