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

Submit this form $\Box$ one week $\Box$ two weeks $\Box$ 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), specifyWhole School
☐ Organization/Club Trip, specify Other (athletic, band, if applicable)
DESTINATION _TCCHS GYMADDRESSPHONE
☐ Out of State ☐ Out of County X 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 □X 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? $\square$ no $\square$ no $\square$ 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:Lee Quarrels Person making contacted Kimberly Davis
Is there an Automated External Defibrillator (AED) on site: X Yes    No If yes, where:
Does the venue have an Emergency Response Team:X Yes □ No If yes, how are they contacted Phone
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Page 1 of 1

09.36 AP.21

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

SUBMIT THIS FORM	□ ONE WEEK	D TWO WEEKS	DOTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL	FACUL	TY MEMBER(S) SPO	NSORING TRIP	
TYPE OF TRIP (CHECK ONE				
□ Classroom Field Tri		(i.e., junior, seni	or), specify	
□ Organization/Club 7	rip, specify_	<u></u>	Other (ath)	letic, band, if applicable)
DESTINATION SKY Pag	AII.	DRESS 601 Colle	est PHONE 37	0-904-1880
□ Out of State 🗷 Ou	it of County	☐ Within County	Bow ling Green	184 Stoll or Greonness
□ Overnight; give nan	ne, address, pho	one of lodging		Charleter tunen
13/2/	A 11	Ot	AC All manuscrat	2:40
DATE(S) OF TRIP 12/5/			OS AH RETURN T	IME <u>a. o</u>
PURPOSE/EDUCATIONAL V	ALUE CH 4	or many o	412	
SOURCE OF FUNDING FOR	TRIP (a HO O	rade acc	ount	
				limited to, lodging, meals,
registration, and all other				minor to, roughing, mount,
			P BECAUSE OF AN INA.	RILITY TO PAY
DIT 272NACA DID EXPENSES TO	ODENI SHALLI	VG ORGANIZATIO	N SCHOOL COUN	CIL D BOARD DOTHER, SPECIFY
BILLE TRIT EXTENSES TO		,		
NUMBER OF: STUDENTS /. TOTAL # OF PART	50 FACULTY ICIPANTS 15		_OTHER CHAPERON	ES
MODE OF TRANSPORTATION IS DISTRICT TRANSPORTED CERTIFICATED	ISPORTATION NI COMMON CARRI	IER; SPECIFY	YES, SEE PROCEDUI	RE 09.36 AP.212.
		BY POLICY; SPEC		
SUPERVISION (ATTACH L				
Have all chaperones	undergone	the required	records check a	nd been designated by the
principal/designee to s	supervise stud	ents? Z Yes	□ No	1/ ~
Person contacted at venue	to discuss EAP:	Dulan Godolph	<b>სი</b> Person making	contact: Kim David
Is there an Automated Exte	ernal Defibrillato	or (AED) on site:	Yes □ No If es, v	vhere:
Does the venue have	an Emergency	Response Team	: D Yes A No I	f yes, how are they contacted:
			ic i copp .	. * 3\.
School Employee(s) Attended &	ding Trip (Pleas	e note beside name	History Tive	rained):
Circustra Sicco			Roshio Wea	मुख्य
Tulle Hamales			TOPPIC TOP	
Kasalty Boar		-		
(Please use separate she	et and attach to th	is form if more space	e is needed to list school	employees attending).
K. (01) 2	/			10/25/24
Signature	of Faculty Spons	ar .		Date
Trip has been approved		eason for disapproval		
Trip has been approved		Justin 107 disappio ( a.		
ON DADK				10/25/24
Signature of Super	intendent/Designo	ee	_	Date
For overnight and/or of	out-of-state trips, a	pproval of the Super		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	o OTHER, SPECIFY	PRIOR TO THE TRIP
SCHOOL - 1	FACUL	TY MEMBER(S) SP	ONSORING TRIP DI	MSQUALL
TYPE OF TRIP (CHECK ONE)				V
Classroom Field Trip	Class Trip	(i.e., junior, ser	nior), specify	and the control of the second
Organization/Club T	rip, specify_		Other (athle	etic, band, if applicable)
DESTINATION MSU	A1	ddress Lovett	- HAGAMINE	
Out of State Out	of County	□ Within Coun	ty	
□ Overnight; give nam	e, address, ph	one of lodging	ay ago ann a sacanna decembrativa dec	
13.10-			7130am return ti	101200 m
DATE(S) OF TRIP		PARTURE TIME	1.50xiii RETURIY II	ME TO SOFT
PURPOSE/EDUCATIONAL VA	TUE TO	Honor 1	2 00 1	
SOURCE OF FUNDING FOR T		1 C11CH	2017	
		d evnences i	neluding but not	limited to, lodging, meals,
Attach a description	OI Estimate	d travel expens	neinding, out not	imited to, loughig, mours,
registration, and all oth	er annespate	ar power expens	ses. RIP BECAUSE OF AN INAB.	HITV TO PAV
NOSI	UDENT SHALL	BE DEMIED THE TI	ON X SCHOOL COUNC	IL D BOARD D OTHER, SPECIFY
BILL TRIP EXPENSES TO:	D SPONSOICE	NG ORGANIZAD		o bottom is outsilet, of bott
NUMBER OF: STUDENTS TOTAL # OF PARTI	7 FACULT)	SPONSORS	OTHER CHAPERONE	S
MODE OF TRANSPORTATIO	N		YERO ONE BROCERIES	D 00 27 4 D 313
IS DISTRICT TRANS	SPORTATION N COMMON CARR	EEDED? ONO	□ YES, SEE PROCEDUR	E 09.30 AF.212.
PRIVATE VEHICI	.E, IF ALLOWE	D BY POLICY; SPE	CIFY DRIVER(S)	
SUPERVISION (ATTACH LI				
Have all chaperones	undergone	the required	records check an	d been designated by the
principal/designee to si	apervise stud	lents? 🔯 Yes	□ No	
Person contacted at venue to	o discuss EAP:	Brent 30	VN Sor Person making	contact: Diposquale
Is there on Automated Exter	rnal Detihtillat	or (AED) on site:	Ma Yes □ No If yes, wl	nere: bovelt abutorum
Deer the viente have s	n Emergency	Response Tea	m ex Yes n No If	yes, how are they contacted:
phone have a	ii Emergency	103ponse 100	m. 9. 100 a 2.00 a	, , , , , , , , , , , , , , , , , , , ,
School Employee(s) Attend	ing Trip (Pleas	se note beside nan	ne if employee is CPR tra	ained):
Heather Dip	aso, Poll		1 7	
-110 x11 x 3-7				
		11.6	is an add to list ashool s	annleyage attending)
tilleas us separate sho	1 hud affaction to	his form if more spa	ice is needed to list school e	
XXIVIIIV	4111	11/1		10131124
	of Feculty Spon			Date
Trip has been approved	a disapproved R	eason for disapprov	val	
K. M.				412111 N
10mg 20 to				10101 011
dignature of Superior	rtendent/Design	et	and the state of t	ay be required by notice 10 12
			emnienden: and/or foafd in D 211 ng 34 AP 212	ay he required by policy 99.36.

