## Request to Place an Item on the Agenda

ddress: 906 South main
elephone number:
fame of school children attend, if applicables the Checo receers
froup represented: TCCHS CREEC
heck if request was submitted to:
Conferred with following administrators (numes): LEC COLO 165
Description of Issue: +VTVE (
escription assue:
Decision Requested Permission to travel to UCA Hotionals Disney FL for Chrer
UCA Hotionals Disney FL for Chrev
Theck if you are:   Board Member District Employee D Community Member
All requests for items to be placed on the agenda must be submitted to the Superintendent price
o the Board meeting as specified in Board Policy 01.45. Items submitted shall require price

Review/Revised, 3/13/06

	School-Related Student Trip Request Form & 1	Event Specific Emergency Action Plan (EAP)		
	SCHOOL TCCHS FACULTY M	1EMBER(S) SPONSORING TRIP MYA HAMPTON		
	Type of Trip (check one):	Lori Carver		
	Organization requesting the Trin / Organization responses	onsible for Payment: TCCHS Cheer		
	DESTINATION DISHEY-ESPN WWS ADDREED Overnight; give name, address, phone of lodging	ss Urlando FL		
	W Overnight; give name, address, phone of lodging_	10 the Determined by Disney		
	DATE(S) OF TRIP 2 5 25 - 2 10 25 DEPART	ure Time 8:00 am RETURN TIME 10 pm		
	Source of funding for TRIP Cheer Acct	<u>'</u>		
	NO STUDENT SHALL BE DENIED THE TR.	IP BECAUSE OF AN INABILITY TO PAY.		
	NUMBER OF: STUDENTS / FACULTYSPONSO	RS Z TOTAL# OF PARTICIPANTS   8		
erin is our	EAP: Person contacted at venue to discuss EAP: Erin So	Person making contact: 210-313-3924		
ursity Rep	Is there an Automated External Defibrillator (AED) on site: I Does the venue have an Emergency Response Team: Yes	Yes Li No If yes, where:		
1	School Employee(a) Attending Trip (Places and leading	□ No It yes, how are they contacted:		
	School Employee(s) Attending Trip (Please note beside name Manager)	e if employee is CPR trained):		
	(Please use separate sheet and attach to this form if more space	e is needed to list school employees attending).		
	Signature of Faculty Sponsor	12-9-24 Pate		
	Signature of Faculty Sponsor Approval of Site Based Council Representative	Date 12-17-24		
	Section 2 District U	se Only		
	Approval of District Representative	Date		
ı				
	DRIVER: TURN THIS FORM	M 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		

09.36 AP.21

SCHOOT .	SLITTE STORY	FACULTY MEMBER(S) SPONSORING TRIP
		(FCS) Schmide
Organia	TRIP (CHECK ONE):	enization responsible for Payment:
DESTINA	TION Theology of State of	ADDRESS 228 5 Main Sheeth Landstone
☐ Over	might; give name, address, pho	ne of lodging
DATE(S)	OF TRIP 0110812025	DEPARTURE TIME 7.50 000 RETURN TIME 2
SOURCE (	OF FUNDING FOR TRIP	Kins Funding-
DOUNCE		DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER		ULTY SPONSORSTOTAL # OF PARTICIPANTS
EAP: Per	rson contacted at venue to discuss	AP: NA Person making contact:
Is there an	Automated External Defibrillator	(AED) on site: ☐ Yes ☐ No If yes, where:
		e Team:   Yes No If yes, how are they contacted:
School En	aployee(s) Attending Trip (Please	note beside name if employee is CPR trained):
Baye	4 Bresser (NO	
	Annual Control of the	a saturation of the saturation
(Pleas	se use separate sheet and attach to this	form if more space is needed to list school employees attending).
1000	De cox (6) 40 90 12	12113/2024
A1	Signature of Faculty Sponso	ntative Mr Date 12-17-
Approvai	of Site Based Council Represe	ntative An Date Date 12-17-
	• • • • • • • • • • • • • • • • • • • •	
Section 2	- 1	District Use Only
		_
Approval	of District Representative	Date
		N THIS FORM IN WITH TIMESHEETS
Section 3	<b>,</b>	•
		Odometer Start:
Date/Tim	e Return:	Odometer End:
71. 1		
r nereby o	certify that the above informati	on is correct to the best of my knowledge.
Driver Si	gnature	Date
Driver Co	omments:	######################################
Dilver CC		
		re 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 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: □x Yes □ No If yes, where: Various on site, front desk
Does the venue have an Emergency Response Team: Dx Yes D 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 specific and stack to the specific	Date   2-17-2
District Section 2	Use Only
Approval of District Representative	Date
***************************************	
DRIVER: TURN THIS FOR	RM IN WITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to	o the best of my knowledge.
Driver Signature Driver Comments:	Date
Coach or School Representative Signature	Date

