

Van request

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Rick Martin

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Coast Country

DESTINATION Rockwell Co. H.S. ADDRESS 561 Herdree Dr. Hickory TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 9/28/24 DEPARTURE TIME _____ RETURN TIME _____

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 2 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 3

EAP: Person contacted at venue to discuss EAP: Jay Prowler Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On road

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

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

Coach _____

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

[Signature] Signature of Faculty Sponsor Date 9/19/24
Approval of Site Based Council Representative [Signature] Date 9.19.24

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 TCCHS FACULTY MEMBER(S) SPONSORING TRIP Bailey Brewer

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Perkins (FCCLA) ^{Payment}

DESTINATION Christian Way Farms ADDRESS 19590 Linville Rd, Hopkinsville, KY

Overnight; give name, address, phone of lodging 42240

DATE(S) OF TRIP Oct. 31st DEPARTURE TIME 8:20 am RETURN TIME 2:30 pm

SOURCE OF FUNDING FOR TRIP Perkins Fund

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

NUMBER OF: STUDENTS 30-35 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS Max 37

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: _____

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

Bailey Brewer _____ NO
Jenna Jenkins _____ NO

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

Bailey Brewer _____ 09/16/2024
Signature of Faculty Sponsor _____ *Date*

Approval of Site Based Council Representative [Signature] Date 9.26.24

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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 Todd Co. HS FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Murray State Talent Search

DESTINATION Please See attached Itinerary ADDRESS _____

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/7/24-10/11/24 DEPARTURE TIME 9:30 am RETURN TIME 4:30pm

SOURCE OF FUNDING FOR TRIP Murray State Talent Search

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

NUMBER OF: STUDENTS 14 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 17

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: _____

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

Talent Search Director - Audrey Neal

Talent Search Asst. Direct - Justin Thomas - CPR + First Aid certified

Talent Search Coordinator - Kimberly Archey

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

Signature of Faculty Sponsor _____ Date _____
Approval of Site Based Council Representative [Signature] Date 9-26-24

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 _____

FALL BREAK COLLEGE TOUR (10/7/24 – 10/11/24)

Itinerary

MONDAY – OCTOBER 7

8:00amCST Load vans at Mayfield High School; travel to Christian County High School

Address: 700 Douthitt St, Mayfield, KY 42066

9:30amCST Load vans at Christian County High School; travel to Cookeville, TN

Address: 220 Glass Ave, Hopkinsville, KY 42240

12:00pmCTS Lunch at Tennessee Tech University in Cookeville TN

1:00pmCST College Tour - Tennessee Tech University

4:00pmCST Load Vans; Travel to Knoxville, TN

****THE FOLLOWING TIMES WILL BE IN EASTERN STANDARD TIME****

5:00pmEST arrive at hotel to check in

7:00pmEST Eat in Knoxville, TN

TBD Evening Activity

10:30pmEST Students in rooms – room check

11:00pmEST Lights out – doors will be taped

TUESDAY – OCTOBER 8

7:30amEST Doors are :untaped

8:00amEST Breakfast in hotel

9:15amEST Check out and LOAD VANS, travel to Maryville TN

10:00amEST College tour Maryville College

Fayerweather Hall (Admission Office)

Address: 205 Maryville College Circle Dr, Maryville, TN 37804

11:30pmEST Lunch on Campus; Maryville College

\$8.50 per person/ no tax

12:30pmEST Load vans; Travel to University of Tennessee at Chattanooga

3:00pmEST College Tour - University of Tennessee at Chattanooga

Address:642 Mocs Alumni Drive, Room 272

642 East 5th Street

Chattanooga, TN 37403

4:30pmEST Load vans travel to Taco Mac

5:00pmEST Dinner in Chattanooga, TN - Taco Mac

6:30 pm EST Games at Classic Arcade Pinball Museum

409 Broad Street, Chattanooga TN

\$20 per person

9:00pmEST Check into Hotel

10:30pmEST Students in rooms – room check

11:00pmEST Lights out – doors will be taped

WEDNESDAY – OCTOBER 9

8:00amEST Doors are untaped

8:30amEST Breakfast in hotel

9:00 am EST Checkout

Morning event to be determined in Chattanooga

12:00pmEST Lunch along the way

****THE FOLLOWING TIMES WILL BE IN EASTERN STANDARD TIME****

4:30pmCST Arrive at Christian County High School

Address: 220 Glass Ave, Hopkinsville, KY 42240

5:30pmCST Arrive at Mayfield High School

Address: 700 Douthitt St, Mayfield, KY 42066

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

MSU Hutson School of Ag

DATE(S) OF TRIP: OCTOBER 8TH, 2024

DEPARTURE TIME 8AM

RETURN TIME: 4PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 26

EAP: Person contacted at venue to discuss EAP: Christy Watkins

Person making contact: Quashawn Quarles

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Central Office

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

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

Quashawn Quarles

(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

Date

Date

9-26-24

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

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: **Ag Perkins Funding**

DESTINATION :

