STUDENTS 09.36 AP.21

School-Related Student T	rip Request Form & E	Event Specific Emergency	Action Plan (EAP)
SCHOOL TEMS	FACULTY ME	EMBER(S) SPONSORING TRIP	TURANGE
TYPE OF TRIP (CHECK ONE):	Trip / Organization respor	nsible for Payment: Foot s 1922 US-41 Aux, D	BAU
DATE(S) OF TRIP 9/16/2	J DEPARTU	RETIME 4:15 pm I	RETURN TIME 10:00 PM
SOURCE OF FUNDING FOR TRI			
No student	SHALL BE DENIED THE TRIE	P BECAUSE OF AN INABILITY TO P	AY.
NUMBER OF: STUDENTS 3 EAP: Person contacted at venue the sternal Definition of the sternal Defin	o discuss EAP: JACO	KNIGHT Person making cont	act: Turange
Does the venue have an Emergence	y Response Team: Yes	☐ No If yes, how are they conta	cted:
Signature of Raci Approval of Site Based Council	ttash to this form if more space	e is needed to list school employees a Pare	Date 9/3/24
	District Us		
Section 2	District Os	oc Only	
Approval of District Represent	ative		Date
DRIVE Section 3	R: TURN THIS FORM	I IN WITH TIMESHEETS	
Date/Time Departure:		Odometer Start:	
Date/Time Return:			
I hereby certify that the above i	nformation is correct to the	he best of my knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representativ	e Signature		Date

STUDENTS 09.36 AP.21

SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.		
SCHOOL TCCHS/TCI	MSFACT	ULTY MEMBER(S)	SPONSORING TRIP_LIS	sa Petrie - Evan Cantrelli		
Type of Trip (check one):						
□ Classroom Field Tr	□ Classroom Field Trip □ Class Trip (i.e., junior, senior), specify					
X Organization/Club	Trip, specify	Beta	Other (a	thletic, band, if applicable)		
DESTINATION _Paroquet S	Springs Conference	ee CenterADDRE	Shepherdsville,	KYPHONE _(502) 955-7009		
□ Out of State X O	ut of County	□ Within Coun	ty			
□ Overnight; give na:+1 502-921-1001_				nerdsville Louisville South		
				RETURN TIME3:00_		
Purpose/Educational	VALUELE	ADERSHIP SUMMI	r			
Source of funding for	R TRIP ST	TUDENTS AND CLU	B FUNDRAISING_			
	n of estima	ted expenses	including, but not	limited to, lodging, meals,		
	No student sha	LL BE DENIED THE	TRIP BECAUSE OF AN INAB.	ILITY TO PAY.		
BILL TRIP EXPENSES T	o: X sponso	RING ORGANIZAT	ION   SCHOOL COUN	CIL - BOARD - OTHER, SPECIFY		
Number of: students Total # of Pa	_approx 40_ rticipants	FACULTY SPON	SORS2OTF	HER CHAPERONES1		
Mode of Transportation						
IS DISTRICT TRA	NSPORTATION N	EEDED? □ NO	X YES, SEE PROCE	DURE 09.36 AP.212.		
□ Certificate	D COMMON CAR	RIER; SPECIFY				
□ Private vehi	CLE, IF ALLOW	ED BY POLICY; SP	ecify driver(s)			
SUPERVISION (ATTACH	LIST OF NAME	S OF ADULTS ACC	OMPANYING STUDENTS	on trip.)		
Have all chaperone	es undergone	e the required	l records check a	and been designated by the		
principal/designee to	supervise stu	dents? X Yes	□ No			
Person contacted at venue to discuss EAP:yes Person making contact:Kelsie Robison						
Is there an Automated External Defibrillator (AED) on site:   Yes X No If yes, where:						
Does the venue have an E	Emergency Resp	onse Team: □ Yes	X No If yes, how ar	e they contacted: the center and hotel		
is directly across from the fire department/ambulance center						
School Employee(s) Atte			ne if employee is CPR Lisa Petrie	trained):		
(Please use separate sl	neet and attach to	this form if more sp	ace is needed to list school	l employees attending).		

