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Date

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLENGA TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION CRATTERIORN CO HEGH ADDRESS SIQ 1/2 W GUM ST MARROW KY ☐ Overnight; give name, address, phone of lodging DATE(S) OF TRIP 8/17/24 DEPARTURE TIME 10:00 AM RETURN TIME 7:00 AM SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 70 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 22 EAP: Person contacted at venue to discuss EAP: EVANS Person making contact: McGNec Is there an Automated External Defibrillator (AED) on site: Yes I No If yes, where: Concession Span Does the venue have an Emergency Response Team: 2 Yes \(\sigma\) No If yes, how are they contacted: \(\sigma_{\text{Act}} \) School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): JOHN HALL (Please use segarate sheet and attach to this form if more space is needed to list school employees attending). STUCKE 7/15/24 Signature of Reculty Sponsor Approval of Site Based Council Representative Date **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.

Coach or School Representative Signature Date

Driver Signature

Driver Comments:

Perst up @ Annex 09.36 AP.21

STUDENTS

School-Related Student Trip Request Form &	Event Specific Emergency Action Plan (EAP)
SCHOOL TOAS FACULTY I	WEMBER(S) SPONSORING TRIP TARA ONLEY
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization resp	ponsible for Payment:
DESTINATION Kusany HESH ADDR	ESS 101 W 9TH ST RUSSBURGES
☐ Overnight; give name, address, phone of lodging	•
DATE(S) OF TRIP 8/27/24 DEPAR	rure Time 4:20 pm Return Time 9:30pm
SOURCE OF FUNDING FOR TRIP	
No student shall be denied the a	TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students <u>20</u> faculty spons	ORS Z TOTAL # OF PARTICIPANTS ZZ
EAP: Person contacted at venue to discuss EAP: Repair	
	: Yes No If yes, where: Concessor Spano
Does the venue have an Emergency Response Team: Ye	s D No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside na	me if employee is CPR trained):
TARA OHENER	
JOAN HAVE	
(Please use separate sheet and thach to this form if more sp	
Signature of Facility Sponsor	7/15/24
Approval of Site Based Council Representative	Date Date
Approvar of Site Based Council Representative	Date
Section 2	Use Only
Approval of District Representative	Date
	RM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct t	o the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

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STUDENTS

School-Related Student Trip	Request Form & Eve	ent Specific Emergency Action Plan (EAP)
SCHOOL TEMS	FACULTY MEM	BER(S) SPONSORING TRIP TAGA OLDING
Type of Trip (check one):		
Organization requesting the Trip	/ Organization responsi	ble for Payment: SOFTBALL
DESTINATION BUTTON CO	ADDRESS	1852 S MAZN ST, MOREAUTERZN, K)
Overnight; give name, address	s, phone of lodging	
		TIME 4:00 pm RETURN TIME 10:00
SOURCE OF FUNDING FOR TRIP		
No student sh	ALL BE DENIED THE TRIP B	BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS 20	_FACULTY SPONSORS	2 TOTAL # OF PARTICIPANTS 22
EAP: Person contacted at venue to dis	scuss EAP: Copy Down	Person making contact: McGHEG
Is there an Automated External Defibr	illator (AED) on site: 🗗 Y	Yes No If yes, where: CONCESS and STAND
Does the venue have an Emergency Re	esponse Team: Yes	No If yes, how are they contacted: Phone
School Employee(s) Attending Trip (P	lease note beside name if	employee is CPR trained):
TARA OLDIER		
JANN HALL		
(Please use separate sheet and attenda	to this form if more space is	s needed to list school employees attending).
Str Toll		/ .
Signature of Faculty S	Sponsor	Date
Approval of Site Based Council Re	epresentative	Date
	District Use	Only
Section 2		
Approval of District Representative	e	Date
-		
DRIVER: Section 3	TURN THIS FORM I	IN WITH TIMESHEETS
Date/Time Departure:		Odometer Start:
Date/Time Return:		
I hereby certify that the above info	rmation is correct to the	e best of my knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Si	gnature	Date

