

STUDENTS

09.36 AP.21

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_KIMBERLY DAVIS_____

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify ___ Whole School _____
- Organization/Club Trip , specify _____ Other (athletic, band, if applicable) ___

DESTINATION _TCCHS GYM_____ ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP NOVEMBER 8TH, 2024___ DEPARTURE TIME 8:30AM___ RETURN TIME 10:15AM___

PURPOSE/EDUCATIONAL VALUE ___TCMS STUDENTS COMING TO THE HIGH SCHOOL TO ATTEND VETERANS DAY PROGRAM_

SOURCE OF FUNDING FOR TRIP _TCMS GENERAL FUNDS_____

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 _____

NUMBER OF: STUDENTS _402_____ FACULTY SPONSORS KIM DAVIS_____ OTHER CHAPERONES _TCMS
TEACHERS AND STAFF _34_____
TOTAL # OF PARTICIPANTS _434_____

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: ___Lee Quarrels_____ Person making contact: _____
_____Kimberly Davis_____

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: _____
_Phone _____

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

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 _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Sky Pac ADDRESS 601 College St PHONE 270-904-1880

- Out of State Out of County Within County Bowling Green, KY (stop at Greenwood Mall for lunch)
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/5/24 DEPARTURE TIME 8:05 AM RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE Performing arts

SOURCE OF FUNDING FOR TRIP 6th grade account

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 _____

NUMBER OF: STUDENTS 150 FACULTY SPONSORS 6 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 156

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: Dylan Godolphin Person making contact: Kim Davis

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):

<u>Nikki Andrews</u>	<u>Michael Turange</u>
<u>Crystal Sisco</u>	<u>Robbie Weathers</u>
<u>Julie Hamlet</u>	_____
<u>Kassidy Bost</u>	_____

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

[Signature] _____ 10/25/24
Signature of Faculty Sponsor Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature] _____ 10/25/24
Signature of Superintendent/Designee Date

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

STUDENTS

09.36 AP.21

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 TMS FACULTY MEMBER(S) SPONSORING TRIP Dipasquale

TYPE OF TRIP (CHECK ONE):
 Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
 Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____
 DESTINATION MSU ADDRESS Lovett Auditorium PHONE _____
 Out of State Out of County Within County
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/25 DEPARTURE TIME 7:30am RETURN TIME 10:30pm
 PURPOSE/EDUCATIONAL VALUE MSU Outstate Honor Band
 SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 8

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: Brent Johnson Person making contact: Dipasquale

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

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

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

 (Please use separate sheet and attach to this form if more space is needed to list school employees attending).
[Signature] 10/31/24
 Signature of Faculty Sponsor Date

Trip has been approved disapproved Reason for disapproval _____
[Signature] 10/31/24
 Signature of Superintendent/Designee Date

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

STUDENTS

09.36 AP.21

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 TCHS FACULTY MEMBER(S) SPONSORING TRIP George Rodrick

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify GIRLS BASKETBALL Other (athletic, band, if applicable) _____

DESTINATION Regions Central Home ADDRESS 6025 Hopewellville PHONE 270-825-6353

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

DATE(S) OF TRIP 11/9/24 DEPARTURE TIME 7:00 AM RETURN TIME TSA

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 3 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 33

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: Kent Aikin Person making contact: STEVEN MCGHEE

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

GEORGE RODRICK _____
NICK HILDABRAND _____

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

[Signature] _____ Date 10/14/24
Signature of Faculty Sponsor

Trip has been approved disapproved. Reason for disapproval _____
[Signature] _____ Date 10/14/24
Signature of Superintendent/Designee

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

STUDENTS

09.36 AP.21

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 GEORGE BEDJICK

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip [] Class Trip [] Organization/Club Trip [x] Other []

DESTINATION LOAN Co HIGH ADDRESS 2100 Bb Rd PHONE 270-726-8754

- Out of State [] Out of County [x] Within County [] Overnight []

DATE(S) OF TRIP 1/6/25 DEPARTURE TIME 4:30 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE

SOURCE OF FUNDING FOR TRIP

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 3 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

- DISTRICT TRANSPORTATION NEEDED? [] NO [x] 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? [x] Yes [] No