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) SPO		
TYPE OF TRIP (CHECK ONE):  Classroom Field Trip Class Trip (i.e., junior, sen		13000 4 4 4 5 5 5
Organization/Club Trip, specify Gard Rayers	Other (athleti	c. band, if applicable)
Out of State Out of County Within County	Y RO HORRONVELL	852-613.7
□ Overnight; give name, address, phone of lodging _		
DATE(S) OF TRIP 11/9 /24 DEPARTURE TIME PURPOSE/EDUCATIONAL VALUE	7:00 AM RETURN TIME	e <u>ts</u> a
SOURCE OF FUNDING FOR TRIP		
Attach a description of estimated expenses in	ncluding, but not li	mited to, lodging, meals,
registration, and all other anticipated travel expense	es.	
NO STUDENT SHALL BE DENIED THE TR		
BILL TRIP EXPENSES TO:   SPONSORING ORGANIZATION	ON - SCHOOL COUNCIL	D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS 30 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 33	OTHER CHAPERONES _	
MODE OF TRANSPORTATION  IS DISTRICT TRANSPORTATION NEEDED? DO NO  CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY	CIFY DRIVER(S)	
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCO		
Have all chaperones undergone the required principal/designee to supervise students? Yes	records check and D No	been designated by the
Person contacted at venue to discuss EAP: Kent Art		ntact: Steven McGH6F
Is there an Automated External Defibrillator (AED) on site:	Yes Do If yes, whe	re: 6ym
Does the venue have an Emergency Response Team	n: 🗹 Yes 🗆 No If y	yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name	e if employee is CPR train	ned):
GEORGE REDDICK		
NICK HILDARRAND		
(Please use reparate sheet and attach to this form if more space	ce is needed to list school em	ployees attending).
ft 1/2 _		
Signature of Factor Sponsor		10 /14 /24 Date
		2410
Trip has been proved disapproved. Reason for disapprove	u	1 1
10 X		10/14/24
Sgnature of Superintendent/Designee		Date
For overnight and/or out-of-state trips, approval or the Super	rintendent and/or Board may	be required by policy 09:35.
RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP	.211, 09.36 AP.212	

09.36 AP.21

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OT	THER, SPECIFY PRIOR TO THE TRIP.
	ING IRIP CHORGE 12005CK
TYPE OF TRIP (CHECK ONE):  Classroom Field Trip Class Trip (i.e., junior, senior), s	necify
Organization/Club Trip, specify Grants Rasy embals	Other (athletic hand if annlicable)
DESTINATION LOCAN Co High ADDRESS 2000 BE 720	PHONE 270-77/2-8454
Out of State Out of County Within County	USSENVELLE
Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 1/6/2S DEPARTURE TIME 4:30	PM RETURN TIME 10:00PM
PURPOSE/EDUCATIONAL VALUE	
SOURCE OF FUNDING FOR TRIP	
Attach a description of estimated expenses includi	ng, but not limited to, lodging, meals,
registration, and all other anticipated travel expenses.	
NO STUDENT SHALL BE DENIED THE TRIP BEC.	AUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: D SPONSORING ORGANIZATION D S	SCHOOL COUNCIL O BOARD O OTHER, SPECIFY
20	ALCO OIL TELE CALLS
NUMBER OF: STUDENTS ZS FACULTY SPONSORS 3 OTH TOTAL # OF PARTICIPANTS ZP	IER CHAPERUNES
MODE OF TRANSPORTATION	
IS DISTRICT TRANSPORTATION NEEDED? DNO YES	, SEE PROCEDURE 09.36 AP.212.
<ul> <li>CERTIFICATED COMMON CARRIER; SPECIFY</li> <li>PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DR</li> </ul>	TVER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANY	
Have all chaperones undergone the required recor	
have an chaperones undergone the required recor	ds check and been designated by the
principal/designee to supervise students? Yes N	
Person contacted at venue to discuss EAP: Topo ADLER	
Is there an Automated External Defibrillator (AED) on site: Yes	
Does the venue have an Emergency Response Team:	Yes $\square$ No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if emp	ployee is CPR trained):
GEORGE REDIVER	
NICK HILPABRAND	
(Please use peparate sheet and attach to this form if more space is nee	ded to list school employees attending)
(Please us. Coaract sheet and attent to this form it more space is nee	2: V
At MC	10/22/24
Signature of Facility Sponsor	Date
Trip has been ppproved disapproved. Reason for disapproval	
Kin Day	8/20/21
- Ox WY	10120101
Signature of Superintendent/Designee	Date
ror overnight and/or out-of-state trips, approval of the Superintende	int 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	1.30 Ar.Z1Z

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	FACUL	TY MEMBER(S) SP	ONSORING TRIP GOOT	RE BADDECK
TYPE OF TRIP (CHECK ONE Classroom Field Tri	D: p □ Class Trip rip , specify _ smean Manacal t of County	(i.e., junior, ser Grew Race DDRESS 372 S. Co Within Country	nior), specify  CTBAL Other (atheres PHONE 7	ıletic, band, if applicable)
DATE(S) OF TRIP_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		PARTURE TIME	TEA RETURN	LIME IBY
SOURCE OF FUNDING FOR				
registration, and all off NOS: BILL TRIF EXPENSES TO	ner anticipate TUDENT SHALL  SPONSORI	d travel expens BE DENIED THE TI NG ORGANIZATION	ses. Aup because of an ina On d school coun	CIL DOARD OTHER, SPECIFY
NUMBER OF: STUDENTS	ICIPANTS _ ZX IN ISPORTATION N COMMON CARR	EEDED? DO	□ YES, SEE PROCEDU	
SUPERVISION (ATTACH LI				ON TRIP.)
Have all chaperones	undergone upervise stud	the required ents? Yes	records check a	and been designated by the
Is there an Automated Exte	rnal Defibrillate	or (AED) on site:	royYes □ No If yes,	g contact: Steven Mc GHES where: GyM  If yes, how are they contacted:
School Employee(s) Attend		e note beside nam  	e if employee is CPR	trained):
Shi	et and attach to the		ce is needed to list school	l employees attending).  10/22/24  Date
		eason for disapprov	al	
Ign ture of Superi	ntendent/Design	ee	_	10 (22 (24)
				ment he appropriated by meliet RC 16

