

Veteran's Day program

STUDENTS

09.36 AP.21

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

SCHOOL STES FACULTY MEMBER(S) SPONSORING TRIP Oyler

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION TCCHS ADDRESS Elkton KY
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11-8-24 DEPARTURE TIME ~8:30 RETURN TIME after program
SOURCE OF FUNDING FOR TRIP BOE enter TCCHS door #2

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

NUMBER OF: STUDENTS 62 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 66

EAP: Person contacted at venue to discuss EAP: Lee Quarles Person making contact: Jenn Oyler

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 admin

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

Rachel Meyer Tracy Thomas
Krista Stratton
Brad Balmer

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

Rachel Meyer 10-28-24
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative Jennifer Byrd Date 10-28-24

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 South Todd Elementary FACULTY MEMBER(S) SPONSORING TRIP Lindsey Sisao

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Hearthstone Place ADDRESS 506 Allensville St Elkhart, KY 42220
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Dec. 9th, 2024 DEPARTURE TIME 9:00 RETURN TIME 11:00

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 19

EAP: Person contacted at venue to discuss EAP: Bailey Taylor Person making contact: Lindsey Sisao

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: hallway

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):

Lindsey Sisao

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

Lindsey Sisao
Signature of Faculty Sponsor

10-28-24
Date

Approval of Site Based Council Representative Jennifer Byrd Date 10-28-24

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 South Todd FACULTY MEMBER(S) SPONSORING TRIP Jennifer Byrd

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

1st grade / STA SBDM/PTA

DESTINATION ICE - Gaylord Opryland Hotel ADDRESS 2800 Opryland Dr. Nashville, TN
☐ Overnight; give name, address, phone of lodging 37214

DATE(S) OF TRIP 12-18-24 DEPARTURE TIME 8:30 RETURN TIME 2:30

SOURCE OF FUNDING FOR TRIP ST SBDM/PTO

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

NUMBER OF: STUDENTS 82 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 90

EAP: Person contacted at venue to discuss EAP: Lauren McDaniel Person making contact: Jennifer Byrd

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: at entrance

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: walkie talkie

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

Jennifer Byrd
Stephanie Conquest
Crystal Putty

Nikki Newsome
Caycee Higgins
a nurse - cpr trained

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

Jennifer Byrd
Signature of Faculty Sponsor

10-28-24
Date

Approval of Site Based Council Representative Adelye Sawyers Date 10/28/24

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 _____