

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 - Special Education

DESTINATION Russellville - Dream Riders ADDRESS Cablevision Rd. - Russellville, Ky

Overnight; give name, address, phone of lodging \_\_\_\_\_ 42271

DATE(S) OF TRIP 5/3/24 DEPARTURE TIME 10:00 RETURN TIME 1:30

SOURCE OF FUNDING FOR TRIP Self pay 10:00

*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: Sue Sharp 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: \_\_\_\_\_

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

Holly Lawson

Nina Poe

Elizabeth Blake

Danette Campbell - CPR Certified

Jessica Jones

Rockelle 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 1/9/24

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 \_\_\_\_\_

Dream Riders + Park (Russellville)

STUDENTS

09.36 AP.21

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

SCHOOL TCCH FACULTY MEMBER(S) SPONSORING TRIP LeeQuales

**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION North Todd, South Todd, Middle ADDRESS Fr Todd County

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP Apr. 24, 2024 DEPARTURE TIME 8:00 AM RETURN TIME 9:30 AM

SOURCE OF FUNDING FOR TRIP TCBOE

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

NUMBER OF: STUDENTS 126 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 130

EAP: Person contacted at venue to discuss EAP: Principal Person making contact: LeeQuales

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

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

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

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

Walter  
Signature of Faculty Sponsor \_\_\_\_\_ Date 4/22/24

Approval of Site Based Council Representative [Signature] Date 4.22.24

**District Use Only**

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Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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**Section 3**

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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 Todd Co. Central H.S. FACULTY MEMBER(S) SPONSORING TRIP Russell Malone

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Boys BASKETBALL

DESTINATION FT. CAMPBELL CHALLENGE COURSE ADDRESS 11th AIRBORNE DIVISION RD FT CAMPBELL KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP June 5 2024 DEPARTURE TIME 8:00 AM RETURN TIME 1:00 AM.

SOURCE OF FUNDING FOR TRIP BOYS BASKETBALL

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 29

EAP: Person contacted at venue to discuss EAP: RUSSELL MALONE Person making contact: HEATHER WHITE

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: HEATHER WHITE  
931-990-6119

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

RUSSELL MALONE CPR/1st Aid

ELIJAH BELK CPR/1st Aid

JONATHAN WILLIAMS CPR/1st Aid

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

Russell Malone  
Signature of Faculty Sponsor

5-1-2024  
Date

Approval of Site Based Council Representative [Signature] Date 5-2-24

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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09.36 AP.21

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

SCHOOL Todd County Central High FACULTY MEMBER(S) SPONSORING TRIP R. Westerman

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: KYC Chamber

DESTINATION Novelis ADDRESS \_\_\_\_\_

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP May 1 DEPARTURE TIME 8:30 RETURN TIME Noon

SOURCE OF FUNDING FOR TRIP KY Chamber

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

NUMBER OF: STUDENTS 26 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS \_\_\_\_\_

EAP: Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: \_\_\_\_\_

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):

Rache Westerman  
Lee Quavis

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

*Signature of Faculty Sponsor*

Approval of Site Based Council Representative [Signature] Date 4-9-24

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_