Person contacted at venue to discuss EAP: TODD ADNER Person making contact: STEVEN MCGHEE

Is there an Automated External Defibrillator (AED) on site: [x] Yes [] No If yes, where: GYM

Does the venue have an Emergency Response Team: [x] Yes [] No If yes, how are they contacted: 911

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

GEORGE BEDJICK NICK HELDABRAND

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

Signature of Faculty Sponsor Date 10/22/24

Trip has been [] approved [] disapproved. Reason for disapproval

Signature of Superintendent/Designee Date 10/22/24

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

STUDENTS

09.36 AP.21

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 GEORGE RADDICK

TYPE OF TRIP (CHECK ONE):

- [] Classroom Field Trip [] Class Trip (i.e., junior, senior), specify
[] Organization/Club Trip, specify GYM BASKETBALL [] Other (athletic, band, if applicable)

DESTINATION FRANKLIN SENIOR MIDDLE ADDRESS 322 S. CAUSEWAY PHONE 770-586-4401

- [] Out of State [x] Out of County [] Within County FRANKLIN
[] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 1/25/25 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE

SOURCE OF FUNDING FOR TRIP

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 3 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 28

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? [x] Yes [] No

Person contacted at venue to discuss EAP: MATTHEW WELSHETTE Person making contact: STEVEN MCGHEE

Is there an Automated External Defibrillator (AED) on site: [x] Yes [] No If yes, where: GYM

Does the venue have an Emergency Response Team: [] Yes [] No If yes, how are they contacted: 911

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

GEORGE RADDICK
NICK HILDABRAND

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

Signature of Faculty Sponsor Date 10/22/24

Trip has been [x] approved [] disapproved. Reason for disapproval
Signature of Superintendent/Designee Date 10/22/24

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

STUDENTS

09.36 AP.21

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 Texas FACULTY MEMBER(S) SPONSORING TRIP George Roddick

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
 Organization/Club Trip, specify Grove Basketball Other (athletic, band, if applicable) _____

DESTINATION Hopewell Middle ADDRESS 14406 MLK BLVD PHONE 210-887-7130

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

DATE(S) OF TRIP 1/9/25 DEPARTURE TIME 4:30 PM RETURN TIME 9:30 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 3 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 28

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: Carlos Wilson Person making contact: Steven McGhee

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

George Roddick
Nick Heldabrad

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

Signature of Faculty Sponsor

Date

10/22/24

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

10/22/24

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

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 GEORGE RADDICK

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip, Class Trip, Organization/Club Trip (Girls Basketball), Out of State, Out of County, Overnight

DATE(S) OF TRIP 12/19/24 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM
PURPOSE/EDUCATIONAL VALUE

SOURCE OF FUNDING FOR TRIP

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 3 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

- DISTRICT TRANSPORTATION NEEDED?, CERTIFICATED COMMON CARRIER, PRIVATE VEHICLE

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? [x] Yes [] No

Person contacted at venue to discuss EAP: GREG STEPHENS Person making contact: STEVEN MCGHEE

Is there an Automated External Defibrillator (AED) on site: [x] Yes [] No If yes, where: GYM

Does the venue have an Emergency Response Team: [x] Yes [] No If yes, how are they contacted: 911

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

GEORGE RADDICK
NICK HILDABRAND

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

Signature of Faculty Sponsor 10/22/24 Date

Trip has been [x] approved [] disapproved. Reason for disapproval
Signature of Superintendent/Designee 10/22/24 Date

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

STUDENTS

09.36 AP.21

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 TAMS FACULTY MEMBER(S) SPONSORING TRIP GEORGE REDDICK

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify GOLF BASKETBALL Other (athletic, band, if applicable) _____

DESTINATION NASC MIDDLE ADDRESS 2565 RYAN RD PHONE 210-843-0166

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

DATE(S) OF TRIP 12/2/24 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 3 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 28

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: MICHAEL JEMMER Person making contact: STEVEN Mc GHEE

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

GEORGE REDDICK
NICK HILWARD

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

[Signature]
Signature of Faculty Sponsor

10/22/24
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

10/22/24
Date

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

STUDENTS

09.36 AP.21

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 TOMS FACULTY MEMBER(S) SPONSORING TRIP George Reddick