# HVAN - My. angres or I will come in separate vehicle to

#### 09.36 AP.21 **STUDENTS** 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 EAP: Person contacted at venue to discuss EAP: Levi Person making contact: Shayla Berry Is there an Automated External Defibrillator (AED) on site: \(\sigma\) Yes \(\sigma\) X No If yes, where: Does the venue have an Emergency Response Team: Yes Ix 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) **Ouashawn Ouarles** (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 **District Use Only** Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Odometer Start: Date/Time Departure: Date/Time Return: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature Date

Date

**Driver Comments:** 

Coach or School Representative Signature

## ox Van - Mr. anarles or I will come in Separate vehicle to

#### 09.36 AP.21 **STUDENTS** 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 EAP: Person contacted at venue to discuss EAP: Levi Person making contact: Shayla Berry Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☐x No If yes, where: Does the venue have an Emergency Response Team: D Yes Dx 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 Spinsor Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative 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

Poposed Schedule 8:00-Leave TCCHS, Arrive AT STES 11:30-pick-up from STES, Dopoff at Dairy Queen-lunch 12:20-leave DQ, Arrive back at TCCHS 64 12:30

Review/Revised: 3/13/06

## Request to Place an Item on the Agenda

Name: TCCHS - Spanish Club
Address: 806 South man
Telephone number: 270 205 2500
Name of school children attend, if applicable:
Group represented: Spanish Club
Check if request was submitted to:   Superintendent   Board Chairperson
Conferred with following administrators (names): (CC QUOVES
Description of Issue: TYQVEL
Specific Action Requested: Permission to travel to
Specific Action Requested: Permission to travel to Mashville Art museum 2/20/2025
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 Superintendem.

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Kellehal TYPE OF TRIP (CHECK ONE): Field Trip Organization responsible for Payment: Smart Should Destination Frist Art Museum IN Museum Address 919 Broadway Nichaile TN - Frist - Destination Frist Mit Museum Mondaging 1000 Rosa L Parts Blva, N. shville 77 - TN museum DEPARTURE TIME S. O CALM RETURN TIME 6:00 Com DATE(S) OF TRIP 117.017.4 SOURCE OF FUNDING FOR TRIP STENTY WAY FOR TYMISTERS NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS \_\_\_\_\_\_FACULTY SPONSORS \_\_\_\_\_\_TOTAL # OF PARTICIPANTS \_\_\_\_\_ Person making contact: **EAP:** Person contacted at venue to discuss EAP: Is there an Automated External Defibrillator (AED) on site: Yes I No If yes, where: Unon Paguest Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Charles Celleter (Please use separate street and attach to this form if more space is needed to list school employees attending). May Ken Signature of Faculty Sponsor Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Odometer Start: Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge. Date Driver Signature **Driver Comments:** Coach or School Representative Signature

Proposed Schedule:

8:00-Leave School

9:30/10-Arrive at Frist

12:10-Leave Frist

12:20-1:45-Lunchat Nashville Mall

Page 1 of 1

2:00-4:30-TN Museum

5:00-Leave, head back to Elector

Review/Revised: 3/13/06

## Request to Place an Item on the Agenda

Name: TCCHS-Bound
Address: 866 South mach
Telephone number: 270 265 2566
Name of school children attend, if applicable:
Group represented: 6and
Check if request was submitted to:     Superintendent   Board Chairperson
Description of Issue: TVQVEL
specific Action Requested: Permission to travel to Murray state University overnight For Honor Band 2/20/2025-2/22/20
Check 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.