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 AF.212

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

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SUBMIT THIS FORM	□ ONE WEEK	□ TWO WEEKS	o other, specify		PRIOR TO THE TRIP.
SCHOOL TEMS	FACUL	TY MEMBER(S) SP	onsoring trip <u>Ge</u>	ones Ko	DDZCK
TYPE OF TRIP (CHECK ON	E);				
Classroom Field Tri	ip 🗆 Class Trij	o (i.e., junior, ser	nior), specify		
Organization/Club	Trip . specify	GRELL BAGGE	reall Other (at	hletic, band	d, if applicable)
DESTINATION HITTOUR	MATRICE A	DDRESS 14406 M	LK RIAN PHONE	170-887-	7130
□ Out of State Ø Ou	at of County	□ Within Count	y Hopkeninau	2	
□ Overnight; give nan	ne, address, ph	one of lodging			
DATE(S) OF TRIP 19	ZS DE	PARTURE TIME 4	130 PM RETURN	TIME 9:3	30 PM
PURPOSE/EDUCATIONAL V					
SOURCE OF FUNDING FOR	TRIF				
Attach a description	of estimate	ed expenses in	ncluding, but no	ot limited	to, lodging, meals,
registration, and all ot					
			IF BECAUSE OF AN IN	ABILITY TO	PAY.
BILL TRIF EXPENSES TO					
NUMBER OF: STUDENTS _ TOTAL # OF PART	75 FACULTY TCIPANTS 28	y sponsors	OTHER CHAPERO	NES	_
MODE OF TRANSPORTATION			*****	VIDE OF SA AR	217
IS DISTRICT TRAN	(SPORTATION N	EEDED? ONO	D YES, SEE PROCED	URE US.30 AP	.212.
O CERTIFICATED	LE. IF ALLOWE	D BY POLICY; SPEC	CIFY DRIVER(S)		
supervision (ATTACH L				S ON TRIF.)	
Have all chaperones					designated by the
riave an chaperones	, unucigone	ine required	TOOMS ONCOR	2001	dongimiod by the
principal/designee to s	impervise stud	ients? Ly i es			- AA 6
Person contacted at venue	to discuss EAP:	CARLOS WIL	Person makin	ng contact: _	STEVEN INTELIMENT
Is there an Automated Exte	emal Defibrillat	or (AED) on site:	Yes DNo If yes,	where:	2984
Does the venue have	an Emergency	Response Tear	n: Yes 🗆 No	If yes, ho	ow are they contacted:
911					
School Employee(s) Atten	ding Trip (Pleas	e note beside nam	e if employee is CPR	trained):	
CHEORGE ROS	DOICK		//=-//		
	DABRAND				
(Please use separate she	et and attach to the	his form if more spa	ce is needed to list scho	ol employees	attending).
XX	1/2			ca l	22/24
Sign ature	of Faculty Spon	sor -		Date	E
	1				
Trip has been papproved	u aisapprovea. K	ceson for usspp10v	**		
X. O4) 8x				10/	22/20
S enature of Super	intendent/Design	ee	-		Date
			rintendent and/or Koare	d may be redii	ired by noticy (19 To

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.30

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

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

	SUBMIT THIS FORM	ONE WEEK	□ TWO WEEKS	o OTHER, SPECIFY	PRIOR TO THE TRIP.
SCH	OOL TOMS	FACULT	y member(s) spo	INSORING TRIP GEO	SEE REDDECK
TYP  DES	E OF TRIP (CHECK ONI Classroom Field Tri Organization/Club 1	E):  p  Class Trip  Trip, specify  County  County	(i.e., junior, sen	ior), specify  TRALL   Other (athleter St PHONE 270  y Cases	etic, band, if applicable)
	e(s) of trip 12/19 Pose/educational v			: IS 2M RETURN TO	ME <u>10:</u> 00 9M
	RCE OF FUNDING FOR				
reg	istration, and all ot	her anticipated	travel expense to denied the TR	es. <i>IP Because of an Inab</i>	limited to, lodging, meals,
NUM	IBER OF: STUDENTS_ TOTAL # OF PART	25 FACULTY ICIPANTS 28	sponsors 3	OTHER CHAPERONE	§
	DE OF TRANSPORTATION IS DISTRICT TRAN CERTIFICATED PRIVATE VEHIC	on Isportation ne Common Carri Le, if allowed	er; specify by folicy; spec	u yes, see procedur ify driver(s) mpanying students (	
Hav		undergone	the required	records check ar	nd been designated by the
Pers	on contacted at venue	to discuss EAP:	AREA STEPHEN	s Person making	CONTact: STEVEN MCGHER
Is th	ere an Automated Exte	rnal Defibrillato	r (AED) on site: 0	Yes Do If yes, w	here: GyM
Doe	s the venue have	an Emergency ding Trip (Please	Response Team	n: Yes D No If	yes, how are they contacted:
	(Please use sefferate she	et and attach to thi	s form if more spac	e is needed to list school	employees attending).
	St	of Figure Sponso		-	10 /22/21/ Date
Trip	has been trepproved	disapproved. Re	ason for disapprova	1	
	Signature of Superi			_	10/22/24 Date
REL	For overnight and/or of ATED PROCEDURES				ay be required by policy 09.36.

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

SUBMIT THIS FORM DONE WEEK DOWN WEEKS DOTHER, SPECIFY PRIOR TO THE TRIP.
SCHOOL TOALS FACULTY MEMBER(S) SPONSORING TRIP GEOLGE REPORCE
TYPE OF TRIP (CHECK ONE):
□ Classroom Field Trip □ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify Garage Resectant Other (athletic, band, if applicable)
DESTINATION OS ADDRESS 2868 Ryane Ro PHONE 270-843-0166
Out of State Out of County Within County Bow LANG GREEN
□ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 12/12/24 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: D SPONSORING ORGANIZATION D SCHOOL COUNCIL D BOARD D OTHER, SPECIFY
BILE TRIF EATENSES TO: U SEONSORENO ORGANIZATION U BELLOOD COUNCID U BOLLOOD COUNCID U BOLLOOD
NUMBER OF: STUBENTS 25 FACULTY SPONSORS 3 OTHER CHAPERONES TOTAL # OF FARTICIPANTS 28
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? DO 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 D No
Person contacted at venue to discuss EAP: Machen Tannen Person making contact: Stern Mc Ci HEG
Is there an Automated External Defibrillator (AED) on site: Yes DNo If yes, where:
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):
Grease Passe
NICK HILLYBOAD
one and the state of the state of the state of the state of construction of the state of the sta
(Please use separate sheet and attempt to this form if more space is needed to list school employees attending).
10/22/24
Signature of Facility Sponsor Date
Trip has been approved disapproved. Reason for disapproval
ALCO L
10/22/24
Signature of Superintendent/Designee Date
For overnight and/or out-ot-state trips, approval of the Superintendent and/or Board may be required by policy U9.36.
RELATED FROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