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify Girls Basketball
- Other (athletic, band, if applicable) _____

DESTINATION Franciscan-Simpson Middle ADDRESS 322 S. College St PHONE 270-586-4401

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

DATE(S) OF TRIP 12/9/24 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 3 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 28

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: Matthew Welschette Person making contact: STEVEN McGINN

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

GEORGE REDDICK
NICK HELDABRAND

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

[Signature]
Signature of Faculty Sponsor

10/22/24
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

10/22/24
Date

*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

STUDENTS

09.36 AP.21

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 George Radojck

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify Girls' Basketball
- Other (athletic, band, if applicable) _____

DESTINATION Bowling Green Jr. Hg ADDRESS 900 Campbell PHONE 270-746-2290

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

DATE(S) OF TRIP 11/24/24 DEPARTURE TIME 4:00 RETURN TIME 10:30 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 3 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 33

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: Wen Jones Person making contact: Steven McGhee

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

George Radojck
Nick Hayward

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

[Signature] _____ 10/24/24
Signature of Faculty Sponsor Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature] _____ 10/24/24
Signature of Superintendent/Designee Date

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

STUDENTS

09.36 AP.21

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 TOMS FACULTY MEMBER(S) SPONSORING TRIP George Reddock

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
 Organization/Club Trip, specify Gym Basketball Other (athletic, band, if applicable) _____

DESTINATION Russellville Hwy ADDRESS 1101 W. 9th St. PHONE 270-726-8428

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

DATE(S) OF TRIP 11/25/24 DEPARTURE TIME 4:45 PM RETURN TIME 9:30 AM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 3 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 33

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: CAROL ROBERTS Person making contact: STEVEN McGHEE

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

George Reddock _____
NECK HILDBRAND _____

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

Signature of Faculty Sponsor 10/14/24
Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee 10/14/24
Date

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

STUDENTS

09.36 AP.21

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 JCMS FACULTY MEMBER(S) SPONSORING TRIP George Raddick

TYPE OF TRIP (CHECK ONE):

- [] Classroom Field Trip [] Class Trip (i.e., junior, senior), specify _____
[] Organization/Club Trip, specify GIRLS BASKETBALL [] Other (athletic, band, if applicable) _____

DESTINATION MUNNERSBURG CO MD ADDRESS 2900 KJ-176 PHONE 270-338-4450

- [] Out of State [] Out of County MD [] Within County GREENVILLE

[] Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/14/24 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 3 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 33

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: CHRIS SULLIVAN Person making contact: STEVEN MCGHOGG

Is there an Automated External Defibrillator (AED) on site: [] Yes [] No If yes, where: GYM

Does the venue have an Emergency Response Team: [] Yes [] No If yes, how are they contacted: 911

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

GEORGE RADDICK
NICK HELDREAND

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

Signature of Faculty Sponsor _____ Date 10/14/24

Trip has been [] approved [] disapproved. Reason for disapproval _____
Signature of Superintendent/Designee _____ Date 10/14/24

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

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 MATTHEW NOLL

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify BOYS BASKETBALL
- Other (athletic, band, if applicable) _____

DESTINATION Mou MIDDLE ADDRESS 2545 RUSSELL PHONE 270-843-0164

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

DATE(S) OF TRIP 11/7/24 DEPARTURE TIME 4:00 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 27

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: MATTHEW TEMMER Person making contact: STEVEN MCGHEE

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

MATTHEW NOLL
MATTHEW TALLEY

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

[Signature] _____ 10/14/24
Signature of Faculty Sponsor Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature] _____ 10/14/24
Signature of Superintendent/Designee Date

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

STUDENTS

09.36 AP.21

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 MATTHEW NOEL

TYPE OF TRIP (CHECK ONE):

- [] Classroom Field Trip [] Class Trip (i.e., junior, senior), specify _____
[] Organization/Club Trip, specify BOY'S BASKETBALL [] Other (athletic, band, if applicable) _____

DESTINATION BUCHANAN PARK ADDRESS 9022 NASHVILLE PHONE 270-282-8653

- [] Out of State [] Out of County [] Within County CO BOWLING GREEN
[] Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/9/24 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 27