#### **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 Event: Murray State Quad State honor band **Date of Request: 12/17/2023** Organization: TCCHS Band School: TCCHS Number of Passengers: TBD Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Instructional ☐ In-County Athletic ☑ 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 ☐ 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 Date 12-19-25 Approval of Site Based Council Representative Section 2 DISTRICT USE ONLY

Date/Time of Departure: \_\_\_\_\_\_\_Odometer Start: \_\_\_\_\_\_\_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

Date:

**Approval of District Representative** 

Request to Place an Item on the Agenda Name: TCCHS - Band Address: You South main Telephone number: 270 265 2500 Name of school children attend, if applicable Group represented: Wand ☐ Board Chairperson Check if request was submitted to: ☐ Superintendent Quarles Conferred with following administrators (names): Description of Issue: TVOVE Specific Action Requested: Dermission to travel Overnight
to Lausy, UE, KY for All state Bound.
215/2025 - 2/8/2025 ☐ Board Member ☐ District Employee Check if you are: ☐ 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

Review/Revised: 3/13/06

approval of the Superintendent.

## **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 Athle	tic 🗆	☐ Other: (Explain In Detail)
☑ Out-of-County Instructiona	☐ Out-of-County	Athletic	
☐ Out-of-State Instructional	☐ Out-Of-State A	hletic	
Destination (Event, City, and State): H	MEA 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 □ Whee	Ichair Accessible	or	In Detail)
if requesting the Van, has the perso	n driving been certified and approv	ed to drive? 🗆 Yes 🗆 No (Che	ck One)
Person Driving Van: Mike DiPasqua	e Trip Re	quested By: Mike Dipasquale	
Organization Responsible for Paym	ent: TCCHS Band	· · · · · · · · · · · · · · · · · · ·	
Approval of Site Based Council Rep	resentative		Date 12-19-24
Section 2	DISTRICT USE	DNLY	
Approval of District Representative	******************		_ Date:
Section 3	DRIVER - TURN THIS FOR	IN WITH TIMESHEETS	
Date/Time of Departure:Odometer Start:			
Date/Time of Return:Odometer End:			
I hereby certify that the above infor	nation is correct to the best of my k	nowledge.	
Driver Signature Date			Date
Driver Comments:			
Coach or School Representative Signature Date			Date

#### POWERS AND DUTIES OF THE BOARD OF EDUCATION

## Request to Place an Item on the Agenda

lame: TCCHS-Band
address: 806 South main
elephone number: 270 245 2500
Jame of school children attend, if applicable
Proup represented: Band
Check if request was submitted to:   Superintendent   Board Chairperson
Conferred with following administrators (names): LPE QUOLES
Description of Issue: TVOVEI
Specific Action Requested: Of Vmission to travel
wernight to ward in Bouston Green &
Specific Action Requested: Permission to travel  Nethight to WKY in Bowling Green, K  1/28/2025 - 1/25/2025
Check if you are: D Board Member District Employee D 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

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 Passen	gers: 6	
Type of Trip (Check One)			
☐ In-County Instructional	☐ In-County Instructional ☐ In-County Athletic		☐ Other: (Explain In Detail)
	I □ Out-of-	County Athletic	
☐ Out-of-State Instructional	☐ Out-Of-	State Athletic	
Destination (Event, City, and State): V	Vestern Kentucky University Ho	nors Band, Bowling Greer	ιKY
Planned Stops To and From: NA			
Departing Location: TCCHS	Departing Location: TCCHS Date of Departure: 1/23/2025 Time of Departure: TBD		ure: TBD
Returning Location: TCCHS	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 □ Whee	chair Accessible	☐ Monitor ☐	Other: (Explain In Detail)
If requesting the Van, has the perso	n driving been certified and	approved to drive? 🛛 Y	es 🗆 No (Check One)
Person Driving Van: Mike DiPasquale Trip Requested By: Mike Dipasquale			
Organization Responsible for Paymo	ent: TCCHS Band	177	
Approval of Site Based Council Rep	resentative		Date 12-19-24
Section 2 <u>DISTRICT USE ONLY</u>			
Approval of District Representative			Date:
Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS			
Date/Time of Departure:		Odometer St	art:
Date/Time of Return: Odometer End:		nd:	
I hereby certify that the above inform	nation is correct to the best o	f my knowledge.	
Driver Signature			Date
Driver Comments:			
Coach or School Representative Sig	nature		Date