PIU UP Q ANNEX

STUDENTS

School-Related Student Trip Request Form & Ev	ent Specific Emergency Action Plan (EAP)
SCHOOL CMS FACULTY MEM	BER(S) SPONSORING TRIP TARA OLDUGIL
Type of Trip (check one):	
Organization requesting the Trip / Organization responsi	ble for Payment: Social Land
DESTINATION LAND CO HEAR ADDRESS	ZZZZ BANGOL GRAGN RO, PRIGHTE
Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 9 /3 /24 DEPARTURE	
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP I	
NUMBER OF: STUDENTS FACULTY SPONSORS	TOTAL # OF PARTICIPANTS 27
EAP: Person contacted at venue to discuss EAP:	
Is there an Automated External Defibrillator (AED) on site:	Tes No If yes, where: CONCESSON STAND
Does the venue have an Emergency Response Team: Yes	No If yes, how are they contacted: Prone
School Employee(s) Attending Trip (Please note beside name if	employee is CPR trained):
- The state of the	
JOHN HALL	
(Please uses parate sheet and attach to this form if more space is	s needed to list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
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 th	e best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

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09.36 AP.21

STUDENTS

School-Related Student Trip Request Form	Event Specific Emergency Action Plan (EAP)
SCHOOL TEMS FACULTY	MEMBER(S) SPONSORING TRIP TARA OLIVER
TYPE OF TRIP (CHECK ONE):	
	ponsible for Payment: Sorrage
DESTINATION CHRESTERN CO HEGH ADDI	RESS 220 GLASS AVE, HOPKTHISVELLE
☐ Overnight; give name, address, phone of lodgin	g
	TURE TIME 4:15 pm RETURN TIME 9:30pm
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students 70 faculty spon	sors 2 Total # of Participants 22
EAP: Person contacted at venue to discuss EAP: Meas	N SAULE Person making contact: McGHES
Is there an Automated External Defibrillator (AED) on sit	e: 2 Yes No If yes, where: CONCESSEON STAND
Does the venue have an Emergency Response Team: Y	es D No If yes, how are they contacted: Phone
School Employee(s) Attending Trip (Please note beside no	ame if employee is CPR trained):
TARA OLIGARI	
JANN HALL	
(Please use separate sheet and apach to this form if more s	nace is needed to list school employees attending)
(1 rease use segment short any metatri to this form in more s	7/15/24
Signature of Facilty Sponsor	Date
Approval of Site Based Council Representative	Date
电电热性电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻电阻	
Distric	t Use Only
Section 2	
Approval of District Representative	Date
	ORM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	
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

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STUDENTS

School-Related Student Trip Request Form & Event Sp	ecific Emergency Action Plan (EAP)
SCHOOL TOWS FACULTY MEMBER(S)	SPONSORING TRIP TARA OLDSIER
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization responsible for DESTINATION ADDRESS SS9 Overnight; give name, address, phone of lodging	Payment: Some Control of the Control
DESTINATION A) ARAGO COURAL ADDRESS 559	Margarithmas Kos, Banswar Green
U Overnight; give name, address, phone of lodging	·
DATE(S) OF TRIP 9 /19 /24 DEPARTURE TIME	4:00 pm RETURN TIME 10:00pm
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO PAY.
Number of: students 20 faculty sponsors 2	TOTAL # OF PARTICIPANTS _ ~~
EAP: Person contacted at venue to discuss EAP: MECHAEL TEMMES	Person making contact: McEMec
Is there an Automated External Defibrillator (AED) on site: Yes	No If yes, where:
Does the venue have an Emergency Response Team: Yes Does If y	es, how are they contacted: Phone
School Employee(s) Attending Trip (Please note beside name if employ	ee is CPR trained):
Jana Harr	
(Please use separate sheet and much to this form if more space is needed	to list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
District Use Only	
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WI	TH 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	f my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

