

Request to Place an Item on the AgendaName: TCCHS CheerAddress: 806 South main

Telephone number: _____

Name of school children attend, if applicable: 11 CheerleadersGroup represented: TCCHS CheerCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: TravelSpecific Action Requested: Permission to travel to UCA Nationals Disney FL for cheerCheck 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: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Mya Hampton

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Cheer

DESTINATION Disney- ESPN WWS ADDRESS Orlando, FL

☒ Overnight; give name, address, phone of lodging To Be Determined by Disney

DATE(S) OF TRIP 2/5/25 - 2/10/25 DEPARTURE TIME 8:00 am RETURN TIME 10 pm

SOURCE OF FUNDING FOR TRIP Cheer Acct

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

NUMBER OF: STUDENTS 16 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 18

EAP: Person contacted at venue to discuss EAP: Erin Schueler Person making contact: 270-313-3924

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):

Mya Hampton

Lori Carver

Kara Smith - possibly

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

Kara Carver 12-9-24

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature] Date 12-17-24

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP (Brewer)

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: (FCS) Schmidt Perkins Funding

DESTINATION IdentoGO State Agency ADDRESS 228 S. Main Street Henderson, KY 42431

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 01/08/2025 DEPARTURE TIME 7:50am RETURN TIME 2pm

SOURCE OF FUNDING FOR TRIP Perkins Funding

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

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

EAP: Person contacted at venue to discuss EAP: N/A 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):

Bailey Brewer (No)

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

Bailey Brewer
Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature] Date 12-17-24

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 _____

Handwritten initials

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

KY Fruit & Vegetable Conference - Marriott Lexington Griffin Gate Golf Resort & Spa

1800 Newtown Pike, Lexington, KY 40511

DATE(S) OF TRIP: JANUARY 6-7, 2025

DEPARTURE TIME 12:00 PM (JANUARY 6)

RETURN TIME: 6:00 PM (JANUARY 7)

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 5

EAP: Person contacted at venue to discuss EAP: Front Desk Staff

Person making contact: Shayla Berry

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

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

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

Shayla Berry (formerly 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

Approval of Site Based Council Representative

12/16/24

Date

Date 12-17-24

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 _____

*Van - Mr. Charles or I will come in separate vehicle to load plants

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

Fairview Produce Auction – US HWY 68, Pembroke, KY

DATE(S) OF TRIP: **FEBRUARY 6, 2025**

DEPARTURE TIME **8:00 A.M.**

RETURN TIME: **3:00 P.M.**

SOURCE OF FUNDING FOR TRIP : **PERKINS FUNDING**

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

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 8

EAP: Person contacted at venue to discuss EAP: Levi

Person making contact: Shayla Berry

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):

Shayla Berry (formerly CPR trained)

Quashawn Quarles

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

Shayla Berry
Signature of Faculty Sponsor

12/18/24
Date

Approval of Site Based Council Representative [Signature]

Date 12-19-24

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 _____

*Van - Mr. Quarles or I will come in separate vehicle to load plants.

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding
DESTINATION :

Fairview Produce Auction – US HWY 68, Pembroke, KY

DATE(S) OF TRIP: FEBRUARY 27, 2025

DEPARTURE TIME 8:00 A.M.

RETURN TIME: 3:00 P.M.

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 8

EAP: Person contacted at venue to discuss EAP: Levi

Person making contact: Shayla Berry

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):

Shayla Berry (formerly CPR trained)

Quashawn Quarles

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


Signature of Faculty Sponsor

Approval of Site Based Council Representative

12/18/24
Date

Date 12-19-24

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Kelleher

TYPE OF TRIP (CHECK ONE): fieldtrip
Organization requesting the Trip / Organization responsible for Payment: Spanish Club

DESTINATION Southold Elementary ADDRESS 4115 Guthrie Rd, Guthrie NY 42234
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/5/24 DEPARTURE TIME 8:00 RETURN TIME 12:30

SOURCE OF FUNDING FOR TRIP Students will pay for transport
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 16 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 17

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: office

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):
Charlie Kelleher

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

Signature of Faculty Sponsor _____ Date 2/17/24
Approval of Site Based Council Representative _____ Date 12-19-24

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 _____

Proposed Schedule

8:00- Leave TCCHS, Arrive at STES

11:30- pick-up from STES, Drop off at Dairy Queen - lunch

12:20- Leave DQ, Arrive back at TCCHS by 12:30

Request to Place an Item on the AgendaName: TCHS - Spanish ClubAddress: 800 South mainTelephone number: 270 245 2504

