

STUDENTS

09.36 AP.21

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

SCHOOL : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Migrant Ed

DESTINATION: HCC & TCAT ADDRESS: HOPKINSVILLE, KY/CLARKSVILLE, TN

Overnight; give name, address, phone of lodging: N/A

DATE(S) OF TRIP: 03/19/25 DEPARTURE TIME: 8:00AM RETURN TIME: 2:40PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 25 FACULTY SPONSORS: L. VOTH, P. RAMIREZ TOTAL # OF PARTICIPANTS: 27

EAP: Person contacted at venue to discuss EAP: Katlyn Mackey/Deanna Griffin Person making contact: L.Voth

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

Each building

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio/Cell

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

L Voth (CPR Trained)

270-604-5091

P Ramirez (CPR Trained)

863-624-1235

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

Signature of Faculty Sponsor

1/27/25
Date

Approval of Site Based Council Representative _____ 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 _____