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

	TO THE TRIP.
SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP GEORGE REDUCK	
TYPE OF TRIP (CHECK ONE):  Class Trip (i.e., junior, senior), specify  Organization/Club Trip, specify  Class Trip (i.e., junior, senior), specify  Other (athletic, band, if app	licable)
DESTINATION FRANCISCO SEAPSON MEDIADDRESS 322 S. College ST PHONE 170-586-440)  Out of State 2 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, lo registration, and all other anticipated travel expenses.  NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	odging, meals,
BILL TRIP EXPENSES TO:   SPONSORING ORGANIZATION   SCHOOL COUNCIL   BOARD	OTHER, SPECIFY
NUMBER OF: STUDENTS ZS FACULTY SPONSORS 3 OTHER CHAPERONES TOTAL # OF PARTICIPANTS Z8	
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 desig principal/designee to supervise students? ✓ Yes □ No	nated by the
Person contacted at venue to discuss EAP: Marrie Walter Person making contact: STENSIN	McGHER
Is there an Automated External Defibrillator (AED) on site: Yes Do If yes, where:	
Does the venue have an Emergency Response Team: 2 Yes   No If yes, how are	they contacted:
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):	-
NICK HILDARGAND	
(Please use separate sheet and attach to this form if more space is needed to list school employees attending  // /22 /2.  Signature of Faculty Soonsor  Date	
Trip has been papproved disapproved. Reason for disapproval	
-Kr (A)	- 10
Signature of Superint endent/Designee Date	24
ror overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by po	oncy 09.36.

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

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

SUBMIT THIS FORM	ONE WEEK	□ TWO WEEKS	o OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TEMS	FACUL'	TY MEMBER(S) SP	onsoring trip <u>Georg</u>	e Raporck
TYPE OF TRIP (CHECK ONE)				
Classroom Field Trip				. 1 1 6. 1. 11.
✓ Organization/Club T	rip, specify	DRI'S BASKE	TRALL   Other (athle	etic, band, if applicable)
DESTINATION BOURNA GE	of County	DRESS <u>400 Can</u>	ABBEN TELHONE CID.	<u>- 196 - 2290</u> Saeen
☐ Out of State ☐ Out			y	
ii Overingitt, grve itatii	c, address, pin	one or loading _		
DATE(S) OF TRIP 11/24	24 DEP	ARTURE TIME 4	RETURN TI	ME 10 130 PM
PURPOSE/EDUCATIONAL VA				
SOURCE OF FUNDING FOR T	מים			
		d evnences in	acluding but not	limited to, lodging, meals,
registration, and all oth				minica to, roughig, mouns,
—	_		UP BECAUSE OF AN INAB.	II ITV TO PAV
				IL D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS 3 TOTAL # OF PARTI	D FACULTY CIPANTS 73	sponsors 3	OTHER CHAPERONES	8
MODE OF TRANSPORTATIO		innung No	- MEG GEE BROCERIES	C 06 24 AE 212
□ CERTIFICATED C	OMMON CARRI	ER: SPECIFY	□ YES, SEE PROCEDURI	
PRIVATE VEHICL	E, IF ALLOWED	BY POLICY; SPEC	CIFY DRIVER(S)	
SUPERVISION (ATTACH LI				
				d been designated by the
principal/designee to su	pervise stud	ents? Yes	□ No	
Person contacted at venue to	discuss EAP:	WELL JONES	Person making o	contact: Steven McGHEE
Is there an Automated Exter				
Does the venue have a	n Emergency	Response Team	m: Yes 🗆 No If	yes, how are they contacted:
School Employee(s) Attend	in a Trin (Dlace)	note beside nom	a if amployee is CPP tra	ined):
School Employee(s) Attend		note beside tiann	e ii employee is er k ua	anica).
NICK HILLDA				
		=1		
			*	
(Please us separate shee	d attach to th	is form if more space	ce is needed to list school e	imployees attending).
& White	2			10/34/24
Signature	culty Spons	or		Date
Trip has been approved	disapproved. Re	ason for disapprova	1]	
1/-1				10/ /201
JOHN WY				10/24/24
Stature of Superin			and	Date
ro overnight and/or ou RELATED PROCEDURES:				ay be required by policy US 36.
KELAIED PROCEDURES:	U7.30 M.T.1, U5	00 A.F.&1, 03.30 A.F	1211, U7.3U PAT. 212	

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

SUBMIT THIS FORM	n ONE WEEK	n TWO WEEKS	OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TOMS	FACUL	TY MEMBER(S) SPO	ONSORING TRIP (DEOR	be Reposex
TYPE OF TRIP (CHECK ONE	E):			
☐ Classroom Field Tri	p 🗆 Class Trip	(i.e., junior, sen	ior), specify	
Organization/Club 7	rip, specify G	JAW BLEKET	BALL Other (athle	etic, band, if applicable)
DESTINATION C VS. OU	VALLE HOUSE	DRESS 1101 W.	Passance 270	0-126-8458
☐ Out of State Sou			y	
Uvernight; give half	ie, address, pin	me of lougning_		
DATE(S) OF TRIP 11/2.	E/24 DEP	ARTURE TIME 4	1:45 PM RETURN TI	ME_9:30 PM
PURPOSE/EDUCATIONAL V				
SOURCE OF FUNDING FOR				
Attach a description	of estimate	d expenses ir	cluding, but not	limited to, lodging, meals,
registration, and all otl	her anticipate	d travel expens	es.	
			IP BECAUSE OF AN INAB	
BILL TRIP EXPENSES TO	: D SPONSORIA	NG ORGANIZATIO	ON D SCHOOL COUNC	IL - BOARD - OTHER, SPECIFY
NUMBER OF: STUDENTS	FACULTY ICIPANTS 33	SPONSORS	OTHER CHAPERONE	s
MODE OF TRANSPORTATIO	N			77 00 07 1 W 619
IS DISTRICT TRAN			□ YES, SEE PROCEDUR	E 09.36 AP.212.
o frivate vehic	LE, IF ALLOWED	BY POLICY; SPEC	TIFY DRIVER(S)	
SUPERVISION (ATTACH L				
Have all chaperones	undergone	the required	records check an	nd been designated by the
principal/designee to s	upervise stud	ents? Yes	□ No	
Person contacted at venue	to discuss EAP:	CONRAD ROS	Person making	contact: STEVEN McGHER
Is there an Automated Exte	emal Defibrillato	or (AED) on site: 1	Yes Do If yes, w	here: GyM
Does the venue have	an Emergency	Response Team	n: Yes 🗆 No If	yes, how are they contacted:
School Employee(s) Attende	ding Trin (Please	note beside name	e if employee is CPR tr	ained):
George Rada		, note beside nein	on omployed to or it as	
	ADIANA	<del>-</del>		
				14
(Please use senarate she	et and attach to th	is form if more space	e is needed to list school	employees attending).
(1 lease ase topicate sine	$\neg \triangle$	is rolling to a pro-		. 1
M	-WX			10/14/54
	of Fabulty Spons			Date
Trip has been approved	□ disapproved. Re	eason for disapprova	1	
X- / V	_			10/11/20
S nature of Superi	nton dont/Province	> <i>p</i>	-	Date
			rintendent and/or Board m	nay be required by policy 09 36.
RELATED PROCEDURES				Volume • No. • APASSTORISMO

