STUDENTS 09.36 AP.21 School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL Told County Central High FACULTY MEMBER(S) SPONSORING TRIP Chas Stipworth TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TSA DESTINATION Mucray State University ADDRESS 253 Industry and Technology Center ☐ Overnight; give name, address, phone of lodging DATE(S) OF TRIP Feb. 27th DEPARTURE TIME 6:30 am RETURN TIME 2:50 pm SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS FACULTY SPONSORS / TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: _______Person making contact: Does the venue have an Emergency Response Team: Yes \(\sigma\) No If yes, how are they contacted: \(\frac{91}{6}\) ((270) \(\text{R09-222}\) School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Chris Skipworth CPR Trained (Please uses parate short 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 DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Odometer Start: Date/Time Return: _____Odometer End:

Driver Signature ______ Date ______ Driver Comments: ______ Date _______ Coach or School Representative Signature ______ Date ______

I hereby certify that the above information is correct to the best of my knowledge.

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)
SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP (ACCUPATE)
TYPE OF TRIP (CHECK ONE):
Organization requesting the Trip / Organization responsible for Payment:
DESTINATION The City Forum ADDRESS 231-72231 Madison ST
Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 3/27/25 DEPARTURE TIME 8:30 am RETURN TIME 2:00
SOURCE OF FUNDING FOR TRIP
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students 50 faculty sponsors 7 Total # of Participants 52
EAP: Person contacted at venue to discuss EAP: Person making contact: Aprinche
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):
Alex Carrington-CPR Brancies
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
(Findset different and anatom to this form it more space is needed to list school employees attending).
Signature of Fagulty Sponsor Date
Approval of Site Based Council Representative Date (-28-2

District Use Only
Section 2
Approval of District Representative Date
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DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3
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Driver Signature Date
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Conduction in the conduction of the conduction o
Coach or School Representative Signature Date

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AND DESCRIPTION OF A LINE AND ALL DESCRIPTION OF THE PARTY OF THE PART
Name: TCC 45 - Dr. Carrington B. Francies Address: 800 South Main 5/2 ton, KY
Address: 800 South main Eletonky
Telephone mumber:
Name of school children attend, if applicable
Group represented
Check if request was submitted to: Superintendent Board Chairperson
Description of Issue: +VOVCI
Specific Action Requested Permission to travel to uty Forum in Clarksville for New and trup
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 prio to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prio approval of the Superintendent.

Review/Revised: 3/13/06

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP VOI GE TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCH DESTINATION FIRST BUPTIST CHUYCH ADDRESS (121 E. 12th Ave. Bowling Green, KY Overnight; give name, address, phone of lodging DATE(S) OF TRIP 1/29/25 DEPARTURE TIME 9:00 AVY RETURN TIME 2:50 SOURCE OF FUNDING FOR TRIP FCA NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Scott Bailey Person making contact: Parge Is there an Automated External Defibrillator (AED) on site: The 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): raige Carver on Robertson (Please use separate sheet and attach to this form if more space is needed to list school employees attending). muye armer 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: Date/Time Return: Odometer End:

I hereby certify that the above information is correct to the best of my knowledge.

Coach or School Representative Signature ______ Date _____

Page 1 of 1

Request to Place an Item on the Agenda

Name Vaige Carver
Address:
Telephone number: (270)(204-02-97)
Name of school children attend, if applicable CC tt_S tCH
Group represented: PCH
Check if request was submitted to: Superintendent D Board Chairperson
Conferred with following administrators (names): HILL CARRINGTON LEC (XUARIES
FCA will provide its own transportation by
Jon Robertson is to attend or drive
Specific Action Requested: UP FCA Members to travel to First Baptist Church in Bowling Green for leadership training Event is from Jaun-1-30 pm
Chees if you are: Description District Employee Community Member All requests for items to be placed on the agenda most 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

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL TECHS FACULTY MEMBER(S) SPONSORING TRIP Varia Hoos TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCHS Backell DESTINATION Butler Co. H.S. ADDRESS 22 Industical At Margantion ☐ Overnight; give name, address, phone of lodging DATE(S) OF TRIP 7/25/25 DEPARTURE TIME 4:00/ SOURCE OF FUNDING FOR TRIP TOCHS AND HELLO NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS FACULTY SPONSORS A TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: West Person making contact: MkeS Is there an Automated External Defibrillator (AED) on site: Tyes I No If yes, where: Does the venue have an Emergency Response Team: Tes I No If yes, how are they contacted: On a He School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): OG Ches (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:

