

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Shayla Berry  
Queshawn Quani

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Todd Central FFA / Perkins

DESTINATION KY FFA Leadership Training ADDRESS 111 FFA Camp Rd. Hardinsburg, KY 40143

Overnight; give name, address, phone of lodging KY FFA Leadership Training Center - 111 FFA Camp Rd. Hardinsburg, KY 40143; 270-756-2301

DATE(S) OF TRIP June 24-28, 2024 DEPARTURE TIME 8:00 am RETURN TIME 3:00 p.m

SOURCE OF FUNDING FOR TRIP Perkins

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Matt Chaliff Person making contact: Shayla Berry

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

Shayla Berry  
Queshawn Quani

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

Shayla Berry Signature of Faculty Sponsor Date 4/15/24

Approval of Site Based Council Representative \_\_\_\_\_ Date 4-23-24

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

Need 2 vans

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Shayla Berry, Quashawn Quarles

TYPE OF TRIP (CHECK ONE):  
Organization requesting the Trip / Organization responsible for Payment: Todd Central FFA/Perkins

DESTINATION Lexington, KY ADDRESS 3609 West Vine St. Lexington, KY

Overnight; give name, address, phone of lodging Hilton Lexington - 3609 West Vine St. Lexington, KY 40507, 859-281-3784

DATE(S) OF TRIP June 30, 2024 DEPARTURE TIME 3:00 p.m. RETURN TIME 3:00 p.m.

SOURCE OF FUNDING FOR TRIP Perkins

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

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 14

EAP: Person contacted at venue to discuss EAP: Matt Charliff Person making contact: Shayla Berry

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

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

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

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

Shayla Berry  
Signature of Faculty Sponsor Date 4/15/24

Approval of Site Based Council Representative [Signature] Date 4-23-24

Emergency plan attached

**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: Chris Fletcher, Lee Quader, & Mee Smith

Address: 806 S. Main St Elletts KY 42220

Telephone number: 270 265-2506

Name of school children attend, if applicable: TCCHS

Group represented: Football

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Lee Quader & Mee Smith

Description of Issue: Attending a football camp at Lillard W. Iron College on July 21st - July 25th 2024. Bus will drop them off on the 21st, will stay the night in college dorms through 23rd, bus will pick them up on 23rd, will take them to Bowling Green for activities, and arrived at school that afternoon

Specific Action Requested: Overnight 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: 3/13/06