

STUDENTS

09.36 AP.21

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

**SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP 5<sup>TH</sup> GRADE**

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: \_\_\_\_\_

**DESTINATION: TCCHS ADDRESS: \_\_\_\_\_**

Overnight; give name, address, phone of lodging: \_\_\_\_\_

**DATE(S) OF TRIP: 11/8/24 DEPARTURE TIME: 8:30 AM RETURN TIME: 10:00 AM**

**SOURCE OF FUNDING FOR TRIP \_\_\_\_\_**

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

**NUMBER OF: STUDENTS: 65 FACULTY SPONSORS: 4 TOTAL # OF PARTICIPANTS: 69**

**EAP:** Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: Joey Jones

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):

Joey Jones Chuck Sadler or Lisa Chester

Karibeth Farlow Trish Knepper

Instruactional Assistant possibly \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Faculty Sponsor*

\_\_\_\_\_  
*10/25/24*  
*Date*

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**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 : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP 5<sup>TH</sup> GRADE

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: \_\_\_\_\_

**DESTINATION:** ALHAMBRA THEATRE ADDRESS: HOPKINSVILLE, KY

Overnight; give name, address, phone of lodging: \_\_\_\_\_

DATE(S) OF TRIP: 12/13/24 DEPARTURE TIME: 11:00 AM RETURN TIME: 2:00 PM

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS: 65 FACULTY SPONSORS: 5 TOTAL # OF PARTICIPANTS: 70

EAP: Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: Joey Jones

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):

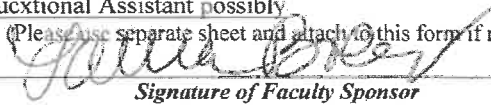
Joey Jones Driver Chuck Sadler Driver

Karibeth Farlow Trish Knepper

Instructional Assistant possibly \_\_\_\_\_

Laura Boley or Yvonne Haley

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

  
Signature of Faculty Sponsor

10/25/24  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 \_\_\_\_\_