

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

SCHOOL NORTH TODD ELEMENTARY FACULTY MEMBER(S) SPONSORING TRIP 4TH GRADE TEAM

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: JEFFERS BEND ENVIRONMENTAL CENTER ADDRESS: 1170 METCALFE LN., HOPKINSVILLE, KY.

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP. 9-13-24 DEPARTURE TIME 8:45 AM RETURN TIME 2:00 PM

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 56 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 61

EAP: Person contacted at venue to discuss EAP: CHARLES TURNER

Person making contact: Laura Boley

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):

Jessica Lear

Kaitlyn Morris

Brett Carver

Patricia Knepper

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

Laura Boley
Signature of Faculty Sponsor

8/14/24
Date

Approval of Site Based Council Representative Dona Jo Williams Date 8/14/24

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: CHRISTIAN WAY FARMS ADDRESS: 19590 LINVILLE RD., HOPKINSVILLE, KY 42240

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 10- DEPARTURE TIME: 9:00 RETURN TIME: 1:30

SOURCE OF FUNDING FOR TRIP OCTOBER 24, 2024

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

NUMBER OF: STUDENTS: 66 FACULTY SPONSORS: 4 TOTAL # OF PARTICIPANTS: 70

EAP: Person contacted at venue to discuss EAP: Janie Corley Person making contact: Sheila Woodall

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

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

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

Sheila Woodall Donna Williams

Kimberly Sparks Sarah Stuard

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

Janie Corley
Signature of Faculty Sponsor

8/26/24
Date

Approval of Site Based Council Representative Donna Williams Date 8-26-24

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 _____