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

SUBMIT THIS FORM	□ ONE WEEK	□ TWO WEEKS	o Other, specify	PRIOR TO THE TRIP.
SCHOOL TOMS	FACUL	TY MEMBER(S) SP	ONSORING TRIP GEOR	GE RADDICK
TYPE OF TRIP (CHECK ONE				
☐ Classroom Field Trip	c Class Trip	(i.e., junior, ser	nior), specify	
☑ Organization/Club T	rip, specify 🤇	TRUS BACK	Other (athle	tic, band, if applicable)
DESTINATION MUNICIPAL OUT	BE CO MADA	DRESS 2400 Km	- 176 PHONE 770	-338-462D
☐ Out of State Brown ☐ Overnight; give nam	e oddrese ph	one of lodging	,y	
□ Overmgnt, give nam	e, address, pir		his PM	
DATE(S) OF TRIP	124 DE			ME 10:00 PM
FURPOSE/EDUCATIONAL VA				
SOURCE OF FUNDING FOR				
				limited to, lodging, meals,
registration, and all oth	-			
			IP BECAUSE OF AN INABI	
BILL TRIP EXPENSES TO	: D SPONSORU	NG ORGANIZATIO	JN 0 SCHOOL COUNCE	IL D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS 3 TOTAL # OF PARTI	FACULTY CIPANTS 33	sponsors #3	OTHER CHAPERONES	·
MODE OF TRANSPORTATIO IS DISTRICT TRAN CERTIFICATED O	SPORTATION N.	IER; SPECIFY	U YES, SEE PROCEDURE	E 09.36 AP.212.
D PRIVATE VEHICE SUPERVISION (ATTACH LI				N TDIP)
•				d been designated by the
principal/designee to si	upervise stud	ents? Yes	□ No	
Person contacted at venue t	o discuss EAP:	CHRES SULLS	Person making o	contact: STEVEN McGHG6
Is there an Automated Exte	rnal Defibrillate	or (AED) on site:	Yes □ No If yes, where the property of t	nere: GyM
Does the venue have a	n Emergency	Response Tear	m: Yes 🗆 No If	yes, how are they contacted:
School Employee(s) Attend	ling Trip (Pleas	e note beside nam	e if employee is CPR tra	ined):
GEORGE RED		projection.		
NECK HELDS	SUALD			
(Please use separate shee	et and attach to th	is form if more space	ce is needed to list school e	mployees attending).
Ata	- WO_			10/14/24
Signature	of Faculty Spon	sor		Date
	-	eason for disapprove	al	
100				
10N 1650	(			10/14/24
Jig ature of Superi				( Date
				ay be required by policy 09.36.
RELATED PROCEDURES:	09.36 AP.1, 09.	36 AP.21, 09.36 AF	2.211, 09.36 AP.212	

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

SUBMIT THIS FORM	ONE WEEK	o TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP
SCHOOL TCMS	FACULT	Y MEMBER(S) SF	ONSORING TRIP MACT	New Noice
TYPE OF TRIP (CHECK ONE ☐ Classroom Field Tri ☑ Organization/Club T	c): p   Class Trip ( Crip , specify	i.e., junior, ser	nior), specify   Other (athle	tic, band, if applicable)
□ Out of State ☑ Our name	t of County 🗆	Within Coun	ty ROAD SOW LENGT	-242-010A
DATE(S) OF TRIP 1\ \ \ 7 \ \ /2 \ PURPOSE/EDUCATIONAL V		RTURE TIME _	RETURN TH	MR 00:01 BM
SOURCE OF FUNDING FOR	-			
registration, and all ofl	ner anticipated	travel expens	ses. Rip because of an inabi	
BILL TRIP EXPENSES TO	e:   SPONSORING	G ORGANIZATI	ON   SCHOOL COUNCI	L - BOARD - OTHER, SPECIFY
NUMBER OF: STUDENTS		sponsors 2	OTHER CHAPERONES	
MODE OF TRANSPORTATIO IS DISTRICT TRAN CERTIFICATED PRIVATE VEHIC	SPORTATION NEI	R; SPECIFY	□ YES, SEE PROCEDURE	E 09.36 AP.212.
SUPERVISION (ATTACH LI				
Have all chaperones principal/designee to s	undergone 1 upervise stude	the required nts? SYes	records check and  □ No	d been designated by the
Person contacted at venue	to discuss EAP: 🛕	GATTHEW T	Person making o	contact: Steven McGHEE
Is there an Automated Exte	rnal Defibrillator	(AED) on site:	Yes no No If yes, wh	ere: GyM
Does the venue have	an Emergency	Response Tea	m: Yes O No If	yes, how are they contacted:
School Employee(s) Attend		note beside naπ -	ne if employee is CPR tra	ined):
MATTHEW TAI	167	=		
		7		
(Prease use separate site	et and attach to this	form if more spa	ace is needed to list school e	mployees attending).
Signature	of Faculty Sponso	r		Date
	disapproved. Rea		val	
100	11			1.1.0
THE AL	Y			10/14124
Signature of Super	intendent/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

