

STUDENTS

09.36 AP.21

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

SCHOOL Todd County Central High FACULTY MEMBER(S) SPONSORING TRIP Chris Skipworth

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TSA

DESTINATION Murray State University ADDRESS 253 Industry and Technology Center

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

DATE(S) OF TRIP Feb. 27th

DEPARTURE TIME 6:30am

RETURN TIME 2:50pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS _____

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: EP1371

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: 910 (270) 809-2222

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

Chris Skipworth CPR Trained

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

Chris Skipworth
Signature of Faculty Sponsor

1-21-24
Date

Approval of Site Based Council Representative _____

1-28-25
Date

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 Carrington

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION The City Forum ADDRESS 2231 - T 2231 Madison St.
☐ Overnight; give name, address, phone of lodging Suite B, Clarksville, TN 37043

DATE(S) OF TRIP 3/27/25 DEPARTURE TIME 8:30 am RETURN TIME 2:00 pm
SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 52
EAP: Person contacted at venue to discuss EAP: Carlie Person making contact: Carrington

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 Brandi Frances

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

Carrington Signature of Faculty Sponsor Date 3/27/25
Approval of Site Based Council Representative An Date 3-28-25

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 _____

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name:

TCHS - Dr. Carrington / B. Francies

Address:

800 South Main Elton, KY

Telephone number:

Name of school children attend, if applicable:

Group represented:

Check if request was submitted to:

☐ Superintendent

☐ Board Chairperson

Conferred with following administrators (names):

Lee Quarles

Description of Issue:

travel

Specific Action Requested:

permission to travel to
City Forum in Clarksville for
reward trip

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

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Paige Carver

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FCA

DESTINATION First Baptist Church ADDRESS 621 E. 12th Ave. Bowling Green, KY

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

DATE(S) OF TRIP 1/29/25 DEPARTURE TIME 8:00 Am 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 6 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 8

EAP: Person contacted at venue to discuss EAP: Scott Bailey Person making contact: Paige Carver

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):

Paige Carver

Jon Robertson

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

Paige Carver

Signature of Faculty Sponsor

1/27/25

Date

Approval of Site Based Council Representative [Signature]

Date 1-28-25

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 _____

Request to Place an Item on the AgendaName: Raige Carver

Address: _____

Telephone number: (270) 204-0297Name of school children attend, if applicable: TCHS FCAGroup represented: FCA

Check if request was submitted to:

☐ Superintendent☐ Board Chairperson

Conferred with following administrators (names):

Alex CarringtonLee Charles

Description of Issue:

- FCA Leadership Team trip to Leadership training on 1/29/25
- FCA will provide its own transportation by Church van
- Jon Robertson is to attend & drive

Specific Action Requested:

- U FCA members to travel to First Baptist Church in Bowling Green for leadership training.
- Event is from 9am-1:30pm

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

STUDENTS

09.36 AP.21

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

SCHOOL TCC HS FACULTY MEMBER(S) SPONSORING TRIP Darin Heas

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC HS Baseball

DESTINATION Butler Co. HS ADDRESS 222 Industrial Dr. Morgantown

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

DATE(S) OF TRIP 3/25/25 DEPARTURE TIME 4:00 PM RETURN TIME 10:30 PM

SOURCE OF FUNDING FOR TRIP TCC HS + Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Wesley Embry Person making contact: Mike Smith

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

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).

Wesley Embry
Signature of Faculty Sponsor

1/28/25
Date

Approval of Site Based Council Representative [Signature]

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Dan Heger

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Webster Co. H.S. ADDRESS 354 Clay Dixon Rd. Dixon

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

DATE(S) OF TRIP 7/24/25 DEPARTURE TIME 10:15 AM RETURN TIME 7:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 05 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Zack Lagarde Person making contact: Mikesa

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

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

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).

Walt Heger

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Darin Haas**TYPE OF TRIP (CHECK ONE):**Organization requesting the Trip / Organization responsible for Payment: TCHS BaseballDESTINATION Edmond C.H.S. ADDRESS 1450 West St. Edmond, OK☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 3/21/25 DEPARTURE TIME 3:15 PM RETURN TIME 10:30 PMSOURCE OF FUNDING FOR TRIP TCHS Athletics**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27EAP: Person contacted at venue to discuss EAP: V. LePiere Person making contact: Mike AlIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: On siteDoes 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).

