POWERS AND DUTIES OF THE BOARD OF EDUCATION

Request to Place an Item on the Agenda
Name: TOCHS - PEA - Berry Quartes
Address: 900 SOCIAN NOCO
Telephone number
Name of school children attend, if applicable
Group represented: FF0A
Charle if request was submitted to: Superintendent Board Champerson
Description of Issue Travel to the EY State Vet Science contest Movember 14-15,20
Specific Action Requested
Check if you are: Board Member District Employee D 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 appropriate for the Superintendent.

Review/Revised 3/1 U/06

* anashawn has put in a seperate request tor Nov. 14 with a large group. I'm taking a seperate group to stay of compete STUDENTS IN MYLYAY ON Friday School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL TCCHS. FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding **DESTINATION:** Kentucky State Veterinary Science Contest DATE(S) OF TRIP: NOVEMBER 14-15, 2024 DEPARTURE TIME 4:00 P.M. (NOVEMBER 14) RETURN TIME: 4:30 PM (NOVEMBER 15) SOURCE OF FUNDING FOR TRIP: PERKINS FUNDING NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Christy Watkins Person making contact: Shayla Berry Is there an Automated External Defibrillator (AED) on site: □x Yes □ No If yes, where: Central Office Does the venue have an Emergency Response Team: $\square x$ Yes \square No If yes, how are they contacted: Murray PD School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Shayla Berry (formerly CPR trained) (Pleasques separate sheet and attach to this form if more space is needed to list school employees attending). Approval/of Site Based Council Representative District Use Only Section 2 Date Approval of District Representative

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3 Odometer Start: Date/Time Departure: Odometer End: Date/Time Return:

I hereby certify that the above information is correct to the best of my knowledge.

Date Driver Signature **Driver Comments:**

Date Coach or School Representative Signature

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 8/27/24 Date of Event Oct. 17-18th - (Overnight)

Organization Beta School TCCHS/TCMS

N	Number of Passengers approxima	ately 50
Type of Trip (Check One)		
☐ In-County Instructional	☐ In-County Athletic	□ Other: (Explain In Detail)
XOut-of-County Instructional	□ Out-of-County Athletic	
□ Out-of-State Instructional	□ Out-Of-State Athletic	
Destination (Event, City, and State): Paroquet Spring	gs Conference Center - She	pherdsville, KY
Planned Stops To and From: meals/restrooms if n	eeded	
Departing Location: TCCHS/TCMS Date	te of Departure: Oct. 17 Time of D	Departure: TBD
Returning Location: TCCHS /TCMS Date of Return:	10/18/24 Time of Return: TBI	
Chaperone/s: Lisa Petrie-Evan Cantarelli		Chaperone's Phone # 270-498-0452
Special Requests (Check One)		
□Van □Ha	indicap Access	□ Other: (Explain In Detail)
If requesting the Van, has the person driving been certification	fied and approved to drive?	es □No (Check One)
Person Driving Van: Click here to enter text. Trip Requested By: Click here to enter text.		
Organization Responsible for Payment TCCHS Beta		
Approval of Site Based Council Representative	in S	Date Clienchére to enter a date.
DISTRICT USE ONLY		
Section 2		
Approval of District Representative		Date: Click here to enter a date.
DRIVER – TURN THIS FORM IN WITH TIMESHEETS		
Section 3		
Date/Time of Departure: Click here to enter text.		Odometer Start: Click here to enter text.
Date/Time of Return: Click here to enter text.		Odometer End: Click here to enter text.
I hereby certify that the above information is correct to	the best of my knowledge.	
Driver Signature		Date Click here to enter a date.
Driver Comments: Click here to enter text.		
Coach or School Representative Signature		Date Click here to enter a date.

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 8/27/24 Date of Event Sept. 24, 2024