STUDENTS

School-Related Student Trip Reque	est Form & Event Specific Emergency Action Plan (EAP)
SCHOOL TCMS	FACULTY MEMBER(S) SPONSORING TRIP TARK OUTVEN
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Orga	nization responsible for Payment: >OFTBALL
DESTINATION MECHAGE BUCHANDU P	nization responsible for Payment: Softsau ADDRESS 9777 MASHALLE RO, BANKANG CREEN
☐ Overnight; give name, address, phon	ne of lodging
DATE(S) OF TRIP 9/27/24	DEPARTURE TIME TRA RETURN TIME TBA
SOURCE OF FUNDING FOR TRIP	
	DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	ulty sponsors 77 Total # of Participants 77
	AP: JASON COMPISEN Person making contact: McGHee
	(AED) on site: Yes No If yes, where:
_ , , , ,	e Team: Yes D No If yes, how are they contacted: Phane
TARA OUZVEIL	note beside name if employee is CPR trained):
JEHN HALL	
the MIC	form if more space is needed to list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Represer	ntativeDate
	District Use Only
Section 2	
Approval of District Representative	Date
DRIVER: TUR	N THIS FORM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	
I hereby certify that the above information	on is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signatur	reDate

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School-Related Student Trip	Request Form & Event	Specific Emergency	Action Plan (EAP)
SCHOOL TEMS	FACULTY MEMBER	(S) SPONSORING TRIP	TARA DLANGE
TYPE OF TRIP (CHECK ONE):			
Organization requesting the Tri	p / Organization responsible	for Payment: Soft	SALL
DESTINATION MENAGE BOOM	ARRY ADDRESS 97	ZZ NASANZLLE	Roy BOWLENE GE
☐ Overnight; give name, addre	ss, phone of lodging		
DATE(S) OF TRIP 9 /28 /24	DEPARTURE TH	ME TBA R	RETURN TIME TEA
SOURCE OF FUNDING FOR TRIP			
No student si	HALL BE DENIED THE TRIP BECA	USE OF AN INABILITY TO P.	AY.
Number of: students _ 70	FACULTY SPONSORS _ 1	TOTAL # OF PAI	RTICIPANTS 2
EAP: Person contacted at venue to d	liscuss EAP: JASON CAMPO	Person making contr	act: Mchaca
Is there an Automated External Defit	orillator (AED) on site: TYes	☐ No If yes, where:	CONCESSONS
Does the venue have an Emergency	Response Team: Yes No	If yes, how are they contact	cted: Pume
School Employee(s) Attending Trip		loyee is CPR trained):	
JOHN HALL			
JOHN AALL			
(Please use separate sheet and attach	ch to this form if more space is need	ded to list school employees a	attending).
		7/15	124
Signature of Faculty Approval of Site Based Council I		Date	
Approvar of Site Based Council F	Representative		Date
Section 2	District Use Onl	У	
Approval of District Representati	WA.		Date
•			Date
DRIVER Section 3	: TURN THIS FORM IN V	WITH TIMESHEETS	
		Odamatan Gtanta	
Date/Time Departure:			
Date/Time Return:		Odometer End: _	
I hereby certify that the above inf	formation is correct to the bes	et of my knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative S	Signature		Date

School-Related Student Trip Request Form & Event Sp	
SCHOOL TOMS FACULTY MEMBER(S)	SPONSORING TRIP NEKE ANDRESS
Type of Trip (check one):	
Organization requesting the Trip / Organization responsible for	Payment: VolleyBALL
DESTINATION OLIMSTEAD ADDRESS 1170 Overnight; give name, address, phone of lodging	OLMSTEAD RO, OLMSTEAD, KY 42265
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 2/17/24 DEPARTURE TIME	TBA RETURN TIME TBA
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	
Number of: students 23 faculty sponsors 2	
EAP: Person contacted at venue to discuss EAP: KATHY THWEAT	
Is there an Automated External Defibrillator (AED) on site: Types	
Does the venue have an Emergency Response Team: Yes INo If y	yes, how are they contacted: Phone
School Employee(s) Attending Trip (Please note beside name if employ	yee is CPR trained):
KARYN HENRY	
(Please use separate sheet and stach to this form if more space is needed	
Signature of Faculty Sponsor	7/15/14 Date
Approval of Site Based Council Representative	
District Use Only	
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WI	TH TIMESHEETS
	01
Date/Time Departure:	
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to the best of	of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

