

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Kelleher

TYPE OF TRIP (CHECK ONE): Field Trip - Cultural
Organization requesting the Trip / Organization responsible for Payment: Spanish Club

DESTINATION Bowling Green ADDRESS 601 State St, BG KY 42101

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 9/28/24 DEPARTURE TIME 9:00 am RETURN TIME 2:00pm

SOURCE OF FUNDING FOR TRIP students will pay for tickets + transportation

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS _____

EAP: Person contacted at venue to discuss EAP: _____ Person making 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: by phone

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

Charlie Kelleher _____

Rafael Ramirez _____

Natassja Clark _____

Laura Roth _____

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

[Signature] _____ 9/6/24
Signature of Faculty Sponsor Date

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

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 _____