

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Heather DiPasquale

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Band

DESTINATION Greenwood Hall ADDRESS 21625 Scottsville Rd, Bowling Green Ky

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP May 10, 2024 DEPARTURE TIME 8:00 AM RETURN TIME 2:30

SOURCE OF FUNDING FOR TRIP TCHS Band

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

NUMBER OF: STUDENTS 53 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 55

EAP: Person contacted at venue to discuss EAP: Ross Price 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: 9-1-1

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 [Signature] Date 5/6/24

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 _____

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Kim Davis

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION TCMS ADDRESS 515 W. Main St Elton, Ky

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/13/24 DEPARTURE TIME 1:10 RETURN TIME 2:20

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 140 FACULTY SPONSORS _____ TOTAL # OF PARTICIPANTS 160

EAP: Person contacted at venue to discuss EAP: Kim Davis 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: Admin

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Trip for 5th graders from North Todd and South Todd to visit TCMS

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
Kim Davis
Signature of Faculty Sponsor Date 5/11/24

Approval of Site Based Council Representative [Signature] Date 5/11/24

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 _____

Make-up from April 18th

STUDENTS

09.36 AP.21

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

SCHOOL HOPKINSVILLE/CHRISTIAN CO FACULTY MEMBER(S) SPONSORING TRIP TODD MANSFIELD

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Boys' Soccer
DESTINATION HOPKINSVILLE STADIUM OF CHAMPIONS ADDRESS 4400 LAFAYETTE RD, HOPKINSVILLE, KY 42240

OVERNIGHT; GIVE NAME, ADDRESS, PHONE OF LODGING

DATE(S) OF TRIP APRIL 30, 2024 DEPARTURE TIME 4:30PM RETURN TIME 7:30PM
SOURCE OF FUNDING FOR TRIP TCMS ATHLETIC FUND

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Jeff Addison Person making contact: Todd Mansfield

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Jeff Addison to Contact

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

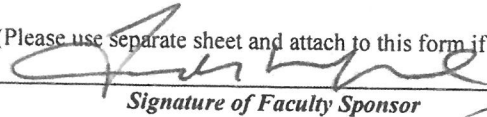
Coach Todd Mansfield

CRP trained.

Coach Salazar

Not 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

4-21-2024
Date

Approval of Site Based Council Representative 

Date 4-21-24

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 _____

Make-up from April 11th

STUDENTS

09.36 AP.21

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

SCHOOL HOPKIN CENTRAL FACULTY MEMBER(S) SPONSORING TRIP TODD MANSFIELD

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS Boys' Soccer

DESTINATION HOPKINS CENTRAL HS ADDRESS 6625 HOPKINSVILLE RD, MADISONVILLE, KY 42431

OVERNIGHT; GIVE NAME, ADDRESS, PHONE OF LODGING

DATE(S) OF TRIP APRIL 29, 2024 DEPARTURE TIME 5:00PM RETURN TIME 9:00PM

SOURCE OF FUNDING FOR TRIP TCMS ATHLETIC FUND

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Austin Byrum Person making contact: Todd Mansfield

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: (270) 825-5100

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

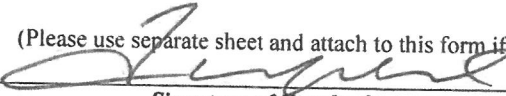
Coach Todd Mansfield

CRP trained.

Coach Salazar


Not 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

4-21-2024

Date

Approval of Site Based Council Representative 

Date 4-21-24

District Use Only

Section 2

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Driver Signature _____ Date _____

Driver Comments: _____

Coach or School Representative Signature _____ Date _____