School-Related Student Trip Reque	est Form & Event Specific Emergency Action	Plan (EAP)
SCHOOL TEMS	FACULTY MEMBER(S) SPONSORING TRIP NIM	ME ANDROW
TYPE OF TRIP (CHECK ONE):		
Organization requesting the Trip / Organ	nization responsible for Payment:	ilde
DESTINATION FOUNDATION CARRESTERN	ALABADDRESS 2480 THREE SPRENTS RY	, ROWLEND GALGEN
☐ Overnight; give name, address, phone	e of lodging	
DATE(S) OF TRIP 8/19/24	DEPARTURE TIME 4:00 pm RETURN	TIME 10:00pm
SOURCE OF FUNDING FOR TRIP		
No student shall be i	DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
	JLTY SPONSORS 2 TOTAL # OF PARTICIPA	
	AP: MATT BASTED Person making contact: See	
	AED) on site: Yes D No If yes, where: 6ym	
	Team: Tyes I No If yes, how are they contacted:	140NB
School Employee(s) Attending Trip (Please no		
NEWS ANDIEWS		
LOWAN FREEZE		
An IX L	form if more space is needed to list school employees attending	
Signature of Faculty Sponsor	Date	
Approval of Site Based Council Represen	ntativeDate	
	District Use Only	
Section 2	•	
Approval of District Representative	Date _	
	N THIS FORM IN WITH TIMESHEETS	
Section 3		
Date/Time Departure:		
Date/Time Return:	Odometer End:	
I hereby certify that the above information	n is correct to the best of my knowledge.	
Driver Signature	Date	
Driver Comments:		
Coach or School Representative Signature	Date Date	

School-Related Student Trip Request Form & Event Spe	cific Emergency Action Plan (EAP)
SCHOOL TOMS FACULTY MEMBER(S) S	SPONSORING TRIP NEWS ANDROWS
Type of Trip (Check one):	v v
Organization requesting the Trip / Organization responsible for P	ayment: Volumesau
DESTINATION UHA ADDRESS 1300	ACADEMY DR. HOPKENGUELLE
Organization requesting the Trip / Organization responsible for P DESTINATION 1) HA ADDRESS 1350 Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 8/29/24 DEPARTURE TIME	4:15 pm RETURN TIME 9:30 pm
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO PAY.
Number of: students 23 faculty sponsors 2	
EAP: Person contacted at venue to discuss EAP: Heren Mansulan	
Is there an Automated External Defibrillator (AED) on site: Yes N	
Does the venue have an Emergency Response Team: Yes D No If ye	
School Employee(s) Attending Trip (Please note beside name if employee	e is CPR trained):
NIKE ANDREWS ROOM HENEY	
ICANO HEDEN	
(Please see separate sheet and a mach to this form if more space is needed to	87/15/24
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
	以 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化
District Use Only	
Section 2	_
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WIT	'H TIMESHEETS
Section 3	
Date/Time Departure:	
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:	244
Coach or School Representative Signature	Date

School-Related Student Trip Request	Form & Event Specific Emergency Action Plan (EAP)
SCHOOL CMS F.	ACULTY MEMBER(S) SPONSORING TRIP NIME ANDROWS
Type of Trip (check one):	
Organization requesting the Trip / Organiz	ration responsible for Payment:
DESTINATION ANDURAL ELEMENTAL	M ADDRESS 221 COLLEGE ST AUBURAL KY
☐ Overnight; give name, address, phone of	of lodging
DATE(S) OF TRIP 9/3/24	DEPARTURE TIME 4:00 pm RETURN TIME 10:00 pm
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DE	NIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students 25 facult	ry sponsors Total # of Participants
EAP: Person contacted at venue to discuss EAP	: Hannan Cros Person making contact: Steven McGres
	ED) on site: Yes D No If yes, where:
	eam: Yes D No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note	beside name if employee is CPR trained):
NIKKE ANDREWS	
reus H urass	
The Miles	n if more space is needed to list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representati	tiveDate
	District Use Only
Section 2	
Approval of District Representative	Date
	THIS FORM IN WITH TIMESHEETS
Section 3	·
Date/Time Departure:	
Date/Time Return:	Odometer End:
I hereby certify that the above information i	s correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