Walt Rigney

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25**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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Darin Haag

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Hopkins College HS ADDRESS 6025 Hopkinsville, Madisonville

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

DATE(S) OF TRIP 4/7/25 DEPARTURE TIME 8:30 AM RETURN TIME 10:30 AM

SOURCE OF FUNDING FOR TRIP TCCHS 24th 12th

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Austin Ryan Person making contact: Mike Smith

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):

Coach PR

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

Wendy Shaffer

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Darin Hoo

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Baseball
DESTINATION McLean Co. H.S. ADDRESS 1059 S. Rt 138 E Calhoun

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

DATE(S) OF TRIP 4/10/25 DEPARTURE TIME 3:30pm RETURN TIME 11:00pm
SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Justin Cook Person making contact: McLean Co.

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

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

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

Coaches

Walter (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 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Darin Haas

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Campbell Field Park ADDRESS 1017 US-231, Lynch, Oregon

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

DATE(S) OF TRIP 4/14/25 DEPARTURE TIME 3:30 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Adam Vance Person making contact: Mike Smith

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

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Call 911

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

Coccheri

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

Walter Hyster

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Pat Hoot

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Heritage Christian Acad ADDRESS 8349 Eagle Way, Hopkinsville

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

DATE(S) OF TRIP 4/17/25 DEPARTURE TIME 3:45 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Matt McGowan Person making contact: MK Smith

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

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

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

COCcher

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

Nault

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Devin Haas

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Lagan Co. HS ADDRESS 2200 Bowdoin Green Rd. Russellville

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 4/22/25 DEPARTURE TIME 1:00 PM RETURN TIME 10:30 PM
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 27

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Medina

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 names if employee is CPR trained):

Coach

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

Walter
Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

Date 4-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Darin Haas

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHS Roseb. V

DESTINATION Franklin S. Rogers H.S. ADDRESS 400 S. College St., Franklin

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

DATE(S) OF TRIP 4/29/25 DEPARTURE TIME 3:30 PM RETURN TIME 1:00 PM

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Matthew Wilhite Person making contact: Mike Smith

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):

C. Coates

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

Walt Smith

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Paris Haas

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Western Central L.H.C. ADDRESS 559 Morganstown Rd, Bowling Green

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

DATE(S) OF TRIP 5/11/25 DEPARTURE TIME 2:15 PM RETURN TIME 11:00 PM

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Anthony Hickey Person making contact: Mike Smith

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).

Wabasha
Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCC HS FACULTY MEMBER(S) SPONSORING TRIP David Hea

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC HS Baseball

DESTINATION Russellville HS ADDRESS 1101 W. 9th St. Russellville

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

DATE(S) OF TRIP 8/5/25 DEPARTURE TIME 4:00 PM RETURN TIME 10:30 PM

SOURCE OF FUNDING FOR TRIP TCC HS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Ryan Deegan Person making contact: Mike Smith

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):

Coady

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

Walter

Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCH FACULTY MEMBER(S) SPONSORING TRIP Carey Wilcox

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCH Softball

DESTINATION Russellville A.S. ADDRESS 1101 W. 9th St, Russellville

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

DATE(S) OF TRIP 4/15/25 DEPARTURE TIME 4:00 PM RETURN TIME 9:00 AM

SOURCE OF FUNDING FOR TRIP TCCH Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Ryan Dalgout Person making contact: M. Kesner

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):

Coach

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

Wally

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Cery Williams

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Allen Co. - Scottsville, KY ADDRESS 570 W. Oliver St. Scottsville, KY

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

DATE(S) OF TRIP 4/19/25 DEPARTURE TIME 7:00 RETURN TIME 1:00

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Bob Hood Person making contact: Mike Suttle

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

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

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

Coach

(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 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHHS FACULTY MEMBER(S) SPONSORING TRIP Carey Williams

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCHHS Softball

DESTINATION Laguna Co. HS ADDRESS 2200 Boulevard Avenida Russellville

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

DATE(S) OF TRIP 4/22/25 DEPARTURE TIME 4:00 PM RETURN TIME 9:30 PM

SOURCE OF FUNDING FOR TRIP TCHHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Todd Adler Person making contact: Mike Smith

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).

Walter Nye

Signature of Faculty Sponsor

1/25/25
Date

Approval of Site Based Council Representative

[Signature]

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Carey Williams

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Glasgow H.S. ADDRESS 1001 Columbia Ave. Glasgow

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

DATE(S) OF TRIP 4/20/25 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 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Bailey Gammon Person making contact: Mike Smith

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

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

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

Coach

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

Wab

Signature of Faculty Sponsor

1/28/25

Date

Approval of Site Based Council Representative

[Signature]

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Cary Wilson

TYPE OF TRIP (CHECK ONE):

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

DESTINATION McLean Co. H.S. ADDRESS 1899 H. Rd 136, Colhoun

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

DATE(S) OF TRIP 4/28/25 DEPARTURE TIME 3:30 PM RETURN TIME 11:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Tush & Cook Person making contact: M. Kesaithe

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):

Coach _____

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

Walt High Signature of Faculty Sponsor 1/29/25 Date

Approval of Site Based Council Representative [Signature] Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Cary Williams

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Franklin-Simpson ES ADDRESS 721 W. H. Rd, Franklin

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

DATE(S) OF TRIP 4/29/25 DEPARTURE TIME 4:00 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Matthew W. Wolfe Person making contact: Mike Smith

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).