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: DEBRA HOYT Person making contact: STEVEN MCGHEE

Is there an Automated External Defibrillator (AED) on site: [] Yes [] No If yes, where: GYM

Does the venue have an Emergency Response Team: [] Yes [] No If yes, how are they contacted: 911

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

MATTHEW NOEL
MATTHEW TANEY

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

Signature of Faculty Sponsor _____ Date 10/14/24

Trip has been [] approved [] disapproved. Reason for disapproval _____
Signature of Superintendent/Designee _____ Date 10/14/24

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

STUDENTS

09.36 AP.21

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 MATTHEW NORR

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify BOYS BASKETBALL
- Other (athletic, band, if applicable) _____

DESTINATION FRANKLIN - SIMPSON ADDRESS 372 S. COMBES PHONE 270-596-4401

- Out of State
- Out of County
- Within County FRANKLIN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/23/24 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 27

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: MATTHEW WILKINS Person making contact: STEVEN MCINTEE

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

MATTHEW NORR
MATTHEW TALLEY

(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 10/14/24

Trip has been approved disapproved. Reason for disapproval _____

[Signature] Signature of Superintendent/Designee Date 10/14/24

or 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

STUDENTS

09.36 AP.21

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 MATTHEW NORL

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip, Class Trip, Organization/Club Trip (Boys' Basketball), Other (athletic, band, if applicable), Out of State, Out of County, Within County, Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 12/2 DEPARTURE TIME 4:30 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE

SOURCE OF FUNDING FOR TRIP

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

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 2 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 24

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? [x] Yes [] No

Person contacted at venue to discuss EAP: Todd Adcox Person making contact: STEVEN MCGHEE

is there an Automated External Defibrillator (AED) on site: [x] Yes [] No If yes, where: GYM

Does the venue have an Emergency Response Team: [x] Yes [] No If yes, how are they contacted: 911

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

MATTHEW NORL MATTHEW TALLEY

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

Signature of Faculty Sponsor 10/22/21 Date

Trip has been [x] approved [] disapproved. Reason for disapproval

Signature of Superintendent/Designee 10/22/21 Date

or 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

STUDENTS

09.36 AP.21

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 TOMS FACULTY MEMBER(S) SPONSORING TRIP MATTHEW NOEL

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify BOYS BASKETBALL
- Other (athletic, band, if applicable) _____

DESTINATION Russellville High ADDRESS 1101 W. 9TH ST PHONE 270-726-8921

- Out of State
- Out of County
- Within County Russell

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/9/25 DEPARTURE TIME 4:45 PM RETURN TIME 9:30 AM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 22 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 24

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: Bryan Davenport Person making contact: STEVEN MCGHEE

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

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

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

MATTHEW NOEL
MATTHEW TALLEY

(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 10/22/24

Trip has been approved disapproved. Reason for disapproval _____

[Signature] _____
Signature of Superintendent/Designee Date 10/22/24

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

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 JCMS FACULTY MEMBER(S) SPONSORING TRIP MATTHEW NEAL

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
 Organization/Club Trip, specify BOY'S BASKETBALL Other (athletic, band, if applicable) _____

DESTINATION FRANKLIN-STIMPSON HS ADDRESS 400 S. CONAGE ST PHONE 710-5816-3173

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

DATE(S) OF TRIP 1/25/25 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF STUDENTS 22 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 24

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: MATTHEW WILSON Person making contact: STEVEN MCCOY

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

MATTHEW NEAL
MATTHEW TANEY

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

Signature of Faculty Sponsor

Date

10/22/24

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

10/22/24

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

STUDENTS

09.36 AP.21

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 STEVENSON

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip: Kentucky Youth Assembly Other (athletic, band, if applicable) _____

DESTINATION KYA/CROWNE PLAZA ADDRESS 830 PHILLIPS LN, LOUISVILLE, KY 40209 PHONE (502) 367-2251

- Out of State Out of County Within County

X Overnight; give name, address, phone of lodging:

