

Request to Place an Item on the Agenda

Name: Holly Lawson/Nina Aie — MSD Department

Address: 804 S Main St

Telephone number: (270) 265-2500

Name of school children attend, if applicable:

Group represented: Special Education- MSD

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue:

Specific Action Requested: Out of State trip to Chuck E Cheese (Clarksville, TN)

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: 3/13/06

\* Out of State

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 Clarksville, TN ADDRESS 2821 B Wilma Rudolph Blvd.

Overnight; give name, address, phone of lodging Clarksville, TN 37040

DATE(S) OF TRIP May 13, 2024 DEPARTURE TIME 10:30 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: Baylee 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: 911

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):  
Holly Lawson  
Nina Poe  
Elizabeth Brax  
Danette Campbell - CPR Certified  
Jessica Jones  
Bochelle 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 Date 4/18/24

Approval of Site Based Council Representative [Signature] Date 4.25.24

**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 \_\_\_\_\_

Request to Place an Item on the Agenda

Name: Russell Malone, Ledwiger, & Mike Smith

Address: 806 S. Main St. Elkton, CO 80820

Telephone number: 270 265-2506

Name of school children attend, if applicable: JCCHS

Group represented: Boys Baseball

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Lee Quarter & Mike Smith

Description of Issue: Playing camp games at White House Heritage H.S. in White House, TN on June 1st, 2024

Specific Action Requested: Out-of-state request

Check if you are:  Board Member  District Employee  Community Member

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