Date

____ Date

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature

Driver Comments:

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL TCC HU FACULTY MEMBER(S) SPONSORING TRIP Jolla Hag TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Tell 18 Base be 17 DESTINATION Webster Co H.S. ADDRESS 384C/G-Pixon Rd. Dixon Overnight; give name, address, phone of lodging DEPARTURE TIME 0:15 410 RETURN TIME 7: COP DATE(S) OF TRIP 7/24/25 SOURCE OF FUNDING FOR TRIP TC (HS Athletic) NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students ∂^f faculty sponsors \rightarrow TOTAL # OF PARTICIPANTS 2 EAP: Person contacted at venue to discuss EAP: 200 Ck (agree Person making contact: Mice Saith Is there an Automated External Defibrillator (AED) on site: Dives D No If yes, where: Does the venue have an Emergency Response Team: Tyes I No If yes, how are they contacted: Over the contacted of the contacted School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): OGChes (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.

Date

Date

Driver Signature

Driver Comments:

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP SCHOOL TOCH! TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION Monson () 11.5. ADDRESS 1450'acea+5. Overnight; give name, address, phone of lodging 5/2/25 DEPARTURE TIME 3:15 PM RETURN TIME / DATE(S) OF TRIP SOURCE OF FUNDING FOR TRIP TCGAS Athlet.'W NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 05 FACULTY SPONSORS 2— TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: L/e Ville Person making contact: Wikes AL Is there an Automated External Defibrillator (AED) on site: Yes \(\sigma\) No If yes, where: Does the venue have an Emergency Response Team: DYes DNo If yes, how are they contacted: Mr + 2 School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): roches (P)tease 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:**

Date

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Dalin Hag SCHOOL / TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: 70 (45 Berels 1) DESTINATION HOPK'N Cole. Hal HS ADDRESS 6025 Hook in 1/12 Hodina sile ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 3.70PM DATE(S) OF TRIP 4/7/25 SOURCE OF FUNDING FOR TRIP T CCHI A 24 1814 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 2 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 2 EAP: Person contacted at venue to discuss EAP: A a Standard Person making contact: ///ke/a/ Is there an Automated External Defibrillator (AED) on site: Pyes D No If yes, where: Does the venue have an Emergency Response Team: Dives Divides No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): ~ GOChPS (Piease use separate sheet and attach to this form if more space is needed to list school employees attending). Aignature of Faculty Sponsor Approval of Site Based Council Representative District Use Only **Section 2** Approval of District Representative Date 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.

Date

Date

Driver Signature

Driver Comments:

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Dall Hea TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCCHSBase below DESTINATION Mc Lean Co. 14, S. ADDRESS 1859 St. Ata 136 & Colhour Overnight; give name, address, phone of lodging DEPARTURE TIME 3:70 PM DATE(S) OF TRIP 4/10/25 SOURCE OF FUNDING FOR TRIP TOUHS AT KIELICO NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS OF FACULTY SPONSORS TOTAL # OF PARTICIPANTS OF EAP: Person contacted at venue to discuss EAP: Justic Cook Person making contact: MESA Service Person making contact: Is there an Automated External Defibrillator (AED) on site: TYes D No If yes, where: Does the venue have an Emergency Response Team: DYes D No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Cocher (Please use separate sheet and attach to this form if more space is needed to list school employees attending). 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 _____

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

SCHOOL TO HS

FACULTY MEMBER(S) SPONSORING TRIP

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TYPE OF TRIP (CHECK ONE):	
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: CCAS Marshall DESTINATION Carper File Address 0/7 U 23 Proceeding Colors	
DESTINATION Carples Folk ADDRESS 10/7 US 23/ Proces Britis Brien	
□ Overnight; give name, address, phone of lodging	15
DATE(S) OF TRIP 4/14/24 DEPARTURE TIME 3. 70 PM RETURN TIME 10:0	en
SOURCE OF FUNDING FOR TRIP TCC HIATMELLY	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
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Is there an Automated External Defibrillator (AED) on site: Thes I No If yes, where:	
Does the venue have an Emergency Response Team: **QX'es ** No If yes, how are they contacted: **On. **/	
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):	
(P) case 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 Date 1 - 29 - 4	
Approval of Site Based Council Representative	3
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09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Polin Hoos SCHOOL TCCHI TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCHI Bareby 4