Organization Beta School TCCHS

Number of Passengers approximately 50

	Halli	oci ori asserigers approximatory	00
Type of Trip (Check One)			
□ In-County Instruct	tional	□ In-County Athletic	□ Other: (Explain In Detail)
XOut-of-County Ins	tructional □ Out-of-	County Athletic	
□ Out-of-State Instr	uctional	□ Out-Of-State Athletic	
Destination (Event, City, and S	State): Hillvue Heights Ba	otist Church (3219 Nashvill	e Road, Bowling Green, KY)
Planned Stops To and From:	Mall on the way home to	each lunch	
Departing Location: TCCHS	Date of	Departure: 9/24/24 Time of Departure	arture: 7:45AM
Returning Location: TCCHS Date of Return: 9/24/24. Time of Return: 2:30PM			
Chaperone/s: Lisa Petrie Chaperone's Phone # 270-498-0452			
Special Requests (Check One	e)		
□Van	□Handic	ap Access	□ Other: (Explain In Detail)
If requesting the Van, has the	person driving been certified	and approved to drive? □Yes	□No (Check One)
Person Driving Van: Click he	ere to enter text.	Trip Requested By: Click h	nere to ente: ext.
Organization Responsible for Payment TCCHS Beta			
Approval of Site Based Council Representative			
		DISTRICT USE ONLY	
Section 2			
Approval of District Represent	tative		Date : Click here to enter a date.
DRIVER – TURN THIS FORM IN WITH TIMESHEETS			
Section 3			
Date/Time of Departure: Click	k here to enter text.	Oc	dometer Start: Click here to enter text.
Date/Time of Return: Click he	ere to enter text.	Oc	dometer End: Click here to enter text.
I hereby certify that the above	information is correct to the b	est of my knowledge.	
Driver Signature			Date Click here to enter a date.
Driver Comments: Click here to enter text.			
Coach or School Representat	ive Signature		Date Click here to enter a date.



STUDENTS

School-Related Student Trip Request Form & Ev	vent Specific Emergency Action Plan (EAP)
SCHOOL TCCHS.	
FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERR	<u>PY</u>
TYPE OF TRIP (CHECK ONE):	MA C D // A D // Doll * Double
Organization requesting the Trip / Organization responsible DESTINATION:	sible for Payment: Ag Dept/ Perkins Funding
Regional FFA Ag Sales & Employability Skills Conf	test
DATE(S) OF TRIP: NOVEMBER 22, 2024	
DEPARTURE TIME 8:00 A.M.	
RETURN TIME: 4:30 PM	
SOURCE OF FUNDING FOR TRIP: PERKINS FUNDING	
No student shall be denied the trip	BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS FACULTY SPON	ISORS1TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: Christy Wath	kins
Person making contact: Shayla Berry	· Para
Is there an Automated External Defibrillator (AED) on site: $\square \times$	
Does the venue have an Emergency Response Team: $\square x$ Yes \square	
School Employee(s) Attending Trip (Please note beside name is Shayla Berry (formerly CPR trained)	f employee is CPR trained):
Diddle Ress	
(Please use separate sheet and attach to this form if more space	is needed to list school employees attending).
A death B	8/12/12/1
Signature of Phony Sponsor	V CI Z
Approval of Site Based Council Representative	Date 8.26-2

District Use	e Only
Section 2	
Approval of District Representative	Date
ASSESSMENT OF THE PROPERTY OF	THE RECEIPE OF SECTION STORES
DRIVER: TURN THIS FORM Section 3	IN WITH TIMESHEETS
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



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		
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding DESTINATION:		
Regional FFA Land Judging – Princeton, KY		
DATE(S) OF TRIP: OCTOBER 17, 2024		
DEPARTURE TIME 10:00 A.M.		
RETURN TIME: 4:30 PM		
SOURCE OF FUNDING FOR TRIP: PERKINS FUNDING		
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.		
NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 5		
EAP: Person contacted at venue to discuss EAP: Magen Woods Person making contact: Shayla Berry		
Is there an Automated External Defibrillator (AED) on site: Yes x No If yes, where:		
Does the venue have an Emergency Response Team: \square Yes \square x No If yes, how are they contacted: 911		
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Shayla Berry (formerly CPR trained)		
(Please use separate show and attach to this form if more space is needed to list school employees attending).		
Mary 6124		
Signature of Faculty Sportsor Date		
Approval Site Based Council Representative Date 8.26-2		
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		

Date

Coach or School Representative Signature

Vancisal F-transport

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP LLE MONTH SCHOOL (TH) TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: 7 CCHS (wors Con DESTINATION My hierbur Co. H.S. ADDRESS SCIR Host I by ☐ Overnight; give name, address, phone of lodging RETURN TIME T. 94 DATE(S) OF TRIP 9/14/24 DEPARTURE TIME THAT SOURCE OF FUNDING FOR TRIP TOU HIS A HALEFley NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. FACULTY SPONSORS NUMBER OF: STUDENTS EAP: Person contacted at venue to discuss EAP: Bred Parker Person making contact: Mke Farke Is there an Automated External Defibrillator (AED) on site: Tyes D No If yes, where: Or ste Does the venue have an Emergency Response Team: Tes I No If yes, how are they contacted: On Size School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): (Ochli (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 District Use Only Section 2 Date 8-5-24 Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS **Section 3** Odometer Start: Date/Time Departure: Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge. Date **Driver Signature Driver Comments:** Coach or School Representative Signature Date