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

SUBMIT TIME FORM	- ONE WEEK	□ TWO WEEKS	other, specify	PRIOR TO THE TRIP
SUBMIT THIS FORM			ONSORING TRIF MATTE	
SCHOOL TOMS  TYPE OF TRIP (CHECK ONE  Classroom Field Trip  Organization/Club T	): o 🗆 Class Trip	(i.e., junior, ser	nior), specify	ic, band, if applicable)
DESTINATION BUCHANA	PARK AD t of County	DRESS <u>9ここ ん</u> Within Count	ASHVZLES PHONE 170-	282-8633
DATE(S) OF TRIP 11 /9 / PURPOSE/EDUCATIONAL V.		ARTURE TIME	RETURN TIM	HE
SOURCE OF FUNDING FOR				
registration, and all oth	er anticipated	l travel expens	es. Aip because of an inabi	imited to, lodging, meals,  LITY TO PAY.  DO BOARD DOTHER, SPECIFY
NUMBER OF: STUDENTS	FACULTY CIPANTS 27	sponsors 2	OTHER CHAPERONES	
MODE OF TRANSPORTATIO IS DISTRICT TRAN CERTIFICATED O PRIVATE VEHIC	SPORTATION NE	ER: SPECIFY		09.36 AP.212.
SUPERVISION (ATTACH LI	ST OF NAMES	OF ADULTS ACCO	MPANYING STUDENTS OF	N TRIP.)
Have all chaperones principal/designee to s	undergone apervise stude	the required ents? Yes	records check and □ No	been designated by the
Person contacted at venue t	o discuss EAP:	DEFRA HOUT	Person making co	ontact: Speven McGHGE
Is there an Automated Exte	mal Defibrillato	r (AED) on site:	Yes Do If yes, who	ere: GyM
Does the venue have a	n Emergency	Response Tear	m: Yes D No If	yes, how are they contacted:
School Employee(s) Attend		note beside nam	e if employee is CPR trai	ned):
MATTHEW TA				
Stry	t and attach to thi		ce is needed to list school en	nployees attending).  10 / 14 / 22)  Date
		ason for disapprov	al	
16:00	· · · · · · · · · · · · · · · · · · ·			12/11/24
Signature of Superi.				Date
or overnight and/or of	it-of-state trips, ar	proval of the Supe	rintendent and/or Board ma	y 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	D TWO WEEKS	DOTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TOMS	FACULT	Y MEMBER(S) SP	ONSORING TRIP MATT	Hew More
TYPE OF TRIP (CHECK ONE  Classroom Field Tri  Organization/Club T	p 🗆 Class Trip Trip, specify 📆	BONS BASKET	BAL Other (athle	tic, band, if applicable)
DESTINATION FRANK SANK SANK SANK SANK SANK SANK SANK S	t of County	□ Within Count	y Frankiew	<u>-586</u> -440 (
DATE(S) OF TRIP 11 /21 / PURPOSE/EDUCATIONAL V		ARTURE TIME	:\S ?^ RETURN TIN	4E 10:00 PM
SOURCE OF FUNDING FOR				
registration, and all oth	ner anticipated	l travel expens	es. Up because of an inabi	imited to, lodging, meals,  LITY TO PAY.  L D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS <u>2</u> TOTAL # OF PART	S FACULTY CIPANTS 27	sponsors 2	OTHER CHAPERONES	
MODE OF TRANSPORTATIO IS DISTRICT TRAN CERTIFICATED PRIVATE VEHICE	SPORTATION NE	ER; SPECIFY	□ YES, SEE PROCEDURE	09.36 AP.212.
SUPERVISION (ATTACH L				
principal/designee to s	upervise stude	ents? Yes	□ No	d been designated by the
Person contacted at venue	o discuss EAP:	MATTHEW W	Person making c	ontact: Steven Mernher
Is there an Automated Exte	mal Defibrillato	r (AED) on site:	Yes Do If yes, wh	ere: Com
911				yes, how are they contacted:
School Employee(s) Attend	12.	note beside nam —	e if employee is CPR tra	ined):
MATTAGW TA	wey	_		
Str	-MC		ce is needed to list school en	nployees attending).
	of Fac Spons			Date
Trip has been approved	□ disapproved. Re	ason for disapprove	a]	
Si nature of Superi	ntendent/Designe	e		10/14/20
			enntendent and/or Board ma	y be required by policy 09,36.

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

### 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) SPONS	DRING TRIF MATTHEW WORL
TYPE OF TRIP (CHECK ONE):	
□ Classroom Field Trip □ Class Trip (i.e., junior, senior)	, specify
D'Organization/Club Trip , specify Boy's Basketral	Uther (athletic, band, it applicable)
DESTINATION LOGAN Co Hagy ADDRESS 2200 De Con Out of State Out of County Within County	FHUNE 270-100-8557
Overnight; give name, address, phone of lodging	
Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 12/2 DEFARTURE TIME 4:30	PM RETURN TIME 10:00 PM
FURPOSE/EDUCATIONAL VALUE	
SOURCE OF FUNDING FOR TRIF	
Attach a description of estimated expenses inclu	ding, but not limited to, lodging, meals,
registration, and all other anticipated travel expenses.	
NO STUDENT SHALL BE DENIED THE TRIP B	
BILL TRIP EXPENSES TO:   SPONSORING ORGANIZATION OF THE PROPERTY OF THE PROPER	SCHOOL COUNCIL D BOARD DOTHER, SPECIFY
NUMBER OF: STUDENTS 22 FACULTY SPONSORS 2 0 TOTAL # OF PARTICIPANTS 24	THER CHAPERONES
MODE OF TRANSPORTATION	OSC ODE DISCOUNTIBE SO SE A D S13
IS DISTRICT TRANSPORTATION NEEDED?   ROUGH PARTIER COMMON CARRIER; SPECIFY	ES, SEE PROCEDURE 09.36 AP.212.
<ul> <li>PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY</li> </ul>	DRIVER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPA	nying students on trip.)
Have all chaperones undergone the required recognicipal/designee to supervise students? Yes	ords check and been designated by the
Person contacted at venue to discuss EAP: Toop Aprex	
is there an Automated External Defibrillator (AED) on site: AED	es 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 e	employee is CPR trained):
MATTHEW TALLEY	
(Please use separate sheet and attach to this form if more space is	
Athan Ma	10 hz/24
Signature of Facility Sponsor	Date
Trip has been approved disapproved. Reason for disapproval	
dil X	11/22/11
S nature of Superintendent/Designee	Date
or overnight and/or oul-or-state trips, approval of the Superinter	
RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211,	

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	FACULT	Y MEMBER(S) SPO	ONSORING TRIP	THEN NOXL
TYPE OF TRIP (CHECK ON  Classroom Field Tr  Organization/Club DESTINATION Russ  Out of State  Overnight; give name	ie):  rip □ Class Trip  Trip , specify <u>R</u> AD  ut of County  me, address, pho	(i.e., junior, sen boxs Rasketh dress Ilol W. S Within Count one of lodging	ior), specify  Other (athle  7 <sup>74</sup> ST PHONE 170  y Rusue	etic, band, if applicable)
DATE(S) OF TRIPI / 9 PURPOSE/EDUCATIONAL			1:45 pm RETURN TE	ME 9:30 PW
SOURCE OF FUNDING FOR				
registration, and all o	ther anticipated	l travel expense E DENIED THE TR	es. <i>IP because of an Inab.</i>	limited to, lodging, meals,  **ILITY TO PAY.**  IL = BOARD = OTHER, SPECIFY
NUMBER OF: STUDENTS_ TOTAL # OF PAR	FICIPANTS 24	sponsors _ Z	_OTHER CHAPERONES	S
□ CERTIFICATED	NSPORTATION NE	ER; SPECIFY	d Yes, see proceduring yes, see proceduri	E 09.36 AP.212.
SUFERVISION (ATTACH I				
Have all chaperone principal/designee to	s undergone supervise stude	the required ents? TYes	records check an  □ No	d been designated by the
				contact: STEVEN MCGHEE
Is there an Automated Ext				
				yes, how are they contacted:
School Employee(s) Atter  MATTHEW  MATTHEW	^	note beside name - - =	e if employee is CPR tra	sined):
(Please use se varate sh	eet and attach to thi	s form if more space	e is needed to list school e	mplovees attending).
ft	e of Face ty Sponso		-	10 /22 /24 Date
Trip has been papproved		ason for disapprova	1	Date
Tip gas been trapproved	L mosppioved. Re	mon tor disapprova		
Signature of Super	rintendent/Designed	e		10/22/24 Date
	oul-of-state trips, ap	proval of the Super		ay be required by policy 09.36.