DESTINATION Her Youth Nister Organ ADDRESS 8349 Eagle My Hopkinsville Overnight; give name, address, phone of lodging DEPARTURE TIME 3. 41 Pm RETURN TIME 10: COPN DATE(S) OF TRIP 4/17/95 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS NUMBER OF: STUDENTS 2 EAP: Person contacted at venue to discuss EAP: Moff McGaden Person making contact: MKISmile Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Does the venue have an Emergency Response Team: 2 Yes D No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Cache, (Please use separate sheet and attach to this form if more space is needed to list school employees attending). 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

Date____

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EA
SCHOOL CHT FACULTY MEMBER(S) SPONSORING TRIP Devin Haver
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: CCHIAL Letics DESTINATION Overnight; give name, address, phone of lodging
DESTINATION Con Con Con Address, phone of lodging Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 4/22/25 DEPARTURE TIME 10:
SOURCE OF FUNDING FOR TRIP
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students Africal faculty sponsors Total # of Participants 2
EAP: Person contacted at venue to discuss EAP: add A del Person making contact: Mtelm ! M
Is there an Automated External Defibrillator (AED) on site: Yes \(\subseteq \text{No If yes, where: } \(\subseteq \text{1/2.} \) Does the venue have an Emergency Response Team: \(\subseteq \text{Yes} \) \(\subseteq \text{No If yes, how are they contacted: } \(\subseteq \text{1/2.} \)
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 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 Date -29-2
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 Date

09.36 AP.21

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School-Related Student Trip Request Form & Event Sp	
SCHOOL TO HS FACULTY MEMBER(S)	SPONSORING TRIP Daling
TYPE OF TRIP (CHECK ONE):	- tooled - 6
Organization requesting the Trip / Organization responsible for	Payment: / COF 17080
DESTINATION Francisco A. S. Address 400 Overnight; give name, address, phone of lodging	s. (allege It, Francis
☐ Overnight, give name, address, phone or longing	
DATE(S) OF TRIP 4/29/25 DEPARTURE TIME	
SOURCE OF FUNDING FOR TRIP TECHT A & h felice	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	
NUMBER OF: STUDENTS FACULTY SPONSORS	TOTAL # OF PARTICIPANT
EAP: Person contacted at venue to discuss EAP: Mathick Wilhite	Person making contact: ////
Is there an Automated External Defibrillator (AED) on site: Tyes D	lo If yes, where:
Does the venue have an Emergency Response Team: Tyes I No If ye	es, how are they contacted: 🕜 🖊 🎉
School Employee(s) Attending Trip (Please note beside name if employee	e is CPR trained):
(Please use separate sheet and attach to this form if more space is needed to	1/28/2
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09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Part Hag SCHOOL / CCHI TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: The Plackoll DESTINATION Warya Contral 1-16. ADDRESS 559 Margartor Rd Ma Overnight; give name, address, phone of lodging DEPARTURE TIME 2: 15 AL DATE(S) OF TRIP \\//25 SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS Q FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Anthon Hickory Person making contact: Mike Salti Is there an Automated External Defibrillator (AED) on site: Yes \(\square\) No If yes, where: Does the venue have an Emergency Response Team: TYes I No If yes, how are they contacted: On He School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Cacher (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 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

	lest Form & Event Specific Emergency Action Plan (EAP)
	FACULTY MEMBER(S) SPONSORING TRIP
TYPE OF TRIP (CHECK ONE):	Troping and the same of the Bear of the
Organization requesting the 1 mp / Organization	ADDRESS 1/0 / W. 944 St. Rucus 1/4 1/6
☐ Overnight; give name, address, phor	ne of lodging
	DEPARTURE TIME 4:06 PM RETURN TIME (Ut)
SOURCE OF FUNDING FOR TRIP	to athletici
	DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	ulty sponsors Total # of Participants 🕗 🗎
EAP: Person contacted at venue to discuss E.	AP: Ryan Da langet Person making contact: Wite Sante
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Does the venue have an Emergency Response	Team: Diffees Description No. If yes, how are they contacted:
School Employee(s) Attending Trip (Please no	ote beside name if employee is CPR trained):
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Walt Wad	form if more space is needed to list school employees attending).
Signature of Faculty Sponsor Approval of Site Based Council Represent	tative do Date 1-29-2
Approval of Site Based Council Represent	Date 1 27-2
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Section 2	District Use Only
Approval of District Representative	Date
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Section 3	THIS FORM IN WITH TIMESHEETS
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I hereby certify that the above information	is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	damma. Appropriate Control of the Co
Coach or School Representative Signature	D .
or porroot rechreaemente visusime	Date

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Care William SCHOOL TECH TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCCHS off he h DESTINATION Kype Myle A. C. ADDRESS (O) 1. 9+4 TA ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 4:00 PM DATE(S) OF TRIP 4/17/25 SOURCE OF FUNDING FOR TRIP TCCHI Anthletics NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. TOTAL # OF PARTICIPANTS Number of: students 2σ faculty sponsors 7EAP: Person contacted at venue to discuss EAP: Lyan Dastifiet Person making contact: M. Kasa Is there an Automated External Defibrillator (AED) on site: Wes Do If yes, where: Does the venue have an Emergency Response Team: DYes D No If yes, how are they contacted: On CYC School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Coadia (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 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.

