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

SUBMIT THIS FORM - ONE W	EEK I TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.		
SCHOOL_TCCHS/TCMS_	FACULTY MEMBER(	S) SPONSORING TRIP	LISA PETRIE		
TYPE OF TRIP (CHECK ONE):					
Classroom Field Trip Class Trip (i.e., junior, senior), specify					
XOrganization/Club Trip, sp					
DESTINATION _AlahambraAI	DDRESSH	OPKINSVILLE KY	_PHONE _(270) 887-4295		
Out of State X Out of Count Overnight; give name, addre					
DATE(S) OF TRIP_FEB 24, 202	25 DEPARTURE	Гіме8:00 АМ	RETURN TIIME12:00PM*		
TIME MAY VARY. A CALL HAS	BEEN PUT INTO THE	ALHAMBRA REGARDI	NG THIS.		
PURPOSE/EDUCATIONAL VALUE JAZZ ON THE STAGE MASTER CLASS SOURCE OF FUNDING FOR TRIP TC BOE					
Attach a description of e	estimated expenses	including, but no	t limited to, lodging, meals,		
registration, and all other anticipated travel expenses.					
No student	SHALL BE DENIED THE	TRIP BECAUSE OF AN IN	VABILITY TO PAY.		
	ONSORING ORGANIZA LTY SPONSORS		CIL X BOARD - OTHER, SPECIFY DNES		
TOTAL # OF PARTICIP					
MODE OF TRANSPORTATION					
			PROCEDURE 09.36 AP.212.		
PRIVATE VEHICLE, I	F ALLOWED BY POLIC	CY; SPECIFY DRIVER(S	S)		
SUPERVISION (ATTACH LIST	OF NAMES OF ADULT	S ACCOMPANYING ST	TUDENTS ON TRIP.)		
Have all chaperones undergone the required records check and been designated by the principal/					
designee to supervise studen	<del>-</del>				
Person contacted at venue to discu	ss EAP: Email sent	Person ma	king contact: Edu Department		
Is there an Automated External De	efibrillator (AED) on site	: Yes XNo If yes,	where:		
Does the venue have an Emergence					
School Employee(s) Attending Tri Lisa Petrie	p (Please note beside nar	me if employee is CPR t	trained):		
(Please use separate sheet and a	ttach to this form if more sp	pace is needed to list schoo	l employees attending).		
Lisa Petrie			1-7-25		
Signature of Faculty Sponsor			Date		
Trip has been approved disapp	proved. Reason for disappro	val			
Signature of Superintenden	-	-	Date		
			may be required by policy 09.36.		
RELATED PROCEDURES AC	26 AD1 00 26 AD2	1 00 26 AD 211 00	26 AD 212		

**RELATED PROCEDURES:** 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023

Students attending will be asked for a \$5 fee to help with

Page 1 of 1 transportation.

09.36 AP.21 **STUDENTS** 

# 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 TCCHS_	FACULTY ME	EMBER(S) SPONSO	ORING TRIP	Lisa Petrie	
TYPE OF TRIP (CHEC	CK ONE):				
□ Classroom Field	Trip 🗆 Class T	rip (i.e., junior, se	enior), specify		
XOrganization/Clul	Trip, specify	GT $\square$ Othe	r (athletic, band, i	f applicable)	
				PHONE _(270) 887-4295	
Out of State X Out Overnight; give nar					
DATE(S) OF TRIP_FE	в 20, 2025	DEPARTURE	Гіме8:00 АМ	I RETURN TIIME12:00PM*	
TIME MAY VARY. A C	ALL HAS BEEN	PUT INTO THE A	ALHAMBRA REGA	RDING THIS.	
PURPOSE/EDUCATION SOURCE OF FUNDING	NAL VALUE FOR TRIP	SHAUN BO	ОТНЕ		
Attach a description	on of estima	ated expenses	including, but	not limited to, lodging, meals,	
registration, and all		•	•		
•	-			N INABILITY TO PAY.	
				UNCIL X BOARD - OTHER, SPECIFY	
			OTHER CHAI	· ·	
				SES. I WILL KNOW BY FEB 1	
Mode of Transpor	TATION			_	
IS DISTRICT T	RANSPORTATI	ON NEEDED?	□ NO X YES, S	EEE PROCEDURE 09.36 AP.212.	
□ CERTIFICA	TED COMMON	CARRIER; SPECI	FY		
<ul> <li>PRIVATE VI</li> </ul>	EHICLE, IF ALL	OWED BY POLIC	Y; SPECIFY DRIVI	ER(S)	
SUPERVISION (ATTA	CH LIST OF N	AMES OF ADULT	S ACCOMPANYING	G 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	making contact:Edu Department	
Is there an Automated E					
Does the venue have an					
School Employee(s) Att Lisa Petrie	ending Trip (Ple	ase note beside nar		PR trained):	
			pace is needed to list so	chool employees attending).	
Lisa	Petrie			1-7-25	
	ure of Faculty Spe	onsor		Date	
Trip has been approved	□ disapproved.	Reason for disappro	val	-	
	erintendent/Desig	-		Date	
				pard may be required by policy 09.36.	
RELATED PROCEDU	<b>RES:</b> 09.36 A	AP.1, 09.36 AP.2	21, 09.36 AP.211	, 09.36 AP.212	

Review/Revised:9/18/2023

Students attending will be asked for a \$10 fee to help with

transportation and ticket cost. Page 1 of 1

## 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 **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: Does the venue have an Emergency Response Team: x \( \Delta \) Yes \( \Delta \) 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 Approval of Site Based Council Representative **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: 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 **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 \subseteq Yes \subseteq 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 .......... **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: 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 Approval of Site Based Council Representative \_ **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 Emo	ergency Action Plan (EAP)					
SCHOOL TCCHS FACULTY MEMBER(S) SPONSORI	NG TRIP Jeli And White					
TYPE OF TRIP (CHECK ONE):  Opening the Trip / Organization responsible for Payment:	t CCHS Dance					
DESTINATION Child County H ADDRESS 23/ Superior of lodging	NONA ST HEVITEVA					
DATE(S) OF TRIP //8/25 DEPARTURE TIME TA						
SOURCE OF FUNDING FOR TRIP TCC HS Athles/1)						
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INAB	ILITY TO PAY.					
NUMBER OF: STUDENTS FACULTY SPONSORS TOTAL # OF PARTICIPANTS						
EAP: Person contacted at venue to discuss EAP: Pay Person making contact: Person making contact:						
Is there an Automated External Defibrillator (AED) on site:  No If yes, where: On the Does the venue have an Emergency Response Team:  No If yes, how are they contacted:						
Does the venue have an Emergency Response Team: Tes I No If yes, how are they contacted:						
School Employee(s) Attending Trip (Please note beside name if employee is CPR tra	sined):					
	2					
(Please use separate sheet and attach to this form if more space is needed to list school established as Signature of Faculty Sponsor	mployees attending).					
	Date 1- 7- 25					
District Use Only						
Section 2						
Approval of District Representative	Date					
DRIVER: TURN THIS FORM IN WITH TIMES	HEETS					
Section 3						
Date/Time Departure: Odomete	er Start:					
Date/Time Return: Odomete	er End:					
I hereby certify that the above information is correct to the best of my knowledge.	edge.					
Driver Signature	Date					
Driver Comments:	58 to 111.59					
Coach or School Representative Signature	Date					