Matthew Wolfe

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Cathy Williams

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Bowling Green HS ADDRESS 1801 Rockingham Ave Bowling Green

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

DATE(S) OF TRIP 5/2/25 DEPARTURE TIME 7:45 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Calvin Head Person making contact: Mike Smith

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

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

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

Cocchi

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

Walt
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature]

Date

1/29/25
Date

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 Carey W. Wynn

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Webster Co. H.S. ADDRESS Clay-Dixon Rd Dixon

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

DATE(S) OF TRIP 8/10/25 DEPARTURE TIME 7:00A RETURN TIME 7:00A

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Scott Lagrange Person making contact: Mike Smith

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

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

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

Cocchi

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

Walters

Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

12/29/25
Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Cary Williams

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Fort Campbell H.S. ADDRESS 912 Creston Rd, Fort Campbell

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 5/12/25 DEPARTURE TIME 4:00 PM RETURN TIME 10:00 AM

SOURCE OF FUNDING FOR TRIP TCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Randi Caldwell Person making contact: Mike Smith

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

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

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

Cochran

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

Walter Smith

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Cary Miller

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Rocky Point ADDRESS E. Legion Pt. Beach

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

DATE(S) OF TRIP 5/13/25 DEPARTURE TIME 3:30 PM RETURN TIME 1:00 PM

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Jeffrey Person making contact: Mike Smith

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: Call 911

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

Coach

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

Walter
Signature of Faculty Sponsor

Approval of Site Based Council Representative [Signature]

Date

1-29-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Caryll Han

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Hopkinsville H.S. ADDRESS 430 Koffman Dr Hopkinsville

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 5/15/25 DEPARTURE TIME 4:15 pm RETURN TIME 9:30 pm

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Jacob Zell Person making contact: Mikowski

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).

Walt High

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

13th District / Dwn

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Carey Holliman

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Rumsville H.S. ADDRESS 1101 W. 9th St, Rumsville, IL

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

DATE(S) OF TRIP week of 12/19/25 DEPARTURE TIME 7:30 RETURN TIME 3:30

SOURCE OF FUNDING FOR TRIP TCHS Athletic

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Ryan Davenport Person making contact: Mike LaPlante

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):

C. Cook

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

Walt Dwyer
Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

12/29/25

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 _____

Request to Place an Item on the AgendaName: ~~Lee Quarter~~ Devin Hear Lee Quarter & Mike S. Jr.

Address: 806 S. Main St. Elkton KY 42220

Telephone number: 270 265 2500

Name of school children attend, if applicable: J. Carter

Group represented: Baseball

Check if request was submitted to: ☐ Superintendent ☒ Board Chairperson

Conferred with following administrators (names): Lee Quarter & Mike S. Jr.

Description of Issue: Playing a TV/V baseball game at Springfield High School in Springfield, TN on Mar. 22nd, 2025

Specific Action Requested: Out-of-state request

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

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Paris Haas

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Springfield H.S. ADDRESS 5240 Hwy 26 E Springfield TN

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

DATE(S) OF TRIP 3/22/25 DEPARTURE TIME 12:00 PM RETURN TIME 7:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Andy Fack Person making contact: Mike Smith

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):

Cocher

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

Michael Snyder

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

Request to Place an Item on the AgendaName: Darin Hoos, Lee Quigley, & Mike SmithAddress: 800 S Main St. Ellettsville, KY 42220Telephone number: 270 265 2506Name of school children attend, if applicable: TCCHSGroup represented: BarbellCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quigley, Mike SmithDescription of Issue: Playing a V Barbell game at Clarksville
Northeast High School, in Clarksville, TN on Mar. 31st, 2025Specific Action Requested: out-of-state requestCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Darin Haas

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Clarksville Northeast HS ADDRESS 3701 Trenton Rd, Clarksville, TN

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

DATE(S) OF TRIP 3/21/25 DEPARTURE TIME 4:00 PM RETURN TIME 9:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Brad Hutson Person making contact: Mike Smith

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

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):

Coach

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

Wade Rhyder

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature]

