

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 TCCHS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Berea College ADDRESS Berea KY PHONE 859-986-3000

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging Berea College Stuart Cottage

DATE(S) OF TRIP NOVEMEBR 4-5 DEPARTURE TIME 12:00PM RETURN TIME 3:00 PM

PURPOSE/EDUCATIONAL VALUE TOUR THE COLLEGE - MEET WITH ADMISISONS

SOURCE OF FUNDING FOR TRIP GT

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 _____

5 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 6

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: Email sent Person making contact: Abigail Love

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

Does the venue have an Emergency Response Team: Yes No

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

Lisa Petrie _____

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

Lisa Petrie _____ 11-1-24 _____
Signature of Faculty Sponsor *Date*

Trip has been approved disapproved. Reason for disapproval _____

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<i>Signature of Superintendent/Designee</i>	<i>Date</i>
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

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

Review/Revised:9/18/2023

Estimated expenses:

Students will be responsible for any extra purchases. College allows for students to stay free and gives two meals while on campus.