SUBMIT THIS FORM	□ ONE WEEK	□ TWO WEEKS	□ OTHER, SPECIFY	Y	PRIOR TO THE	TRIP.
SCHOOL TC US		FACULTY ME	EMBER(S) SPONSO	ORING TRIP	MS FM	0
Type of Trip (check on				/aula ala	ce	
□ Classroom Field Trij	p TClass Trip	(i.e., junior, se	nior), specify	regis ciu	SS	
□ Organization/Club T	rip, specify_	f	□ Othe	er (athletic, band	d, if applicable)	)
DESTINATION Elkton	,	1 /		CEN OF PHO	ONE 2/0-4	165 - 4877
□ Out of State □ Ou	t of County	Within Coun	ty			
□ Overnight; give nam	e, address, pho	one of lodging				
DATE(S) OF TRIP_OC	3,2024	Departur	RE TIME 10:0	OAM RET	TURN TIME <u>2:</u> 2	30 PH
Purpose/Educational V	/AT THE					
Source of funding for	TRIP TOOK	QOQ Qaa	Sped T	CROL		
Attach a description registration, and all other	of estimate	ed expenses	including, bu		to, lodging,	, meals,
	_	150	TRIP BECAUSE OF A	N INABILITY TO PAY	7.	
BILL TRIP EXPENSES TO	:   SPONSORI	ING ORGANIZATI	ION SCHOOL	COUNCIL D BO	OARD   OTHER,	, SPECIFY
Number of: students Total # of Par	FACUI	LTY SPONSORS _	7отнен	CHAPERONES _		
Mode of Transportation	ON					
IS DISTRICT TRAN				PROCEDURE 09.3		
□ Certificated	COMMON CARR	IER; SPECIFY	Sped Bus			
□ Private vehic	LE, IF ALLOWEI	D BY POLICY; SPI	ECIFY DRIVER(S)			
SUPERVISION (ATTACH L	IST OF NAMES	OF ADULTS ACCO	OMPANYING STUD	ENTS ON TRIP.)		
Have all chaperones					n designated	by the
principal/designee to s	upervise stud	ents? Ves	□ No			
Person contacted at venue	to discuss EAP:	Casey Bri	Person 1	making contact:	Kim De	Ruis
Is there an Automated Exte	ernal Defibrillato	or (AED) on site:	Yes No I	f yes, where:		
Does the venue have an En	nergency Respon	nse Team: □ Yes	No If y	es, how a	are they o	contacted:
School Employee(s) Attend	ding Trip (Please	e note beside nan	ne if employee is	CPR trained):		
Vina poe			Kim He C	ornick,		
Amanda Brown		_	Jennifer	Humford		
(Please use separate she	et and attach to the	nis form if more spa	ace is needed to list	t school employees	attending).	

SUBMIT THIS FORM	□ ONE WEEK	□ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO TI	HE TRIP.
SCHOOL TOUS		FACULTY M	EMBER(S) SPONSORING	TRIP TCHS FMO	Heather 1
Type of Trip (check o					
□ Classroom Field Tr	rip 🗗 Class Trij	p (i.e., junior, se	nior), specify		
□ Organization/Club  DESTINATION The Sh  □ Out of State	Trip, specify_	ADDRESS	Other (atless 400 Ft Comp	hletic, band, if applicabe 270-	le) <u> </u>
Overnight; give nate Control of Trip Nove Purpose/Educational	me, address, ph ruitfing mher 25, Value CB1	Stop at P 24 Departure	Stopping at litter of the caste results of the caste representation of the second life skills of	He Caesan's For H Return Time 2	lunch,
Source of funding for	R TRIP SACO	L TO ROF			
Attach a description registration, and all or	n of estimat	ed expenses	including, but no	t limited to, lodgin	ng, meals,
	No student shal	LL BE DENIED THE	TRIP BECAUSE OF AN INAL	BILITY TO PAY.	
BILL TRIP EXPENSES T	o:   sponsor	ING ORGANIZAT	ION SCHOOL COUR	NCIL   BOARD   OTHE	ER, SPECIFY
Number of: students _ Total # of Pai	FACU	ULTY SPONSORS _	7 OTHER CHA	PERONES	
Mode of Transportati		. (			
IS DISTRICT TRA	NSPORTATION NE	EEDED?	YES, SEE PROCI	EDURE 09.36 AP.212.	
□ Certificatei	COMMON CARE	RIER; SPECIFY			
□ Private vehi	CLE, IF ALLOWE	D BY POLICY; SP	ECIFY DRIVER(S)		
Supervision (ATTACH I	LIST OF NAMES	OF ADULTS ACCO	DMPANYING STUDENTS	ON TRIP.)	
Have all chaperone	es undergone	the required	records check	and been designate	d by the
principal/designee to	supervise stud	dents? 12 Yes	□ No	./ 0	
Person contacted at venue	to discuss EAP;	Madysan Ps	Person makin	g contact: Kin Day	115
Is there an Automated Ext	ternal Defibrillat	or (AED) on site:	□ Yes No If yes,	where:	
Does the venue have an E	mergency Respo	onse Team:   Yes	No If yes,	how are they	contacted:
School Employee(s) Atter Heather Ley Wino Pos Amanda Brown Heby Blake			Nancy Turner Seam Corner Seam Corner Seam Corner Seam Corner Seam Corner Seam Seam Seam Seam Seam Seam Seam Seam	urk unlerd	

SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.	
SCHOOL TCUS		FACULTY ME	MBER(S) SPONSORING TRIP	TCHS FNO/Heather	
Type of Trip (check of	NE):				
□ Classroom Field Tr	ip 🗷 Class Trip	o (i.e., junior, sen	ior), specify		
				, band, if applicable)	
DESTINATION Deam	Riders	Address	4205 Winkler Rd	Phone <u>220-613-0</u> 079	
□ Out of State □	ut of County	□ Within Count	y Philpot, Ky 42861		
□ Overnight; give nar	ne, address, ph	one of lodging _			
DATE(S) OF TRIP Sept	12, 2024	DEPARTURI	TIME 9:38 AM	RETURN TIME 2:00 PM	
Purpose/Educational	VALUE CBC	Trip - runc	tional life okillo	<u></u>	
Source of funding for	TRIP				
Attach a description registration, and all of				nited to, lodging, meals,	
i	No student shal	L BE DENIED THE TR	RIP BECAUSE OF AN INABILITY	TO PAY.	
Sped TCBOE	[2] FACU	 ULTY SPONSORS	ON   SCHOOL COUNCIL  OTHER CHAPERO	BOARD   OTHER, SPECIFY	
				00.26 212	
			YES, SEE PROCEDURI		
□ CERTIFICATED COMMON CARRIER; SPECIFY					
□ Private vehi	CLE, IF ALLOWE	D BY POLICY; SPE	CIFY DRIVER(S)		
,			MPANYING STUDENTS ON T		
				been designated by the	
principal/designee to	supervise stud	lents? Yes	□ No	1/ 3	
Person contacted at venue to discuss EAP: A email Person making contact: Kin Davis					
Is there an Automated Ext	ternal Defibrillat	or (AED) on site:	Yes No If yes, where	ð:	
Does the venue have an E	mergency Respo	onse Team:   Yes	No If yes, how	are they contacted:	
Heather Key Mina roe Amande Brown Abby Blake	)		e if employee is CPR trained than Cy Tucker Line Liceration Liceration Line Line Line Line Line Line Line Lin	fural	

STUDENTS

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

SUBMIT THIS FORM	□ ONE WEEK	□ TWO WEEKS	□ OTHER, SPECIFY _	PRIOR TO THE TRIP.		
SCHOOL TCHS	FACULTY	MEMBER(S) SPO	ONSORING TRIP $\mathcal T$	VA		
TYPE OF TRIP (CHECK ON)	E):					
☐ Classroom Field Tr						
□ Organization/Club	rip, specify		Other (at	thletic, band, if applicable)		
DESTINATION Hilliken A	fouse Add	RESS 208 W. 1	Main St Phone 5	02-219-2685		
□ Out of State □ Ou	it of County	Within Count	y Elkton, Ky			
□ Overnight; give nan	ne, address, phor	ne of lodging _	J			
A / 11	0-04	~)	222 4	3. 4. 0		
DATE(S) OF TRIP Oct 4		RTURE TIME <b>&amp;</b>	OO AM RETURN	TIME 2:30PA		
PURPOSE/EDUCATIONAL V	ALUE	10/2101	10-40510-0	of cut a		
Socio/5moti	only Early	whor) of	transition e	DKILLS		
SOURCE OF FUNDING FOR						
				ot limited to, lodging, meals,		
registration, and all of		-				
			IP BECAUSE OF AN IN			
TVF	•			NCIL DOARD TOTHER, SPECIFY		
NUMBER OF: STUDENTS	7 <u>5                                    </u>	PONSORS	OTHER CHAPERO	NES		
MODE OF TRANSPORTATION  IS DISTRICT TRANSPORTATION NEEDED? □ NO YES, SEE PROCEDURE 09.36 AP.212.  □ CERTIFICATED COMMON CARRIER; SPECIFY □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)						
	SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)					
Have all chaperones undergone the required records check and been designated by the						
	principal/designee to supervise students? Pes Do					
Person contacted at venue				ng contact: King Deci		
Is there on Automated Exte	amal Dafibrillatar	(AED) on sites	- Vas - No If-	and 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:						
Does the venue have	an Emergency	Response Tean	n:  Yes No	If yes, now are they contacted:		
School Employee(s) Attend	ding Trip (Please r	note beside name	e if employee is CPR	trained):		
Elle blancett						
Kelli Templemen	)					
		•				
(Please use senarate she	et and attach to this	form if more space	e is needed to list scho	ol employees attending).		
1 (Trease ase separate site	-	Torin ii more spac	c is needed to list sello			
Did Nose				8/26/24		
Signature	of Faculty Sponsor	•		Date		
Trip has been □ approved	□ disapproved. Reas	son for disapprova	1			
			_			
Signature of Superi	0			Date		
				d may be required by policy 09.36.		
RELATED PROCEDURES	: 09.36 AP.1, 09.36	AP.21, 09.36 AP.	.211, 09.36 AP.212	Daviery/Davies 4.0/19/2022		

Review/Revised:9/18/2023