Date

Date

Driver Signature

Driver Comments:

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency A	
SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP	Cery William
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION Alleway-Scotter Address 570 Walleway F. Scotter Scot	1
□ Overnight; give name, address, phone of lodging	+17/11/2
DATE(S) OF TRIP 4/19/25 DEPARTURE TIME 7/14 RE	ETURN TIME/1/4
SOURCE OF FUNDING FOR TRIP TO HI Athletici	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY	
Number of: students 20 faculty sponsors 7 Total # of Part	TICIPANTS 2
EAP: Person contacted at venue to discuss EAP: 36d Hood Person making contact	
Is there an Automated External Defibrillator (AED) on site: Yes \(\sigma\) No If yes, where:	
Does the venue have an Emergency Response Team: □ Yes □ No If yes, how are they contacte	ed: (15/2
"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 atterval of Signature of Faculty Sponsor Approval of Site Based Council Representative	nding). Date <u>1-29-29</u>
Section 2 District Use Only	
Approval of District Representative	ate
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	ate
Driver Comments:	
Coach or School Representative Signature	ate

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP (Grey Will and SCHOOL TCCHS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION Lager C. H. C ADDRESS & 200 Double Grent of Aumellill. ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 4. COPM DATE(S) OF TRIP 4/22/2/ SOURCE OF FUNDING FOR TRIP TCCITS Athletic NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students $2\sqrt{}$ faculty sponsors 2 Total # of Participants dEAP: Person contacted at venue to discuss EAP: Toda Adler Person making contact: // Person making contact: Is there an Automated External Defibrillator (AED) on site; TYes D No If yes, where: Does the venue have an Emergency Response Team: No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): (agher (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:**

Date

STUDENTS 09.36 AP.21

	<u>& Event Specific Emergency Action Plan (EAP)</u>
SCHOOL TCCHS FACULT	TY MEMBER(S) SPONSORING TRIP Core W. V. 'a n
TYPE OF TRIP (CHECK ONE):	-
Organization requesting the Trip / Organization i	esponsible for Payment: TCC// Softh, //
DESTINATION 6/2000 H.J. AD	DRESS 601 Columbia Aus Glergow
☐ Overnight; give name, address, phone of lodg	DRESS 601 Columbia to Glergowing
DATE(S) OF TRIP 4/26/25 DEPA	ARTURE TIME 714 RETURN TIME 734
SOURCE OF FUNDING FOR TRIP TCC HS AF	hletig
NO STUDENT SHALL BE DENIED TH	E TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS QO FACULTY SPO	NSORS 3 TOTAL # OF PARTICIPANTS 2
EAP: Person contacted at venue to discuss EAP: Sa. 16	NSORS 3 TOTAL # OF PARTICIPANTS 2 Person making contact: Mice San File
Is there an Automated External Defibrillator (AED) on s	ite: DYes DNo If yes, where:
Does the venue have an Emergency Response Team:	Yes D No If yes, how are they contacted: On the
School Employee(s) Attending Trip (Please note beside	name if employee is CPR trained):
Flease use separate sheet and attach to this form if more Signature of Faculty Sponsor Approval of Site Based Council Representative	1/26/25 Date
Distric	t Use Only
Section 2	
Approval of District Representative	Date

DRIVER: TURN THIS FO	DRM IN WITH TIMESHEETS
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 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL TCCHS FACULT	TY MEMBER(S) SPONSORING TRIP Cary Willen
	responsible for Payment: TCCHI Soffhall DRESS 1879 St. R. 1986, Calhauan
DESTINATION McLean Colys. AD	DRESS 1719 H. K. 14 156, Catheren
☐ Overnight; give name, address, phone of lodg	
DATE(S) OF TRIP 4/28/2-1 DEPA	ARTURE TIME 3: 10 PM RETURN TIME 11: Color
SOURCE OF FUNDING FOR TRIP TOCH SATA	etici
No student shall be denied th	IE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students do faculty spo	NSORS 3 TOTAL # OF PARTICIPANTS 2
	4. L Cook Person making contact: M. KeSa 14L
Is there an Automated External Defibrillator (AED) on s	ite: Yes No If yes, where:
Does the venue have an Emergency Response Team:	Yes D 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 Signature of Faculty Sponsor Approval of Site Based Council Representative	1/2P/25 Date
Distriction 2	t Use Only
	Die
Approval of District Representative	Date
******************************	***************************************
DRIVER: TURN THIS FO	DRM IN WITH TIMESHEETS
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:	. 0
Coach or School Representative Signature	Date