09.36 AP.21 STUDENTS

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

SUBMIT THIS FORM	ONE WEEK	□ TWO WEEKS	o OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TOMS	FACUL	TY MEMBER(S) SP	onsoring trip Mat	THEN NOW
Type of trif (check one				
□ Classroom Field Tri				. 1 1
© Organization/Club I	rip, specify	SOY'S KASKET	eAu Other (athle	tic, band, if applicable)
DESTINATION FRANKISS-S	TIMPSON HEELD	DRESS 400 S. Co	HAGE ST PHONE CIO	-281-3012
☐ Out of State № Ou			у тапта	
□ Overnight, give han	ie, audiess, pin	one or roughing _		
DATE(S) OF TRIF 1/25	ZS DEF	ARTURE TIME	TRA RETURN TH	ME TBA
PURPOSE/EDUCATIONAL V.				
SOURCE OF FUNDING FOR				<del></del>
_		_		limited to, lodging, meals,
registration, and all oth	ier anticipated	d travel expens	es.	
			IP BECAUSE OF AN INABI	
BILL TRIP EXPENSES TO	: D SPONSORE	NG ORGANIZATK	DN D SCHOOL COUNCI	L o board o other, specify
NUMBER OF: STUDENTS			OTHER CHAPERONES	
MODE OF TRANSPORTATIO			100 000 000 000 000 000 000 000 000 000	100 T/ 17 050
IS DISTRICT TRAN			□ YES, SEE PROCEDURE	09.36 AP.212.
- PRIVATE VEHICI	le, if allowed	BY FOLICY; SPEC	CIFY DRIVER(S)	
SUPERVISION (ATTACH LI	ST OF NAMES	OF ADULTS ACCO	MPANYING STUDENTS O	n trip.)
Have all chaperones	undergone	the required	records check and	d been designated by the
principal/designee to s	upervise stude	ents? Z Yes	□ No	
				ontact: STEVEN MCCHEF
Is there an Automated Exte				
Does the venue have a	in Emergency	Response Tear	n: Yes D No If	yes, how are they contacted:
911	<i>5</i>			
School Employee(s) Attend	ing Trip (Please	note beside nam	e if employee is CPR train	ined):
MATTHEW No		_		
MATTHEW TO	FILEY	_		
		-		
(Please use separate shee	et and attach to thi	s form if more space	e is needed to list school er	nployees attending).
11	- hD			in E. But
Sign ature	of Fachin Spons	GP .		Date
		ason for disapprova	.1	
Trip has been approved	alsapproved. No	addit for disapprove		
MY) WAY				10/22/24
Signature of Superin	rtendent/Designe	e		Date
For overnight and/or or	it-of-state frips, ap	oprova of the Supe		y be required by policy 09.36.
RELATED PROCEDURES:	09.36 AP.1, 09.3	86 AP.21, 09.36 AP	.211, 09.36 AP.212	

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	FAC	ulty Member(s)	SPONSORING TRIP ST	1
Type of Trip (check of	ONE):			
□ Classroom Field T	rip □ Class Tr	ip (i.e., junior, se	nior), specify	
-				e, band, if applicable)
				(Y 40209 Phone (502) 367-2251
□ Out of State X C	Out of County	□ Within Coun	ty	
X Overnight; give na Crowne Plaza 830 P			9 (502) 367-2251	
DATE(S) OF TRIP DECE PURPOSE/EDUCATIONAL THINKING				ME 2:30 PM SLATION, CIVIC DIALOGUE, CRITICAL
Source of funding fo Attach a description registration, and all of	on of estima other anticipat	ted expenses ited travel expen	including, but no ses. THE BECAUSE OF AN INA	ot limited to, lodging, meals,
BILL TRIP EXPENSES TO	: X SPONSORING	GORGANIZATION	SCHOOL COUNCIL	BOARD □ OTHER, SPECIFY
Number of: students Total # of PA	<u>12</u> facu articipants		OTHER CHAPERON	MES
Mode of Transportat	TION			
IS DISTRICT TRA	ANSPORTATION N	REEDED? □ NO	XYES, SEE PROC	EDURE 09.36 AP.212.
□ Certificate	D COMMON CAF	RRIER; SPECIFY_		
□ Private veh	IICLE, IF ALLOW	ED BY POLICY; SPI	ecify driver(s)	
Supervision (ATTACH	LIST OF NAME	S OF ADULTS ACCO	OMPANYING STUDENTS	on trip.)
				and been designated by the
principal/designee to	supervise stu	dents? X Yes	□ No	
Person contacted at venu	e to discuss EAI	P: <u>Jim Recktenwal</u> e	i (YMCA) Person m	aking contact: K. Stevenson
Is there an Automated Ex			<del>-</del>	s, where: 1)West entrance hallway
between registration desk	ks and Exhibit H	(all 2) Main hotel le	obby 3) Security desk	4)Big Al's Restaurant
Does the venue have an l	Emergency Resp	oonse Team:   Yes	□ No If yes, how a	re they contacted:
1_	sheet and attach to	this form if more spa	Sarah Penick	trained):  ool employees attending).  Date
Signatu	the of Fuculty Spo	onsor 1		Date

Page 1 of 1

# Request to Place an Item on the Agenda

Name: TCMS
Address: 515 W. Main St, Elkton, Ky 42220
Telephone number: 270-265-25()
Name of school children attend, if applicable:
Group represented:
Check if request was submitted to:
Conferred with following administrators (names):
Description of Issue: Ball games in Tennessee at Jo Byrns, Middle School on 11/18/24 girls and Doys basketball
Ballgames in Clarksville at Montgomery Central
Middle on 12/17/24 girls and bous 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
boys basketball teams and our cheer squade
O O
Check if you are:
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 DONE WEEK DOWN WEEKS DOTHER, SPECIFY PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP APPLIL GREEFFEN
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 To Byrns Madres 7025 US-YI PHONE (115- (296-225)
□ Out of State □ Out of County □ Within County □ 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   STUDENTS   OTHER CHAPERONES   OTHER CHAPERONES
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 Tarana Person making contact: STEVEN McGHEE
Is there an Automated External Defibrillator (AED) on site: No If yes, where: Gy M
Does the venue have an Emergency Response Team: So Yes I No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):  APRIC GRIFFEN
(Please use saparate sheet and attach to this form if more space is needed to list school employees attending).
10 tes /24
Signature of Raculty Sponsor Date
Trip has been approved  disapproved. Reason for disapproval
10/21/204
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 U9 36.  RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