Crowne Plaza 830 PHILLIPS LN, LOUISVILLE, KY 40209 (502) 367-2251

DATE(S) OF TRIP DECEMBER 8-10 DEPARTURE TIME 11:00 AM RETURN TIME 2:30 PM

PURPOSE/EDUCATIONAL VALUE KENRUCKY YOUTH ASSEMBLY - MOCK LEGISLATION, CIVIC DIALOGUE, CRITICAL THINKING

SOURCE OF FUNDING FOR TRIP BEZOS GRANT

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 _____

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____

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: Jim Recktenwald (YMCA) Person making contact: K. Stevenson

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: 1) West entrance hallway between registration desks and Exhibit Hall 2) Main hotel lobby 3) Security desk 4) Big Al's Restaurant

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):

Kimberly Stevenson Sarah Penick

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

Signature of Faculty Sponsor

10.28.24

Date

Request to Place an Item on the AgendaName: TCMSAddress: 515 W. Main St, Elkton, Ky 42220Telephone number: 270-265-2511

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): _____

Description of Issue: Ball games in Tennessee at Jo Byrns Middle School on 11/18/24 girls and boys basketball
Ball games in Clarksville at Montgomery Central Middle on 12/17/24 girls and boys basketball
Cheer at the ballgame at Jo Byrns on 11/18/24 as well

Specific Action Requested: _____

Please approve trips out of state for our girls and boys basketball teams and our cheer squad.

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/2006

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 APRIL GRIFFIN

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify CHEER Other (athletic, band, if applicable) _____
- DESTINATION Jo Byrns Middle ADDRESS 7025 US-41 PHONE (615-696-2251)
- Out of State Out of County Within County CORNER HUNTSVILLE TN
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/18 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

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

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: MARK TELAMON Person making contact: STEVEN MCGHEE

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

APRIL GRIFFIN _____

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

[Signature] _____ Date 10/21/24
Signature of Faculty Sponsor

Trip has been approved disapproved. Reason for disapproval _____

[Signature] _____ Date 10/21/24
Signature of Superintendent/Designee

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy U9.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023

STUDENTS

09.36 AP.21

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 Matthew Noll / George Riddick

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify Boys + Girls Ball Other (athletic, band, if applicable) _____

DESTINATION Je Byrns Moore ADDRESS 7025 US-41 PHONE (615-696-2251)

- Out of State Out of County Within County Cedar Hill, TN
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/18/24 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 4 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 34

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AF.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: Mark Terman Person making contact: Steven McGhee

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: 911

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

MATTHEW NOLL _____

MATTHEW TANGY _____

GEORGE RIDDICK _____

NICK HILDABRAND _____

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

Signature of Faculty Sponsor Date 10/14/24

Trip has been approved disapproved Reason for disapproval _____

Signature of Superintendent/Designee Date 10/14/24

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

STUDENTS

09.36 AP.21

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 MATTHEW NORR / GEORGE REDDICK

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify BOYS & GIRLS BASKETBALL Other (athletic, band, if applicable) _____

DESTINATION MONTGOMERY CENTER ADDRESS 3741 St Hwy 48 PHONE 931-387-2575

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

DATE(S) OF TRIP 12/17 DEPARTURE TIME 4:00 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 4 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 34

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: ADAM JAMES Person making contact: STEVEN MCGHEE

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

GEORGE REDDICK
MATTHEW NORR

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

[Signature] _____ Date 10/22/24
Signature of Faculty Sponsor

Trip has been approved disapproved. Reason for disapproval _____
[Signature] _____ Date 10/22/24
Signature of Superintendent/Designee

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

STUDENTS

09.36 AP.21

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 MATTHEW NORR / GEORGE REDDICK

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify BOYS & GIRLS BASKETBALL
- Other (athletic, band, if applicable) _____

DESTINATION Montgomery Center ADDRESS 3741 St Hwy 48 PHONE 931-387-2575

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

DATE(S) OF TRIP 12/17 DEPARTURE TIME 4:00 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 4 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 34

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: ADAM JAMES Person making contact: STEVEN MCGHEE

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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

GEORGE REDDICK
MATTHEW NORR

(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 10/22/24

Trip has been approved disapproved. Reason for disapproval _____

[Signature] Signature of Superintendent/Designee Date 10/22/24

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