School-Related	Student Trip Request Fe	orm & Event Specific Emergency Action Plan	n (EAP)
SCHOOL TOM	FAC	ulty Member(s) sponsoring trip Newke	Angrews
Type of Trip (CH Organization requ DESTINATION	ECK ONE): uesting the Trip / Organizati	on responsible for Payment: Voustage Address 24\ E Pene Monetage 12 odging	
DATE(S) OF TRIP_	9/10/24	DEPARTURE TIME 4:15 pm RETURN TIM	E 9:30 pm
	NG FOR TRIP		
	NO STUDENT SHALL BE DENIE	ED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
		SPONSORS TOTAL # OF PARTICIPANTS	
EAP: Person contac	ted at venue to discuss EAP:	Kars A. Person making contact: Steven	MOGHE
		on site: Yes No If yes, where: Gym	
		n: Yes No If yes, how are they contacted:	16
N DKKE A	Attending Trip (Please note be	eside name if employee is CPR trained):	
(Please use separ	are sheet and attach to this form if	more space is needed to list school employees attending).	
Sig	nature of Faculty Sponsor	Date	
Approval of Site B	ased Council Representative	eDate	
		высоснявае в выпольный выпольный высы District Use Only) 15 5 6 5 5 5 6 6 1 C 1
Section 2	-		
Approval of Distric	et Representative	Date	-,
Section 3	DRIVER: TURN TH	IS FORM IN WITH TIMESHEETS	
	ıre:	Odometer Start:	
Date/Time Return:	по.	Odometer End:	
Dato, I mio Rotain.		Odometer End.	
I hereby certify tha	t the above information is c	orrect to the best of my knowledge.	
Driver Signature _		Date	
Driver Comments:			
Coach or School R	enresentative Signature	Date	

School-Related Student Tri	p <u>Request Form & Event S</u>	pecific Emergency	Action Plan (EAP)
SCHOOL TUNS	FACULTY MEMBER(s) sponsoring trip	NEKKE ANDREWS
TYPE OF TRIP (CHECK ONE):			
Organization requesting the Tr	ip / Organization responsible fo	r Payment:	EYBAUL
DESTINATION CHANDLERS &	DEMENTARY ADDRESS 600	MORGANTANA) I	En, Russemusing
☐ Overnight; give name, addre	ess, phone of lodging		
DATE(S) OF TRIP 9/17/2	DEPARTURE TIM	E 4:15 PM	RETURN TIME 9:30pm
SOURCE OF FUNDING FOR TRIP			
No student s	SHALL BE DENIED THE TRIP BECAU	SE OF AN INABILITY TO I	PAY.
Number of: students 23			
EAP: Person contacted at venue to			
Is there an Automated External Defi			
Does the venue have an Emergency	Response Team: Tyes I No If	yes, how are they conta	cted: PAONE
School Employee(s) Attending Trip		oyee is CPR trained):	
ROBYN HENRY			
The WKI	ngh to this form if more space is neede		attending).
Signature of Facult		Date	2
Approval of Site Based Council	Representative		Date
	District Use Only		
Section 2			
Approval of District Representat	ive		
	E: TURN THIS FORM IN W	TTH TIMESHEETS	
Section 3			
Date/Time Departure:			
Date/Time Return:		Odometer End: _	
I hereby certify that the above in	tormation 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 TOMS FACULTY M.	IEMBER(S) SPONSORING TRIP NEKET ANDROWS
Type of Trib (cueck one).	
Organization requesting the Trip / Organization response	onsible for Payment: Vous 13ALL
Organization requesting the Trip / Organization responses TEAD ELEMENTRY ADDRESS TEAD ELEMENTRY ADDRESS.	SS 1170 OLMSTEAD RO . OLMSTEAD KY
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 9 /19 /24 DEPART	URE TIME 4:15 pm RETURN TIME 9:30 pm
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE T	
Number of: students 25 faculty sponso	ORS L TOTAL # OF PARTICIPANTS 25
EAP: Person contacted at venue to discuss EAP: Warny	
Is there an Automated External Defibrillator (AED) on site:	1
Does the venue have an Emergency Response Team: Yes	
School Employee(s) Attending Trip (Please note beside nam	
NEKKE ANDROWS	
ROOMN HENEY	
(Please uses carate sheet and attach to this form if more spa	ca is needed to list school employees attending)
(Flease use schalate sine) and attach to this form if more spe	7/15/24
Signature of Acculty Sponsor	Date
Approval of Site Based Council Representative	Date
District \	Use Only
Section 2	·
Approval of District Representative	Date
C 服务的 B P E 对 S F C C B 不成就 在 D A D A D A D A D A D A D A D A D B D B	**************************************
DRIVER: TURN THIS FOR	M IN MITH TIMECHEETC
Section 3	MAIN AANN LEMENTENETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to	o the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