Date

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Care billian SCHOOL TCCHI TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: VCCHSS + Holl DESTINATION Frankins Francis ES ADDRESS 721 Witt Roll Frenkin ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 4.00PM DATE(S) OF TRIP 4 /2 9/25 SOURCE OF FUNDING FOR TRIP TO HIS AHAMALIA NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. ____TOTAL # OF PARTICIPANTS $\partial \mathcal{I}$ Number of: students QQ faculty sponsors \mathcal{I} EAP: Person contacted at venue to discuss EAP: Mother W. W. 42 Person making contact: M. ko Salto Is there an Automated External Defibrillator (AED) on site; Tyes D No If yes, where: Does the venue have an Emergency Response Team: Thes I No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Coorber (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: Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature Date Driver Comments:

_____ Date ____

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Spe	ecific Emergency Action Plan (EAP)
SCHOOL TCC#S FACULTY MEMBER(S)	SPONSORING TRIP COOL WHIGH
TYPE OF TRIP (CHECK ONE):	// = /
Organization requesting the Trip / Organization responsible for I	Payment: TCCHS of that
DESTINATION BOWFACOILL HS ADDRESS 18010	Rockingham Ade Padagoren
Organization requesting the Trip / Organization responsible for I DESTINATION Dewing Office Harman Address Address 16016 Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 5/2/25 DEPARTURE TIME	
SOURCE OF FUNDING FOR TRIP TCCHS Ath letic	
NO STUDENT SHALL BE DENIED THE TRIP RECAUSE	OF AN INARILITY TO PAY.
NUMBER OF: STUDENTS 2/ FACULTY SPONSORS 3 EAP: Person contacted at venue to discuss EAP: Glain Had	TOTAL # OF PARTICIPANTS 27
EAP: Person contacted at venue to discuss EAP:	Person making contact: Mkela 71
Is there an Automated External Defibrillator (AED) on site: Yes N	o If yes, where: (1)
Is there an Automated External Defibrillator (AED) on site: Yes I No Does the venue have an Emergency Response Team: Yes I No If yes	s, how are they contacted: On I te
School Employee(s) Attending Trip (Please note beside name if employee	
(Please use separate sheet and attach to this form if more space is needed to Signature of Faculty Sponsor Approval of Site Based Council Representative	Date 1-29-25
District Use Only	
Section 2	
Approval of District Representative	Date
************************************	222222222222222222222222222222222222222
DRIVER: TURN THIS FORM IN WITH	TIMECHEETC
Section 3	
Date/Time Departure:	Odometer Start:
	Odometer End:
I hereby certify that the above information is correct to the best of m	y knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP (are, W. Weny SCHOOL TCCHS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION Webster Ca H.S. ADDRESS Clay-Dix CA Kd ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 7 DATE(S) OF TRIP \$ SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 2α FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: 20 h (Person making contact: // Is there an Automated External Defibrillator (AED) on site: Tyes \(\square\) No If yes, where: \(\sum_A \times + \square\) Does the venue have an Emergency Response Team: Dives \(\square\) No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Coccult (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
Section 3 DRIVER: 7	URN THIS FORM IN WITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer Fr. d.
	Odometer End:
	ation is correct to the best of my knowledge.
I hereby certify that the above inform Driver Signature	ation is correct to the best of my knowledge.
I hereby certify that the above inform	ation is correct to the best of my knowledge.