Kentucky Tennessee Livestock Market

9169 Russellville Road

Guthrie, KY

DATE(S) OF TRIP: OCTOBER 31, 2024

DEPARTURE TIME 10:45AM

RETURN TIME: 5PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 2 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: **Guthrie PD, Todd County Sherriff department**

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

Quashawn Quarles ; Shayla Berry

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 9-26-24

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

North Todd Elementary School

DATE(S) OF TRIP: NOVEMBER 6,2024

DEPARTURE TIME 8AM

RETURN TIME: 2:30PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 11

EAP: Person contacted at venue to discuss EAP: Christy Watkins

Person making contact: Quashawn Quarles

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Central Office

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Todd County Sheriff Office

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

Quashawn Quarles

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date

9.26.24

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

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

MSU Hutson School of Ag

DATE(S) OF TRIP: NOVEMBER 14, 2024

DEPARTURE TIME 4PM

RETURN TIME: 11PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 26

EAP: Person contacted at venue to discuss EAP: Christy Watkins

Person making contact: Quashawn Quarles

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Central Office

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

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

Quashawn Quarles

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

Signature of Faculty Sponsor _____ Date _____
Approval of Site Based Council Representative [Signature] Date 9-26-24

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 _____

STUDENTS

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):

Organization requesting the Trip / Organization responsible for Payment: Spanish Club

DESTINATION STES, ADDRESS 4115 Guthrie Rd, Guthrie, KY 42234

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/3/24 DEPARTURE TIME 8:00 RETURN TIME 11:45

SOURCE OF FUNDING FOR TRIP Students / Spanish Club account

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 16

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: _____

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

Charlie Gillis Kelleher

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

Signature of Faculty Sponsor _____ Date 9/23/24

Approval of Site Based Council Representative _____ Date 9-26-24

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 _____

STUDENTS

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Holly Lawson

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Special Education/Lawson

DESTINATION Christian Way Farm ADDRESS 19510 Linville Rd. Hopkinsville, KY 42240

Overnight; give name, address, phone of lodging

DATE(S) OF TRIP Oct. 28, 2024 DEPARTURE TIME 9:45 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP Sub pay

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 25 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Janice Corey Person making contact: Holly Lawson

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):

Holly Lawson
Jessica Johnson
Danette Campbell - CPR Cert.
Ronelle Willis
Phillip Clemmons

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

Holly Lawson Signature of Faculty Sponsor Date 9/10/24

Approval of Site Based Council Representative [Signature] Date 9-26-24

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 _____

* Sack lunches

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP H. LAWSON

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Dream Riders Park ADDRESS Cable Vision Rd. Russellville, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Oct. 18, 2024 DEPARTURE TIME 9:30 RETURN TIME 1:30

SOURCE OF FUNDING FOR TRIP Self pay No cost

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Sue Sharp Person making contact: Holly Lawson

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):

Holly Lawson
Jessica Johnson
Darrett Campbell - CPR Cert.
Renee Willis
Phillip Clemmons

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

Holly Lawson Signature of Faculty Sponsor Date 9/10/24
Approval of Site Based Council Representative [Signature] Date 9-26-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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 _____

Outline

STUDENTS 09.36 AP.21

09.36 AP.21

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

Submit this form FOR WEB TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP

School: TCCHS Faculty Member(s) sponsoring trip: Lisa Petric

Type of Trip (check one):

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

Organization/Club Trip, specify: GT & the Arts Other (athletic, band, if applicable) _____

Destination: Albany, Oregon Address: _____ HighSchool, KY Phone: _____

Out of State Out of County Within County

Overnight; give name, address, phone of lodging _____

DATE(s) of Trip: October 25 Departure Time: 10:00 Return Time: 2:30 PM

Purpose/Educational Value: DANCE MASTER CLASS WITH LAVELLE SMITH, JR.

Source of funding for trip: _____ DISTRICT INSTRUCTION

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, CONSOLE BOARD OTHER, SPECIFY _____

Total # of Participants: 6 FACULTY SPONSOR: 1 OTHER CHAPERONES: 0

Mode of Transportation: _____

IS PRIVATE TRANSPORTATION NEEDED? No YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMPANY CARMIEN, 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: _____ Email cell: _____ Person making contact: Abigail Love

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

Does the venue have an Emergency Response Team? Yes No

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

Lisa Petric _____

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

Lisa Petric
 Signature of Faculty Sponsor _____ Date _____

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