

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP TURANGE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FOOTBALL

DESTINATION Webster Co High ADDRESS 1922 US-41 Alt, Dixon, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 9/16/24 DEPARTURE TIME 4:15 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 SPONSORS 3 TOTAL # OF PARTICIPANTS 38

EAP: Person contacted at venue to discuss EAP: Jacob Knight Person making contact: TURANGE

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):

MICHAEL TURANGE _____
MICHAEL BLAKE _____
ANTHONY FRANCIS _____

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

[Signature] _____ Date 9/13/24
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature] Date 9/13/24

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 _____

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SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCCHS/TCMS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE - EVAN CANTRELLI

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify Beta Other (athletic, band, if applicable) _____

DESTINATION Paroquet Springs Conference Center ADDRESS Shepherdsville, KY PHONE (502) 955-7009

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging Spark by Hilton Shepherdsville Louisville South
+1 502-921-1001

DATE(S) OF TRIP OCT. 17-18 DEPARTURE TIME 7:45 RETURN TIME 3:00

PURPOSE/EDUCATIONAL VALUE LEADERSHIP SUMMIT

SOURCE OF FUNDING FOR TRIP STUDENTS AND CLUB FUNDRAISING

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS APPROX 40 FACULTY SPONSORS 2 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 43

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? 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 No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: the center and hotel is directly across from the fire department/ambulance center

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

Evan Cantarelli Lisa Petrie

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

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 TCMJ FACULTY MEMBER(S) SPONSORING TRIP TCMJ FMD

TYPE OF TRIP (CHECK ONE):

- [] Classroom Field Trip [x] Class Trip (i.e., junior, senior), specify Key's class
[] Organization/Club Trip, specify _____ [] Other (athletic, band, if applicable) _____

DESTINATION Elkton Park, Ky ADDRESS 421 S. Main St PHONE 270-265-9871

- [] Out of State [] Out of County [x] Within County
[] Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Oct 3, 2024 DEPARTURE TIME 10:00 AM RETURN TIME 2:00 PM

PURPOSE/EDUCATIONAL VALUE

CBI Trip - Functional Life Skills

SOURCE OF FUNDING FOR TRIP TCMJ Sped TCBOE

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: [] SPONSORING ORGANIZATION [x] SCHOOL COUNCIL [] BOARD [] OTHER, SPECIFY _____

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 7 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 19

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [] NO [x] YES, SEE PROCEDURE 09.36 AP.212.
[] CERTIFICATED COMMON CARRIER; SPECIFY Sped Bus
[] 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? [x] Yes [] No

Person contacted at venue to discuss EAP: Casey Bright Person making contact: Kim Davis

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):

- Heather Key Nancy Tucker
Nina Poe Kim Mc Cormick
Amanda Brown Jennifer Humford
Abby Blake

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

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP TCMS FMO Heather Key

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION The Showbox ADDRESS 4100 Ft Campbell Blvd PHONE 270-887-5900

- Out of State Out of County Within County Hopkinsville, Ky
- Overnight; give name, address, phone of lodging Stopping at Little Caesar's for lunch, weather permitting stop at Park

DATE(S) OF TRIP November 25, 24 DEPARTURE TIME 9:00 AM RETURN TIME 2:00 PM

PURPOSE/EDUCATIONAL VALUE CBI Trip - functional life skills

SOURCE OF FUNDING FOR TRIP Sped TCBOE

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 7 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 19

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? Yes No

Person contacted at venue to discuss EAP: Madyson Pollock 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: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Heather Key _____ Nancy Tucker _____
Vina Poe _____ Kim McCormick _____
Amanda Brown _____ Jennifer Humford _____
Ashley Blake _____

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

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP TCMS FMO/Heather Key

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION Dream Riders ADDRESS 4285 Winkler Rd PHONE 220-613-0079

Out of State Out of County Within County Philpot, Ky 42366

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Sept 12, 2024 DEPARTURE TIME 9:30 AM RETURN TIME 2:00 PM

PURPOSE/EDUCATIONAL VALUE CBI Trip - Functional Life Skills

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY

Sped TCBOE

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 19

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? Yes No

Person contacted at venue to discuss EAP: Info email 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: _____

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

Heather Key
Nina Poe
Amanda Brown
Abby Blake

Nancy Tucker
Kim McCormick
Jennifer Mumford

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

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) SPONSORING TRIP TVA

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify 8
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) _____

DESTINATION Milliken House ADDRESS 208 W. Main St PHONE 502-219-2685

- Out of State
- Out of County
- Within County Elkton, Ky
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Oct 4, 2024 DEPARTURE TIME 8:00 AM RETURN TIME 2:30 PM

PURPOSE/EDUCATIONAL VALUE
Socio/Emotional education & transition skills

SOURCE OF FUNDING FOR TRIP TVA

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY TVA

NUMBER OF STUDENTS 75 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 77

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? Yes No

Person contacted at venue to discuss EAP: info email Person making contact: Kim Dory

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):

Elle Blauvelt _____
Kelle Templeman _____

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

[Signature]
Signature of Faculty Sponsor

8/26/24
Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board 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

Review/Revised:9/18/2023