STUDENTS 09.36 AP.21

School-Related Student Trip Requ	uest Form & Event Specific Emergenc	<u>y Action Plan (EAP)</u>
	FACULTY MEMBER(S) SPONSORING TRIE	
Type of TDID (CHECK ONE).		(
Organization requesting the Trip / Org	ganization responsible for payment:	15.74h1/
DESTINATION Foll Conchell H.	ADDRESS 4/2 Coppter Rd. Fe	ort compill
Overnight; give name, address, pho	one of lodging	
	DEPARTURE TIME 4:COM	RETURN TIME / O; aux.
SOURCE OF FUNDING FOR TRIP	Hr Athletics	
	E DENIED THE TRIP BECAUSE OF AN INABILITY TO	
Number of: students 20 fac	CULTY SPONSORS 3 TOTAL # OF PA	ARTICIPANTS 95
EAP: Person contacted at venue to discuss I	EAP: //a.b. (e.d. Person making con	tact: Mkeln He
	(AED) on site: $\square \forall \forall es \square \text{ No If yes, where: } \underline{U}$	
Does the venue have an Emergency Respons	se Team: EYes DNo If yes, how are they conta	acted: Onto
School Employee(s) Attending Trip (Please to Cota Coll	note beside name if employee is CPR trained):	
Signature of Faculty Sponsor Approval of Site Based Council Representations		7
-	District Use Only	
Section 2	·	
Approval of District Representative	'	Date
DRIVER: TURN Section 3	N THIS FORM IN WITH TIMESHEETS	
Date/Time Departure:	Odometer Start:	
Date/Time Return:	Odometer End: _	
I hereby certify that the above information	n is correct to the best of my knowledge.	
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signature	4	Date

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL Tooth FACULTY MEMBER(S) SPONSORING TRIP Cary () / Com Type of Trip (check one): Organization requesting the Trip / Organization responsible for Payment: TCCHS Softh W DESTINATION GOLAHIAF Pale ADDRESS ELECOPE PERCENTE Overnight; give name, address, phone of lodging DEPARTURE TIME 7:30 Pm DATE(S) OF TRIP 5 /13/0-1 SOURCE OF FUNDING FOR TRIP 7 CCHS Athletic NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 EAP: Person contacted at venue to discuss EAP: Jeff 144 Person making contact: M/c SA Is there an Automated External Defibrillator (AED) on site: El Yes D No If yes, where: Does the venue have an Emergency Response Team: Tyes I No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): C Garber (Please use separate sheet and attach to this form if more space is needed to list school employees attending). 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

09.36 AP.21

STUDENTS

School-Related Student Trip Req	uest Form & Event Specific Emergency Action Plan (EAP)
SCHOOL TECHT	FACULTY MEMBER(S) SPONSORING TRIP (a rey la con
Type of Trip (CHECK ONE): Organization requesting the Trip / Organization DESTINATION Overnight; give name, address, pho	ganization responsible for Payment: TAHSO HIM U ADDRESS 430 Coffeen Do Hapleinswift i one of lodging
DATE(S) OF TRIP 5/15/25	DEPARTURE TIME GISSIN RETURN TIME 9030PM
Source of funding for trip 70	HI Athletic
NO STUDENT SHALL BE	E DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of: students 20 fac	CULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 22 EAP: Janob Engl Person making contact: Medicine
EAP: Person contacted at venue to discuss	EAP: Janubling! Person making contact: Meent
Is there an Automated External Defibrillator	r (AED) on site: DYes D No If yes, where: On the see Team: DYes D No If yes, how are they contacted:
Does the venue have an Emergency Respons	se Team: DYes D No If yes, how are they contacted:
Coache	
Section 2	District Use Only
Approval of District Representative	Date

Section 3 DRIVER: TURI	N THIS FORM IN WITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information	n is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

13th District /dur.

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Care William SCHOOL TCCHS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCH Soffhe! DESTINATION Kune 115 1/2 H.S. ADDRESS (101 N 9th of Tune 10: ☐ Overnight; give name, address, phone of lodging DATE(S) OF TRIPLY (14 1) + 187/9/25 DEPARTURE TIME TO SOURCE OF FUNDING FOR TRIP & COHS Athletin NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 20 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP Land Do March Person making contact: Mike Saft Is there an Automated External Defibrillator (AED) on site: The No If yes, where: 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 trained): ease use separate sheet and attach to this form if more space is needed to list school employees attending). 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 _____

Request to Place an Item on the Agenda

Name: Fill Parin Hear Lee Quarter & Miko Se FL
Address: 806 S. Main St. Elkton FY 42220
Telephone number: 270 265 2506
Name of school children attend, if applicable: T CCHS
Group represented: Backett
Check if request was submitted to:
Conferred with following administrators (names): Lee Quelles & M. be Sait
Description of Issue: Playing a NOTV/V bareball g one of Spring Gold High School in Spring Cold, TN on Nov. 22rd, 2025
Specific Action Requested: Out-of-State regulat
operato resultante de la constante de la const
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.

