

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 LISA PETRIE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip , specify GT 7th grade Other (athletic, band, if applicable) _____

DESTINATION Alhambra Theaterr ADDRESS Hopkinsville, KY PHONE _____

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

DATE(S) OF TRIP OCTOBER 28 DEPARTURE TIME 11:00 RETURN TIME 2:30 PM

PURPOSE/EDUCATIONAL VALUE _____ PROFESSOR WOW'S OUTER SPACE ADVENTURES _____

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 COUNCIL BOARD OTHER, SPECIFY _____
20 FACULTY SPONSORS 1 OTHER CHAPERONES 1

TOTAL # OF PARTICIPANTS 22

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: Email sent 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 Petrie _____
Carla Oestring _____

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

Signature of Faculty Sponsor _____
Date

Trip has been approved disapproved. Reason for disapproval _____

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<i>Signature of Superintendent/Designee</i>	<i>Date</i>
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

Estimated expenses:
Students will eat lunch at school at 10:30. We will leave at 11:00.
No cost for students,