Date 1-29-25

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 _____

Request to Place an Item on the AgendaName: Doris Hear, Lee Quarters, & Mike SmithAddress: 800 S. Main St. Elkton, KY 40220Telephone number: 2702652506Name of school children attend, if applicable: TCHSGroup represented: BarbellCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quarters & Mike SmithDescription of Issue: Playing a TV/V barbell game at Kenwood High School at Clarksville, TN on Apr. 18th, 2025Specific Action Requested: Out-of-State requestCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Darin Haas

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS March 11

DESTINATION Ranwood H.S. ADDRESS 251 E. Pine Mountain Rd. Gatouille TN

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

DATE(S) OF TRIP 4/18/25 DEPARTURE TIME 3:00 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Shana Perham Person making contact: Mickie L

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

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

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

Coach

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

W. B. W. W.

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

Request to Place an Item on the AgendaName: Doris Harris, Lee Quaker, & Mike SmithAddress: 800 S Main St. Ellenton, KY 42220Telephone number: 270 205 2506Name of school children attend, if applicable: TCHGroup represented: BarbedCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quaker & M. K. SmithDescription of Issue: Playing a JV/V baseball game at K. Wood High School in Clarksville, TN on Apr 25th, 2005Specific Action Requested: Out-of-state requestCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCH FACULTY MEMBER(S) SPONSORING TRIP Patricia Hoo

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCH Appleton

DESTINATION Pickwood H.S. ADDRESS 2702 Riverside Ct. Knoxville TN

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

DATE(S) OF TRIP 4/25/25 DEPARTURE TIME 3:30 PM RETURN TIME 10:00 PM

SOURCE OF FUNDING FOR TRIP TCCH Athletic

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Joshua Stock Person making contact: Mike Sath

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):

Coach

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

Walter

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

Request to Place an Item on the AgendaName: Derin Hoag, Lee Quaker, & Mike SmithAddress: 800 S. Main St., Ellettsville, KY 42220Telephone number: 270 265-2506Name of school children attend, if applicable: TCCHGroup represented: ParentsCheck if request was submitted to: ☐ Superintendent ☒ Board ChairpersonConferred with following administrators (names): Lee Quaker & Mike SmithDescription of Issue: Playing a V game at Clarksville Christian in Clarksville, TN on May 2nd, 2020Specific Action Requested: Date of Note requestCheck if you are: ☐ Board Member ☐ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Darin Hoo

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Clarksville Christian ADDRESS Cl. McV. McV. East (CCHS)

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

DATE(S) OF TRIP 5/2/25 DEPARTURE TIME 7:30pm RETURN TIME 7:00pm

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Mike Smith

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):

Coach _____

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

Walter _____
Signature of Faculty Sponsor Date 1/29/25

Approval of Site Based Council Representative _____ Date 1-29-25

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 _____

Request to Place an Item on the AgendaName: Carey W. Hawn, Lee Quarter & Mike SathAddress: 800 S. Main St. Elkton, Ky 42224Telephone number: 270 265 2500Name of school children attend, if applicable: TECHSGroup represented: SoftballCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quarter & Mike SathDescription of Issue: Playing in the Queen City Softball Tournament in Clarksville, TN on Apr. 4th & 5th, 2025Specific Action Requested: Out of State ReportCheck 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

back-and-forth

STUDENTS

09.36 AP.21

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

SCHOOL TCC HS

FACULTY MEMBER(S) SPONSORING TRIP Carey Williams

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCC HS Off the 6

DESTINATION Hertig's Lake ADDRESS 1456 Pine Mountain Rd, Knoxville TN

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

DATE(S) OF TRIP 4/4-5/25

DEPARTURE TIME 7:00

RETURN TIME 7:00

SOURCE OF FUNDING FOR TRIP TCC HS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Mike Smith

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):

Coach

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

Walter

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____

Request to Place an Item on the AgendaName: Carey Williams, Lee Quarles, & Mike SmithAddress: 800 S. Main St. Elkhart, IN 46520Telephone number: 270 265 2506Name of school children attend, if applicable: TCATSGroup represented: SafethellCheck if request was submitted to: ☒ Superintendent ☒ Board ChairpersonConferred with following administrators (names): Lee Quarles & Mike SmithDescription of Issue: Playing a V/TV game at Kenwood High School in
Clarksville, TN on April 14th, 2025Specific Action Requested: out-of-state requestCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Cary Williams

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Kenwood H.S. ADDRESS 251 E. Pine Mountain Rd, Clarksville

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

DATE(S) OF TRIP 4/14/25 DEPARTURE TIME 3:45 PM RETURN TIME 9:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS Athletics

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Mike Smith

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):

Coach

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

W. Williams

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-29-25

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 _____