Name of school children attend, if applicable:

Group represented: Spanish ClubCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: TravelSpecific Action Requested: Permission to travel to
Nashville Art museum 2/20/2025Check 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: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Kelleher

TYPE OF TRIP (CHECK ONE): Field Trip

Organization requesting the Trip / Organization responsible for Payment: Spanish Club

DESTINATION Frist Art Museum / TN Museum ADDRESS 919 Broadway Nashville TN - Frist

☒ Overnight, give name, address, phone of lodging 1000 Rosa L Parks Blvd, Nashville TN - TN Museum

DATE(S) OF TRIP 2/7/24 DEPARTURE TIME 8:00am RETURN TIME 6:00pm

SOURCE OF FUNDING FOR TRIP Students will pay for transport

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

NUMBER OF: STUDENTS 90 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 91

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: Upon Request

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):

Charlie Kelleher

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

Signature of Faculty Sponsor [Signature] Date 2/7/24
Approval of Site Based Council Representative [Signature] Date 12-19-24

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 _____

Proposed Schedule:

8:00 - Leave School

9:30/10 - Arrive at Frist

10:10 - Leave Frist

12:20-1:45 - Lunch at Nashville Mall

Page 1 of 1

2:00-4:30 - TN Museum

5:00 - Leave, head back to Elletts

Request to Place an Item on the AgendaName: TCHS BandAddress: 806 South mainTelephone number: 270 265 2566

Name of school children attend, if applicable: _____

Group represented: BandCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: TravelSpecific Action Requested: Permission to travel to
Murray State University overnight
for Honor Band 2/20/2025 - 2/22/2025Check 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: 3/13/06

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 12/17/2023

Date of Event: Murray State Quad State honor band

Organization: TCCHS Band

School: TCCHS

Number of Passengers: TBD

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Murray State University Honor Band, Murray, Kentucky

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 2/20/2025

Time of Departure: afternoon

Returning Location: TCCHS

Date of Return: 2/22/2025

Time of Return: Sat afternoon

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 270.799.3006

Special Requests (Check One)

☐ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van:

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: TCCHS Band

Approval of Site Based Council Representative

Date

12-19-25

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure:

Odometer Start:

Date/Time of 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

Request to Place an Item on the AgendaName: TCHS - BandAddress: 804 South mainTelephone number: 270 265 2500

Name of school children attend, if applicable:

Group represented: BandCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: TravelSpecific Action Requested: permission to travel overnight
to Louisville, KY for All state Band.
2/5/2025 - 2/8/2025Check 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: 3/13/06

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 12/17/2024

Date of Event: 2/5/2025

Organization: TCCHS Band

School: TCCHS

Number of Passengers: 2

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): KMEA All-State Band, Louisville, KY

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 2/5/2025

Time of Departure: TBD

Returning Location: TCCHS

Date of Return: 2/8/2025

Time of Return: TBD

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 2707993006

Special Requests (Check One)

☒ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van: Mike DiPasquale

Trip Requested By: Mike Dipasquale

Organization Responsible for Payment: TCCHS Band

Approval of Site Based Council Representative _____

Date: 12-19-24

Section 2

DISTRICT USE ONLY

Approval of District Representative _____

Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ **Odometer Start:** _____

Date/Time of 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** _____

Request to Place an Item on the AgendaName: TCCHS - BandAddress: 806 South mainTelephone number: 270 245 2504

Name of school children attend, if applicable: _____

Group represented: BandCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travelovernight to WKU in Bowling Green, KY
1/23/2025 - 1/25/2025Check 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: 3/13/06

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 12/17/2024

Date of Event: 1/23/2025

Organization: TCCHS Band

School: TCCHS

Number of Passengers: 6

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Western Kentucky University Honors Band, Bowling Green KY

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 1/23/2025

Time of Departure: TBD

Returning Location: TCCHS

Date of Return: 1/25/2025

Time of Return: TBD

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 2707993006

Special Requests (Check One)

☒ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☒ Yes ☐ No (Check One)

Person Driving Van: Mike DiPasquale

Trip Requested By: Mike Dipasquale

Organization Responsible for Payment: TCCHS Band

Approval of Site Based Council Representative _____

Date 12-19-24

Section 2

DISTRICT USE ONLY

Approval of District Representative _____

Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____

Odometer Start: _____

Date/Time of 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** _____