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Parin Hags SCHOOL TCCHS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Table sehell DESTINATION Sort field H.S. ADDRESS 5240 HWY 76. E Overnight; give name, address, phone of lodging DEPARTURE TIME / RETURN TIME / DATE(S) OF TRIP 1/2/25 SOURCE OF FUNDING FOR TRIP I CC # 5 Athletics NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 2 EAP: Person contacted at venue to discuss EAP: Person making contact: MKe Smlth Is there an Automated External Defibrillator (AED) on site: DYes D No If yes, where: Does the venue have an Emergency Response Team: \(\sigma Y \) O If yes, how are they contacted: \(\sigma \) A = School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Cockher (Please use separate sheet and attach to this form if more space is needed to list school employees attending). 128/25 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

Name: Dorin Hoos, le Queter, & Mike Solth Superintendent Board Chairperson Conferred with following administrators (names): Lee Qualen Mike Saith Northeast High Sheelin Clarkswife I Wan Mar. 3/1t, 2005 Specific Action Requested: Out Of State Veguet ☐ 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

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP DOC Has TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCC #5 Bareball DESTINATION Clark 1/2 Voit part 45 ADDRESS 3701 Treste, Red, Class lille. 7h ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME L. COPM DATE(S) OF TRIP 3/21/20 SOURCE OF FUNDING FOR TRIP TCCHI Athletics NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 3 FACULTY SPONSORS ____ TOTAL # OF PARTICIPANTS < EAP: Person contacted at venue to discuss EAP: Brad Hutton Person making contact: M. ke In Is there an Automated External Defibrillator (AED) on site: Tyes \(\square\) No If yes, where: Does the venue have an Emergency Response Team: DYes D No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Cache case 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 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 _____

POWERS AND DUTIES OF THE BOARD OF EDUCATION

Request to Place an Item on the Agenda

Name: Dov: Hoos Ceelway	West M. Kesuth	
Address: 800 S. Man F. Bill	to KV 22220	
Telephone number: 2702 BSDE	06	
Name of school children attend, if appli	icable: TCCH/	
Group represented: Bareball		
Check if request was submitted to:	■ Superintendent	☐ Board Chairperson
Conferred with following administrators	s (names): LeQual	1er+MiteSait
	a the publication	
Description of Issue: Playing a 7	V/V berebillgo	me at Kenned High School
at Classille, 7 W on Ap	or 1844, 2021	
Specific Action Requested: 0 0+-0	OF-Itake rego	4
	1000	
Check if you are:		
All requests for items to be placed on to to the Board meeting as specified in	the agenda must be sub Board Policy 01 45 Ju	ems submitted shall require prior
approval of the Superintendent.	india toney on said	The state of the s

Review/Revised: 3/13/06

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL TCCHI FACULTY MEMBER(S) SPONSORING TRIP Datin Hag TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Tarthanh! DESTINATION Conwood 4. ADDRESS 251 F. Pine Monation Rd Cloteryle TN ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 3:70 PM RETURN TIME 10:000 DATE(S) OF TRIP 4/18/12/ SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Shong Person making contact: Vice In Is there an Automated External Defibrillator (AED) on site: TYes I No If yes, where: Does the venue have an Emergency Response Team: \(\sigma\) Yes \(\sigma\) No If yes, how are they contacted: \(\sigma\) School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Coucher (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 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:**

POWERS AND DUTIES OF THE BOARD OF EDUCATION

Name: Dorin Hear, Le Quartes, & Mke South Address: 800 (Man St. Ellets, KY 42220 Board Chairperson Superintendent Check if request was submitted to: Conferred with following administrators (names): Le & Quarter & M. Kelanth Description of Issue: Playing a JU/V have ball gone of K. Kwood High. Specific Action Requested: Out-ot-state request District Employee 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.

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Dolla Hoo SCHOOL 77 CHS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION L'ALURA H.C ADDRESS DOR ROSWIEWED Clothwillo YIV Overnight; give name, address, phone of lodging DEPARTURE TIME 3.709M RETURN TIME 10 Och DATE(S) OF TRIP 4 /25/2/ NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. FACULTY SPONSORS TOTAL # OF PARTICIPANTS NUMBER OF: STUDENTS EAP: Person contacted at venue to discuss EAP: Joshua Stoock/ Person making contact: Mico Satt Is there an Automated External Defibrillator (AED) on site: Yes I No If yes, where: On n. 40 Does the venue have an Emergency Response Team: Aes Do If yes, how are they contacted: On A School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): (partill (B) case 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 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 ____ **Driver Comments:**

Date

POWERS AND DUTIES OF THE BOARD OF EDUCATION

Request to Place an Item on the Agenda

Name: Northeas, Lee Quertes, & Mile Sa, FL
Address: FOC SMan St. BIKto, KY4220
Telephone number: 270265-2500
Name of school children attend, if applicable: TCCH
Group represented: Pasely
Check if request was submitted to: Superintendent E Board Chairperson
Conferred with following administrators (names): Lee Que les & Me South
Description of Issue: Playing a V gane at Chartsulle Chird in in
Clarity of the May 220, 200
The state of the state of
Specific Action Requested: Quest of Hotel Guest
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.

