

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 _____ DiPASQUALE _____

TYPE OF TRIP (CHECK ONE):

X Classroom Field Trip Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ Other (athletic, band, if applicable)

BAND _____

DESTINATION _____ AROUND TODD Co _____ ADDRESS _____ PHONE _____

Out of State Out of County X Within County

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP _____ DECEMBER _____ DEPARTURE TIME _____ 8:30AM _____ RETURN TIME _____ 2:30PM _____

PURPOSE/EDUCATIONAL VALUE _____ CHRISTMAS CAROLING _____

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 _____ OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____ 32 _____

MODE OF TRANSPORTATION

IS 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

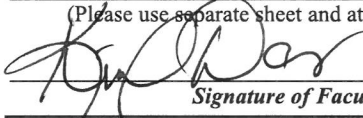
Person contacted at venue to discuss EAP: _____ Person making contact: _____

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): _____

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



Signature of Faculty Sponsor

12/4/24

Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	

_____ <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

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 SPED TCBOE

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: LOGAN ALUMINUM ADDRESS 6920 LEWISBURG RD. RUSSELLVILLE, KY **PHONE:** 270-755-6000

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

DATE(S) OF TRIP: TUESDAY, DECEMBER 17, 2024 **DEPARTURE TIME** 9:15 **RETURN TIME:** 12:00

PURPOSE/EDUCATIONAL VALUE CBI TRIP

SOURCE OF FUNDING FOR TRIP SPED TCBOE

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 **7** OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS **19**

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 Ann Lowery Turner Person making contact: Heather Key

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: 2 onsite & onsite medical clinic with a nurse and nurse practitioner

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Yes, firefighters and EMT's onsite at all times

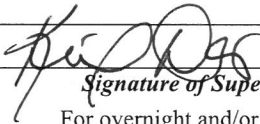
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Nina Poe, Heather Key, Abby Blake, Nancy Tucker, Kim McCormick, Belinda Garrett, Amanda Brown

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

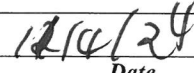
Signature of Faculty Sponsor

Date

Trip has been approved disapproved. Reason for disapproval _____



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

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 LISA PETRIE/EVAN CANTARELLI

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Beta Club Convention ADDRESS 369 WEST VINE STREET PHONE _____

Out of State Out of County Within County

* Overnight; give name, address, phone of lodging

DATE(S) OF TRIP JAN. 15-17, 2024 DEPARTURE TIME 8:00 AM RETURN TIME 3:00PM

PURPOSE/EDUCATIONAL VALUE _____ CONVENTION _____

SOURCE OF FUNDING FOR TRIP _____ TCMS BETA _____

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 _____
2 FACULTY SPONSORS 1 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 40

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: Edu Department

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

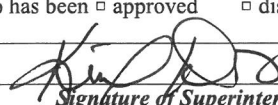
Does the venue have an Emergency Response Team: Yes No

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

<u>Lisa Petrie</u>	<u>Evan Cantarelli</u>
_____	_____
_____	_____

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

<u>Lisa Petrie</u>	<u>11-1-24</u>
<i>Signature of Faculty Sponsor</i>	<i>Date</i>

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
	<u>11/4/24</u>
<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 charge \$125 which includes registration, hotel and transportation. Students will bring their own money for food or extras. Fundraising has been done to help with cost.