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

SUBMIT THIS FORM	ONE WEEK	□ TWO WEEKS	D OTHER, SPECIFY		TO THE TRIP.
SCHOOL TOMS	FACUL	TY MEMBER(S) SP	ONSORING TRIP MATTE	tow Norce	GEORGE RES
TYPE OF TRIP (CHECK ONE	E):				
□ Classroom Field Tri	p □ Class Trip	(i.e., junior, sen	ior), specify	. 1 1 10	-1:1-1-1
☑ Organization/Club 7	rip, specify _	Boys + Gizeus	Bour   Other (athlet	nc, band, if ap	plicable)
DESTINATION J. Byeau	S MEROLE AL	DDRESS 702\$ ()	PHONE (6) 5.	·696 - 275)	
Out of State DU	it of County	ma afladaina	y - 55777 777 777 777 777 777 777 777 777		
☐ Overnight; give nan	ie, address, pii	one or loughing _			
DATE(S) OF TRIP 11/12/	24 DEF	ARTURE TIME	HIS PM LETURN TIN	1E 10:00 PM	
PURPOSE/EDUCATIONAL V					
SOURCE OF FUNDING FOR					
Attach a description	of estimate	d expenses in	acluding, but not l	imited to, I	odging, meals,
registration, and all oth					
			IP BECAUSE OF AN INABI		
BILL TRIP EXPENSES TO	): D SPONSORI	NG ORGANIZATIO	ON O SCHOOL COUNCI	L D BOARD D	OTHER, SPECIFY
NUMBER OF: STUDENTS TOTAL # OF PART	30 FACULTY ICIPANTS 34	sponsors 4	OTHER CHAPERONES	F-00-1	
MODE OF TRANSPORTATION IS DISTRICT TRAN CERTIFICATED	SPORTATION NI COMMON CARR	IER: SPECIFY	□ YES, SEE PROCEDURE	09.36 AF.212.	
PRIVATE VEHIC	LE, IF ALLOWEI	BY POLICY; SPEC			
SUPERVISION (ATTACH L					
Have all chaperones	undergone	the required	records check and	l been desi	gnated by the
principal/designee to s					
Person contacted at venue	to discuss EAP:	MARK TELL	Person making c	ontact: STEV	W Mc GHEE
Is there an Automated Exte	ernal Defibrillate	or (AED) on site:	√Yes □ No If yes, wh	ere: Haund	<u></u>
Does the venue have	an Emergency	Response Tear	n: 🛚 Yes 🗆 No If	yes, how are	they contacted:
School Employee(s) Attender	ding Trip (Pleas	e note beside nam	e if employee is CPR trai	ined):	
MATTHEW No.		-			
	ine				
	<b>DD</b> ⊒ CK				
(Please number parate she	et and attach to th	is form if more space	e is needed to list school er	nplovees attendir	ug).
(1 ICASE USE SUBTRICE SITE	-(1)	101111 11 111010 bpas			
	WK			10/14/5	y
	of Roulty Spons			Date	
Trip has been approved	□ disapproved Re	eason for disapprove	il		
- V./)	7			intest	N M
This	ines dans main	0.0	· ·	(0/(Q-1	ol V
Si națu e of Super			entendent and/or Boors mo		nolicy US 35
RELATED PROCEDURES			rintendent and/or Board ma	y ac required by	poney extre.
CELAI ED PROCEDURES	. U2.3U ME.1, U2.	30 mt .21, 03.30 mt	.211, 07.30 /11.212		

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

SUBMIT THIS FORM DONE WEEK DIWO WEEKS DOTHER, SPECIFY PRIOR TO THE TRIP.
SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIF MATTHEW Nom / GEDIZEE PETDDICK
TYPE OF TRIP (CHECK ONE):  Class Trip (i.e., junior, senior), specify  Class Trip (i.e., junior, senior), specify  Organization/Club Trip, specify Rose Grass Backgrand Other (athletic, band, if applicable)  DESTINATION Montgoment Contented Dress 3741 St. Have 42 Phone 31-387-2575  Out of State Out of County Within County  Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 12 /17 DEPARTURE TIME 4:00 PM RETURN TIME 10:00 PM  FURPOSE/EDUCATIONAL VALUE
SOURCE OF FUNDING FOR TRIF
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: DEPONSORING ORGANIZATION DESCHOOL COUNCIL DESCARD DESCRIPTION DESCRIPT
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 TRIF.)
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, DNo 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):  GEORGE RESOURCE
MATTHEW NORL
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).    10/22/24    Signature of Faculty Sponsor   Date
Trip has been proved disapproved. Reason for disapproval
Signature of Superintendent/Designee 18/22
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36

P.21, 09.36 AP.211, 09.36 AP.212

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

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

SUBMIT THIS FORM	D ONE WEEK	□ TWO WEEKS	D OTHER, SPECIFY	PRIOR T	OTHE TRIP.	
SCHOOL TOMS	FACUL'	TY MEMBER(S) SP	ONSORING TRIP MATTE	ten) Nom	GEDIZES	BIPDICK
TYPE OF TRIP (CHECK ONE)  □ Classroom Field Trip  ■ Organization/Club Trip	□ Class Trip	SE & GIRLE B	occredu Other (athlet	ic, band, if app	licable)	===
DESTINATION Me NIGOME  Out of State Out  Overnight; give nam	of County A	DRESS 3741 SA	Hay 48 PHONE 931-3	587-2575		
DATE(S) OF TRIP 12 17 PURPOSE/EDUCATIONAL VA		ARTURE TIME	:00 PM RETURN TIM	IE <u>10:00</u> P.M		
SOURCE OF FUNDING FOR T	RIP					-
Attach a description registration, and all oth NO ST BILL TRIP EXPENSES TO:	er anticipated	l travel expens	es. <i>Ip because of an Inabil</i>	ITY TO PAY.		
NUMBER OF: STUDENTS		sponsors <u>4</u>	OTHER CHAPERONES			
MODE OF TRANSPORTATION IS DISTRICT TRANS CERTIFICATED C PRIVATE VEHICL	PORTATION NE	ER; SPECIFY	o yes, see procedure	09.36 AP.212.		
SUPERVISION (ATTACH LIS	ST OF NAMES	OF ADULTS ACCO	MPANYING STUDENTS ON	TRIP.)		
Have all chaperones	undergone	the required	records check and	been design	nated by	the
principal/designee to su	pervise stude	ents? Yes	□ No			
Person contacted at venue to	discuss EAP:	ADAM JAME	Person making co	ntact: STEVEN	McGHE	-6
Is there an Automated Exter	nal Defibrillato	r (AED) on site: 8	Yes, Do If yes, whe	re: GYM		
Does the venue have a	n Emergency	Response Team	n: o Yes o No If	yes, how are	they contac	oted:
School Employee(s) Attendi			e if employee is CPR train	ned):		
F18577850 7031		_				
the	and apoch to thi		e is needed to list school em	ployees attending)	i.	-
Trip has been approved						
lign wre of Superin	for dout (Tosian a	,		0/22/2 Date	4	
			intendent and/or Board may		licy 09.36.	J

Review/Revised:9/18/2023

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