Review/Revised: 3/13/06

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP War, Hau SCHOOL T CCHS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION Corbaille Mistic ADDRESS (G. MC) IKACOST COCK ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 7.30PN-DATE(S) OF TRIP 5/2/25 SOURCE OF FUNDING FOR TRIP TCC & Athletic NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 2 Person making contact: Mke Sa **EAP:** Person contacted at venue to discuss EAP: Is there an Automated External Defibrillator (AED) on site: Yes \(\square\) No If yes, where: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): no de (Please use separate sheet and attach to this form if more space is needed to list school supplyees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative **District Use Only** Section 2 Date 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

Coach or School Representative Signature ______ Date _____

Driver Comments:

POWER'S AND DUTIES OF THE BOARD OF EDUCATION

RODULED IN LINES OF LOUIS ON LINE LINES	
Nume: Careg William, Lee Brigiles & Mke Sath	
Address: 800 S. Man St. Elleting ky 42220	
Telephone number: 270 205 2506	
Name of school children attend, if applicable: TOHS	
Group represented: Softhol	
	Board Chairperson
Description of Issue: Playing in the Quee-City Softha Clorer, 110, TNON Apr. 444574,2021	Mountation
the state of the s	
THE RESERVE OF THE PARTY OF THE	
Specific Action Requested: Out Of State Topart	
Check if you are:	☐ Community Member
All requests for items to be placed on the agenda must be submitted to the Board meeting as specified in Board Policy 01.45. Items su approval of the Superintendent.	to the Superintendent prior bmitted shall require prior
	Review/Revised: 3/13/06

back-and-forth

09.36 AP.21 **STUDENTS** School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP CARE William SCHOOL TO H TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: Table of the 4 DESTINATION Hertiggelate ADDRESS 145 E. Pine Mondail Flores TN Overnight; give name, address, phone of lodging DEPARTURE TIME 794 DATE(S) OF TRIP 4/4-5/25 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 20 faculty sponsors 3 Total # of Participants 23Person making contact: Nike South **EAP:** Person contacted at venue to discuss EAP: Is there an Automated External Defibrillator (AED) on site: Yes D No If yes, where: Does the venue have an Emergency Response Team: Tes I No If yes, how are they contacted: On the School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): (coche (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**

Coach or School Representative Signature

Date

Date

Driver Comments:

Request to Place an Item on the Agenda

Name: Carey William, Les Quarter, Y Mike Sith
Address: 806 S. Man St. Illto KALD20
Telephone number: 2 70 205 2500
Name of school children attend, if applicable: TCOH
Group represented: Safthall
Check if request was submitted to:
Conferred with following administrators (names): Lee Quales + Mer Sath
Description of Issue: flaging a VIJV grane of Kenwood High School in
total total
Specific Action Requested: Qut-Of-State Peparet
Check if you are: Board Member District Employee Community Member
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.

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP Casty Williams SCHOOL TCCHI TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: 700 HIS file (ADDRESS 271 F. Pine Worten Ad Clark with DESTINATION Ken wood H.S. ☐ Overnight; give name, address, phone of lodging DEPARTURE TIME 3.47M DATE(S) OF TRIP 4/14/2/ SOURCE OF FUNDING FOR TRIP TCC HIS AFMEL' NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students $\mathcal{Q}_{\mathcal{Q}}$ faculty sponsors $\mathcal{G}_{\mathcal{Q}}$ Total # of Participants $\mathcal{Q}_{\mathcal{Q}}$ EAP: Person contacted at venue to discuss EAP: Person making contact: Mike Say Ye Is there an Automated External Defibrillator (AED) on site: \(\overline{A}\) Yes \(\overline{A}\) No If yes, where: \(\overline{A}\) A Does the venue have an Emergency Response Team: \(\subseteq\)Yes \(\subseteq\) No If yes, how are they contacted: \(\subseteq\)/// \(\subseteq\). School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): cacher (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: