





STUDENTS

09.36 AP.21

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

**SCHOOL : TCCHS**

**FACULTY MEMBER(S) SPONSORING TRIP: Q.QUARLES & S. BERRY**

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: Out of County Instructional

**DESTINATION : LOUISVILLE, KY EXPO CENTER**

**DATE(S) OF TRIP: 2/12/2025**

**DEPARTURE TIME : 7:00AM**

**RETURN TIME: 7:PM**

**SOURCE OF FUNDING FOR TRIP : PERKINS**

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

**NUMBER OF: STUDENTS 35 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 37**

**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: Louisville PD

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*

*Date*

Approval of Site Based Council Representative

Date 1-8-24

**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: Q.QUARLES & S. BERRY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Out of County Instructional

DESTINATION : MURRAY STATE UNIVERSITY CURRIS CENTER

DATE(S) OF TRIP: 3/14/2025

DEPARTURE TIME : 7:00AM

RETURN TIME: 5PM

SOURCE OF FUNDING FOR TRIP : PERKINS

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP:

Person making contact:

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

Does the venue have an Emergency Response Team: x  Yes  No If yes, how are they contacted: Murray State PD

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*

*Date*

Approval of Site Based Council Representative



Date 1-8-25

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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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: Q.QUARLES & S. BERRY**

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: Out of County Instructional

**DESTINATION : MURRAY STATE UNIVERSITY CHERRY EXPO CENTER**

**DATE(S) OF TRIP: 4/16/2025**

**DEPARTURE TIME : 7:00AM**

**RETURN TIME: 5PM**

**SOURCE OF FUNDING FOR TRIP : PERKINS**

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

**NUMBER OF: STUDENTS 35 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 37**

**EAP: Person contacted at venue to discuss EAP:**

Person making contact:

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

Does the venue have an Emergency Response Team: x  Yes  No If yes, how are they contacted: Murray State PD

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*

*Date*

Approval of Site Based Council Representative

Date 1-8-25

**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 \_\_\_\_\_

Self transport

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Jerri Ann White

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: TCHS Dance

DESTINATION Ohio County H.S. ADDRESS 231 S. Main St. Hartford

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 1/18/25 DEPARTURE TIME 7:30 RETURN TIME 7:30

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 12

EAP: Person contacted at venue to discuss EAP: Paul Decker Person making contact: M. Keefe

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: On site

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

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

N. Keefe  
Signature of Faculty Sponsor Date 1/7/25

Approval of Site Based Council Representative [Signature] Date 1-7-25

**District Use Only**

Section 2  
Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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Section 3  
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Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_  
Driver Comments: \_\_\_\_\_

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_