Van or self-transport

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP R'al Martin SCHOOL TCe the Organization requesting the Trip / Organization responsible for Payment: Tatts Crass Country

DESTINATION Market (U. H.). ADDRESS Ul High School (d. Dentur TYPE OF TRIP (CHECK ONE): ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME / DA DATE(S) OF TRIP 9/28/24 SOURCE OF FUNDING FOR TRIP TO HIS AF MEA'CL NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. TOTAL # OF PARTICIPANTS NUMBER OF: STUDENTS 6 FACULTY SPONSORS EAP: Person contacted at venue to discuss EAP: M'ke Johnne Person making contact: Mke Johnne Is there an Automated External Defibrillator (AED) on site: Tes D No If yes, where: Does the venue have an Emergency Response Team: Thes I No If yes, how are they contacted: 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 Approval of Site Based Council Representative **District Use Only** Section 2 Date Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Odometer Start: Date/Time Departure: Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature **Driver Comments:** Date Coach or School Representative Signature

09.36 AP.21

	orm & Event Specific Emergency Action Plan (EAP)
SCHOOL TOURS FAC	ULTY MEMBER(S) SPONSORING TRIP HOLLY (AWST)
TYPE OF TRIP (CHECK ONE):	COSO IL Lauren
Organization requesting the Trip / Organization	on responsible for Payment:
DESTINATION DYCAM RIGORD + AYR	Aboress (Ab) VISTON FO odging 24554 114 42274
DATE(S) OF TRIP SUP 120, 2024 I	DEPARTURE TIME 1:30 RETURN TIME 1:30
SOURCE OF FUNDING FOR TRIP 🥏 NC	C05+
	TO THE TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTSFACULTY	SPONSORS 5 TOTAL # OF PARTICIPANTS
	Sue Sharp Person making contact: Toly Cawson
Is there an Automated External Defibrillator (AED)	
	n: Yes No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note be TUSITA JUNISON Daneth Campbul - CPR Certifico	Phillip Clemmins
Please use separate sheet and attach to this form it	f more space is needed to list school employees attending).
Approval of Site Based Council Representativ	2 21 21
	District Use Only
Section 2	
Approval of District Representative	Date
DRIVER: TURN TH	IS FORM IN WITH TIMESHEETS
	O down atom Otombo
Date/Time Departure:	
Date/Time Return:	Odometer End:
I hereby certify that the above information is c	correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

Bequest to Blace an Item on the Agenda

Name NAGAGASAG CLOUR
Address sole & Mouro St Ellyton, Ky
Telephone number 270 248 2500 08 5113
Name of school children altend, if applicable,
Group represented _ I cost & Year (example)
Check if request was submitted to. In Superintendent . In Board Chairperson
Conferred with following administrators (names): FAC: Use, CHALLES
Description of Issue: Capt. Of Stocket Tickherns. Fig. 12.0(1/2012)
Specific Action Requested Approve OLE OF SACE IS (
Check if you are.
All requests for items to be placed on the agenda roost be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior

Review Revised 3/13/06

09.36 AP.21

School-Related Student Trip Request Form & Event Spec	THE EMELECK ACTION FIRM (EPILL)
SCHOOL TCC15 FACULTY MEMBER(S) S	PONSORING TRIP NO-1055/Q CLANK
Type of Toid (Check one).	
Organization requesting the Trip / Organization responsible for Pa	ayment: 10008
DESTINATION Freedom Point Cook ADDRESS 250 M Overnight; give name, address, phone of lodging	arina way Clarksulk TN
☐ Overnight; give name, address, phone of lodging	,
DATE(S) OF TRIP Se Pt 16 DEPARTURE TIME &	100 cm RETURN TIME 2:50 pm
SOURCE OF FUNDING FOR TRIP TCCHS VENDOCOK	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE O	
Number of: students 3 faculty sponsors 2	TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: Clone par	Person making contact: NO105510 (101
Is there an Automated External Defibrillator (AED) on site: ☐ Yes	If yes, where:
Does the venue have an Emergency Response Team: Yes No If yes	s, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee	
Natassia Clark	
Maria Gilespee	
(Please use separate sheet and attach to this form if more space is needed to Signature of Faculty Sponsor	
Approval of Site Based Council Representative	Date 8.76-24
District Use Only	
Section 2	_
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN WIT	H 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:	. 4.0
Coach or School Representative Signature	Date