School-Related Student Trip Re	<u>quest Form & Event Spec</u>	ific Emergency	Action Plan (EAP)
SCHOOL TOMS	FACULTY MEMBER(S) SI	PONSORING TRIP	NEKKE ANDREW
Type of Trip (check one):		,	
Organization requesting the Trip / O	rganization responsible for Pa	yment: Vous	MBAU
Organization requesting the Trip / O DESTINATION CHARACTERS Co. M	ADDRESS ZIS	GLASS AVE.	HORKENSVELLE, K)
☐ Overnight; give name, address, p	hone of lodging		
DATE(S) OF TRIP 9/24/24	DEPARTURE TIME	4:15 pm F	RETURN TIME 9:30 pr
SOURCE OF FUNDING FOR TRIP			
No student shall	BE DENIED THE TRIP BECAUSE O	F AN INABILITY TO P.	AY.
NUMBER OF: STUDENTSF	ACULTY SPONSORS 2	_TOTAL # OF PAI	RTICIPANTS 25
EAP: Person contacted at venue to discus	SS EAP: Megan Sauce	Person making contr	act: STEWEN MCBHEG
Is there an Automated External Defibrilla	tor (AED) on site: Yes 🛛 No	If yes, where:	54M
Does the venue have an Emergency Response	onse Team: 🗹 Yes 🛭 No If yes,	how are they contact	cted: Press
School Employee(s) Attending Trip (Plea	se note beside name if employee	is CPR trained):	
NIKKI ANDREWS			
ROBYN HENRY			
(Please use sept te sheet and anoth to	this form if more space is needed to l	ist school employees a	attending).
Thele	_	7	115/24
Signature of Fax Ity Spot	nsor	Date	
Approval of Site Based Council Repre	esentative		Date
	District Use Only		
Section 2			
Approval of District Representative _			Date
	URN THIS FORM IN WITH	I TIMESHEETS	
Section 3			
Date/Time Departure:		Odometer Start:	
Date/Time Return:		Odometer End:	
I hereby certify that the above inform	ation is correct to the best of n	ny knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative Signa	ature		Date

School-Related Student Trip Request Form & Ever	nt Specific Emergency Action Plan (EAP)
SCHOOL FACULTY MEMB	er(s) sponsoring trip Necke American
Type of Trip (check one):	
Organization requesting the Trip / Organization responsib	le for Payment: Vousygau
Organization requesting the Trip / Organization responsib DESTINATION CARREST ADDRESS Description of lodging Overnight; give name, address, phone of lodging	ZIS GLASS AVE, HORYTASVELLE
DATE(S) OF TRIP 9/28/24 DEPARTURE	TIME TEA RETURN TIME TEA
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BE	CAUSE OF AN INABILITY TO PAY.
Number of: students faculty sponsors _	Z TOTAL # OF PARTICIPANTS ZS
EAP: Person contacted at venue to discuss EAP: Mesan SA	Person making contact: STEVEN McGNES
Is there an Automated External Defibrillator (AED) on site: 🗹 Ye	es 🗆 No If yes, where:
Does the venue have an Emergency Response Team: Yes 🗖 N	No If yes, how are they contacted: Phone
School Employee(s) Attending Trip (Please note beside name if e	mployee is CPR trained):
Robert Herry	
(Please use sparate sheet and attach to this form if more space is r	
Signature Caculty Sponsor	Date
Approval of Site Based Council Representative	Date
District Use C	Only
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM I	N WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	
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 Fo	orm & Event Specific Emergency Action Plan (EAP)
SCHOOL CMS FAC	ulty Member(s) sponsoring trip Nekke Andrews
TYPE OF TRIP (CHECK ONE):	A
Organization requesting the Trip / Organizati	on responsible for Payment: Vousseu
DESTINATION FRANKSI - SEMPSON MEROLE	on responsible for Payment: Voussall ADDRESS 322 S Course ST, FRANKISA, K)
☐ Overnight; give name, address, phone of le	odging
DATE(S) OF TRIP 9 30 /24 D	DEPARTURE TIME 4:00 pm RETURN TIME 10:00 pm
SOURCE OF FUNDING FOR TRIP	
No student shall be denie.	D THE TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS 23 FACULTY	SPONSORS TOTAL # OF PARTICIPANTS 25
EAP: Person contacted at venue to discuss EAP:	NORTH ROBERT Person making contact: STEVEN MCGINE
Is there an Automated External Defibrillator (AED)	on site: Yes No If yes, where: Gym
Does the venue have an Emergency Response Team	n: Yes No If yes, how are they contacted: PHONE
School Employee(s) Attending Trip (Please note be	side name if employee is CPR trained):
ROWN HENRY	
PESON LENEA	
(Please use sep trate sheet and attach to this form if	more space is needed to list school employees attending).
Signature of Faculty Sponsor	Date
pproval of Site Based Council Representative Date	
rippioval of Site Based Council Representative	Date
Section 2	istrict Use Only
Approval of District Representative	Date
DRIVER: TURN THE	IS FORM IN WITH TIMESHEETS
	0.5
Date/Time Departure:	
Date/Time Return:	Odometer End:
I hereby certify that the above information is co	orrect to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

