

STUDENTS

09.36 AP.21

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

SCHOOL STES FACULTY MEMBER(S) SPONSORING TRIP Carrie Tobar

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Logan Aluminum ADDRESS 6920 Lewisburg Rd
 Overnight: give name, address, phone of lodging Russellville, KY

DATE(S) OF TRIP 12-17-24 DEPARTURE TIME 8:15 RETURN TIME 11

SOURCE OF FUNDING FOR TRIP Special Ed

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

NUMBER OF: STUDENTS 7 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 11

EAP: Person contacted at venue to discuss EAP: Jason Fowler Person making contact: Jennifer Oyler

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

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):

Carrie Tobar - CPR Lydia Knipp
Tracy Thomas - CPR
Kariy Byler

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

Carrie Tobar 11-20-24
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative Jeffery Jan Date 12-2-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer _____ Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

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

SCHOOL SOUTH TODD FACULTY MEMBER(S) SPONSORING TRIP ERICA SKIPWORTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Mr Thomas

DESTINATION HEARTHSTONE & ROTARY ADDRESS ELKTON KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12-4-24 DEPARTURE TIME 1030 RETURN TIME 130

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 36

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: _____

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):

Erica Skipworth

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

Erica Skipworth Signature of Faculty Sponsor Date 11-26-24

Approval of Site Based Council Representative Carrie Tolva Date 11-26-24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer _____ Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

*Hearthstone
- yes
POPs
unknown*

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD ELEMENTARY FACULTY MEMBER(S) SPONSORING TRIP SHELLY GAMMON, LINDSEY SISCO, SARAH BALLARD

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION TODD COUNTY PUBLIC LIBRARY ADDRESS 507 SOUTH MAIN STREET

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP JANUARY 14TH, 2025 DEPARTURE TIME 12:00 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 56 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 59

EAP: Person contacted at venue to discuss EAP: ERIN Person making contact: Sarah Ballard

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: By Phone

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

Shelly Gammon _____

Sarah Ballard _____

Lindsey Sisco _____

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

Lindsey Sisco Sarah Ballard Shelly Gammon 12/21/24
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative Carrie Tolson Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer _____ Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____