POWERS AND DUTIES OF THE BOARD OF EDUCATION

Remest to Place an Item on the Agenda Address: Name of school children attend, if applicable: Check if request was submitted to:

□ Superintendent □ Board Champerson Conferred with following administrators (names): LEE QLIQLE (@S Description of Issue: TVOVEL to APSU & TCAT All requests for items to be placed on the agenda must be submitted to the Superintendent prior

Review/Revised 3/13/06

09.36 AP.21

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

SCHOOL: Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TR	IP <u>LAURA VOTH</u>
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization responsible for Payment: <u>MEP</u>	
DESTINATION: APSU & TCATADDRESS: CLARKSVILLE, TN	
Overnight; give name, address, phone of lodging:	
DATE(S) OF TRIP: <u>09/30/24</u> DEPARTURE TIME: <u>8:00AM</u> RETURN TIME: <u>2:30PM</u>	
SOURCE OF FUNDING FOR TRIP MEP GRANT	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PA	4 Y.
NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH, P. RAMIREZ TOTAL 42 FAR: Parent of the Property of the Pro	
EAP: Person contacted at venue to discuss EAP: Honora Beerman/Deanna Griffin Person mal	king contact: L. votn
Is there an Automated External Defibrillator (AED) on site: Yes NoIf yes, where:	
Each building	-4-1. D - 1: -/G-11
Does the venue have an Emergency Response Team: Yes No If yes, how are they contained the school Employee (a) Attending Trip (Please note baside name if amployee is CRP trained).	icted: <u>Radio/Cell</u>
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): L Voth (CPR Trained) 270-604-5091	
P Ramirez (CPR Trained) 863-624-1235	
(Please use separate sheet and stack to this form if more space is needed to list school employees a Signature of Faculty Sponsor Approval of Site Based Council Representative	ttending). 2 6 l > 4 Date
District Use Only	
Section 2	Date 8/26/24
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

POWERS AND DUTIES OF THE BOARD OF EDUCATION

Request to Pince an Item on the Agenda
Name: TCCHS-FFA- Beyn, Quartes
Address: BOLO SO WHA MOUN
Telephone number
Name of school children attend, if applicable
Group represented FFA
Check if request was submitted to: Superintendent Board Champerson Conferred with following administrators (names) C. C. C. C. C. C. C. C
Description of Issue: + Valle to the National MODERA Convention in Indianago October 23-24, 2024 IN.
Specific Action Requested: TVONE \
Check if you are: District Employee Discontinuously Member All requests for items to be placed on the agenda must be submitted to the Superimendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superimendent
Review/Revised, 3/13/06

Date

Date

STUDENTS	U9.30 AP.21
School-Related Student Trip Request Form &	Event Specific Emergency Action Plan (EAP)
SCHOOL TCCHS.	
FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BE	ERRY
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization resp DESTINATION:	onsible for Payment: Ag Dept/ Perkins Funding
National FFA Convention – Indianapolis, IN	
DATE(S) OF TRIP: OCTOBER 23-26, 2024	
DEPARTURE TIME 6:00 A.M.	
RETURN TIME: 3:00 PM	
SOURCE OF FUNDING FOR TRIP: PERKINS FUNDING	
NO STUDENT SHALL BE DENIED THE T	RIP BECAUSE OF AN INABILITY TO PAY.
Number of: students20	PONSORS 2 TOTAL # OF PARTICIPANTS
EAP: Person contacted at venue to discuss EAP: Matt Cha Person making contact: Shayla Berry	diff
Is there an Automated External Defibrillator (AED) on site: on walls	□x Yes □ No If yes, where: Multiple, located and labeled
Does the venue have an Emergency Response Team: x \(\mathbb{T}\) Ye School Employee(s) Attending Trip (Please note beside nan Shayla Berry (formerly CPR trained) Quashawn Quarles	
(Please use separate shert and attach to this form if more spa	ace is needed to list school employees attending).
Mayler-Berry	8/21/24-
Approval of Site Based Council Representative	Date 8. 26-24
Section 2 District	Use Only
	Date
DRIVER: TURN THIS FOR	RM 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
Driver Comments:

Coach or School Representative Signature