STUDENTS

School-Related Student Trip Request Form & Even	t Specific Emergency Action Plan (EAP)
SCHOOL TOMS FACULTY MEMBI	er(s) sponsoring trip Michael Turange
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization responsible DESTINATION McCaacues Co. Has Address 6	e for Payment: FOOTBALL
DESTINATION McCRACHEN Co. HEGY ADDRESS (530 OLD HUY GO PADUCAN KY
Overnight; give name, address, phone of lodging	
8,8 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DATE(S) OF TRIP \$ /9 /24 DEPARTURE T	
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BEG	
Number of: students <u>35</u> faculty sponsors _	TOTAL # OF PARTICIPANTS 39
EAP: Person contacted at venue to discuss EAP: August William	Person making contact: MIKE TURANGE
Is there an Automated External Defibrillator (AED) on site: 🖼 es	
Does the venue have an Emergency Response Team: Yes D	
School Employee(s) Attending Trip (Please note beside name if en	
MICHAEL THRANKS	
MECAEL BLAKE	hall to be be a beautiful to be be the hall to b
ANTHONY FILANCES	
(Please us separate sheet and affact to this form if more space is ne	
Signature of Foculty Sponsor	7/15/24
Ammount of Site Board Course Services	Date
Approval of Site Based Council Representative	Date
	医最近性现象性结合 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
District Use O	nly
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN	TRISTER TOTAL SERVICE CONTROL OF THE SERVICE
Section 3	WIITE I HIVE STREETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	
	Oddinoto End.
I hereby certify that the above information is correct to the b	est of my knowledge.
Driver Signature	Date
Driver Comments:	Date
Coach or School Representative Signature	Date

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP MICHAEL TURBUGE TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: FOOTBALL DESTINATION J. BYRNS HIGH ADDRESS 7025 US-41, CEDAR HILL TN ☐ Overnight; give name, address, phone of lodging DATE(S) OF TRIP 8/13/24 DEPARTURE TIME 4:30 7M RETURN TIME 11:00 2000 SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 35 faculty sponsors 4 Total # of Participants 39 EAP: Person contacted at venue to discuss EAP: Justin Person making contact: Seven McGrace Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contacted: \(\sigma\) School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): MICHAEL TURENSE CHRS ELLER MICHAEL BLAKE Anthony (Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Fac ity Sponsor

Date Approval of Site Based Council Representative Date District Use Only Section 2

Approval of District Representative 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

School-Related Student Trip Req	uest Form & Event Specific Emergency Action Plan (EAP)
SCHOOL CMS	FACULTY MEMBER(S) SPONSORING TRIP MECHAGE TUBANAC
Type of Trip (CHECK ONE).	
Organization requesting the Trip / Or	ganization responsible for Payment:
DESTINATION JAMES BARRELL	ADDRESS 570 W OLEVER ST SCOTTSVELLE, KY
☐ Overnight; give name, address, ph	ganization responsible for Payment: FOOTBALL ADDRESS 570 W OLEVER ST, SCOTTSVELLE, KY one of lodging
	DEPARTURE TIME 9:30 AM RETURN TIME 500 PM
Source of funding for trip	
	BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	CULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 39
WAD: Derson contested at venue to discuss	SEAP: Detail Person making contact: McGues
	or (AED) on site: Yes No If yes, where:
	nse Team: Yes No If yes, how are they contacted:
	e note beside name if employee is CPR trained):
MICHEAL BLAKE	CHRIS ELLIOTT
A. Lens - all College	
(Please use reparate short and attach to the	ais form if more space is needed to list school employees attending).
Signature of Faculty Spon	sor Date
Approval of Site Rased Council Repre-	sentativeDate
Section 2	District Use Only
	Date
Approval of District Representative	Date
	RN THIS FORM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above informa	tion is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signa	ture Date

PECK OF ANNEX 09.36 AP.21

STUDENTS

School-Related Student Trip Request For	m & Event Specific Emergency Action Plan (EAP)
SCHOOL TONS FACU	lty Member(s) sponsoring trip Michael Turange
Type of Trip (check one):	
Organization requesting the Trip / Organization	n responsible for Payment:
DESTINATION FRANKLEN - SEMPSON	ADDRESS 327 S. COLLEGE ST, FRANKLEN, KY
☐ Overnight; give name, address, phone of loc	dging
DATE(S) OF TRIP 9 /12/24 DE	PARTURE TIME 4:00 PM RETURN TIME 10:00PM
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED	THE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students _35 faculty s	PONSORS 4 TOTAL # OF PARTICIPANTS 39
	Person making contact: MIGHES
	on site. Yes No If yes, where: Free
	Yes D No If yes, how are they contacted: Puone
School Employee(s) Attending Trip (Please note besi	
MICHAEL BLAKE	CHILDS EUTOT
ANTHONY FRANCES	
(Please use parate sheet and attach to this form if n	nore space is needed to list school employees attending).
Signature of Ficulty Sponsor	7/15/24 Date
Approval of Site Based Council Representative	
Section 2	strict Use Only
Approval of District Representative	Date
	S FORM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is con	rect to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

STUDENTS

School-Related Student Trip Request Form & Event S	pecific Emergency Action Plan (EAP)
SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP MICHAEL TURANGE
Type of Trip (check one):	
Organization requesting the Trip / Organization responsible for	or Payment: footable
Organization requesting the Trip / Organization responsible for DESTINATION Company Company Appress 710	& Course from Ro, MURRAY KY
☐ Overnight; give name, address, phone of lodging	
	Drawny Tyres 1140
DATE(S) OF TRIP 9 /19 24 DEPARTURE TIM	IE 4:00 PM RETURN TIME 11:00PM
SOURCE OF FUNDING FOR TRIP	
No student shall be denied the trip becau	
Number of: students 35 faculty sponsors 4	
EAP: Person contacted at venue to discuss EAP: DAVED GRADE	
Is there an Automated External Defibrillator (AED) on site: Yes	No If yes, where: Free
Does the venue have an Emergency Response Team: TYes INO I	f yes, how are they contacted: Puw &
School Employee(s) Attending Trip (Please note beside name if employee	oyee is CPR trained):
MICHAEL TURANGE	CHRES ELLOPT
MICHAEL BLAKE	
(Please use parate sheet and attach to this form if more space is neede	ed to list school employees attending).
ST- WK	7/8/28
Signature AFaculty Sponsor	Date
Approval of Site Based Council Representative	Date
	2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
District Use Only	Į.
Section 2	
Approval of District Representative	Date
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DRIVER: TURN THIS FORM IN W	VITH TIMESHEETS
Section 3	VARIA RIVERISEREDE EIS
Date/Time Departure:	Odometer Start:
Date/Time Return:	
Dato, Timo Totalia	
I hereby certify that the above information is correct to the best	t of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date