

Todd/Muhlenberg Migrant Education Summer Plan Narrative 2025

Our current enrollment includes 203 students, most all of whom will be eligible for summer learning services. These include twelve out of school youth, sixteen preschool aged children and 175 who are rising K – 12th grade students. We intend to serve all these students in addition to the others we locate between now and the first day of school in August.

We will encourage and facilitate participation in any applicable summer programming that will be offered by local schools and community organizations. We intend to supplement these offerings as outlined below. Additionally, we have applied for and are expected to receive Incentive Funds from KDE to provide a site program for preschoolers. This will be a change from previous years when we have typically served preschoolers exclusively in their homes.

Parents continue to advise us that they are concerned about their children's learning loss as well as their physical and mental wellness. In response to these concerns, we seek to address both academic learning loss and the physical and mental health issues that have presented themselves in our students. Students will explore various topics including:

- Reading Comprehension strategies (K-12)
- Vocabulary Development (PreK-12)
- Site Based Activities for Kindergarten Readiness (PreK)
- Nutrition/Cooking/Healthy Eating/Food Safety (PreK-12)
- Physical Fitness (PreK-12)
- Self-Care Strategies/Managing Stress and Anxiety (PreK-12)
- Friendship/Social Skills Development/Team Building (PreK-12)
- Water Safety/Swimming Lessons (1-12)
- STEAM Application (PreK-8)
- Career Readiness – Applications, Interviews, Public Speaking (9-12)
- Home Based Instruction Designed to Maintain Math& ELA Skills (K-12 as needed)
- Home Based English as a Second Language/Practical Living Skills (Out of School Youth)
- Parenting Strategies/Mental Health Awareness (parents)

Transportation will be provided to all our PreK-12 Todd and Muhlenberg students.

Services will be provided in a variety of ways including in-person day camps for PreK-12, overnight camps for middle and high schoolers and home-based study. We have secured North Todd Elementary as our home base for in-district activities provided by the MEP and have plans to collaborate with Bowling Green Parks and Recreation, Chaney's Dairy Barn, Todd County Extension Services, Todd County Library, and Todd County AXIS to provide services.

We have likewise secured the facilities at the West KY 4-H Camp for our overnight camp for 4th grade – 12th graders on July 11-12 and for a family day to include our PreK – 3rd grade students and parents of students of all ages.

Our regional staff are also offering the Student Leadership Institute for high school students in person at Murray State June 1 - 7 and a Middle School Camp at KY Dam Village June 24-27. The region is covering all costs associated with their camps except for basic supplies students might need for full participation.

Students who travel during our formal scheduled activities, those who need additional help, and new arrivals will be served in the home. We will teach math and ELA skills while addressing physical and mental health concerns.

Out of school students will be offered adult education referrals, English as a Second Language classes, life skills and/or parenting for school readiness services in their homes. We are maintaining relationships with our community partners and will promote other learning opportunities available to all students in both counties.

Calendar of Events

May 27 – August 1 - Home Based Services for OSY, PreK, Struggling Learners K-12

June 1- June 7 – Student Leadership Institute sponsored by West Regional MEP Program at Murray State grades 9-12 (College/Career Readiness)

June 9 – June 18 - Site based programming @ NTES. Programming will include fishing with Todd Co. 4-H and Community Learning with the Todd County Library, Todd County Extension, and Todd County AXIS

June 19 – Experiential Learning/Swimming and Water Safety with Bowling Green Parks & Rec and Chaney's Dairy Barn

June 24 -June 27 – Middle School Camp sponsored by West Regional MEP at KY Dam Village grades 6-8 (STEAM, literacy)

July 11-13 – Overnight Wellness Camp for 4th – 12th graders at West KY 4-H Camp. July 13th will include a parent involvement/family engagement event.

All expenses beyond what is provided by the districts to all students will be covered by MEP.

Required Expenses	Cost Estimate
Diesel	4000 miles @ 1.50 per mile = \$6000
Personnel – Nine Certified Teachers (total of approximately 1100 hours). Includes two teachers who will drive routes.	\$27/hour x 1100 hours + 25% Fringe = \$37,125
Personnel – Three Bus Drivers (approximately 240 hours)	\$18/hour x 240 hours + 35% Fringe = \$5832
Personnel – Aides/Monitors (approximately 160 hours)	\$12/hour x 160 hours + 35% Fringe = \$2592
Fees/Admissions	\$10,000
Instructional Materials	\$500
Supplies	\$1700
Total Estimate	\$63,749
Preschool Summer Incentive Grant Funds	(-\$14,925)
Total Cost to Local MEP	\$48,824

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: MEP

DESTINATION: WKRMEP COLLEGE/CAREER CAMP STUDENT DROPOFF ADDRESS: MURRAY STATE

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

DATE(S) OF TRIP: 06/01/25 DEPARTURE TIME: 10:00 AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 10 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 11

EAP: Person contacted at venue to discuss EAP: Sherrell Tanner Person making contact: L.Voth

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

One per 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) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

Signature of Faculty Sponsor _____ *Date* _____
Approval of Site Based Council Representative _____ Date _____

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

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WKRMEP COLLEGE/CAREER CAMP STUDENT PICKUP ADDRESS: MURRAY STATE

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

DATE(S) OF TRIP: 06/07/25 DEPARTURE TIME: 10:00 AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 10 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 11

EAP: Person contacted at venue to discuss EAP: Sherrell Tanner Person making contact: L.Voth

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

One per 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) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

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Driver Comments:

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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: MEP

DESTINATION: NORTH TODD ES - SITE PROGRAM ADDRESS: ELKTON

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

DATE(S) OF TRIP: 6/9/25 DEPARTURE TIME: 6:30AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 120

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: L.Voth

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: Radio/Cell

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

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

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

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ES - SITE PROGRAM ADDRESS: ELKTON

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

DATE(S) OF TRIP: 6/10/25 DEPARTURE TIME: 6:30AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 120

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: L.Voth

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: Radio/Cell

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

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

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

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ES - SITE PROGRAM ADDRESS: ELKTON

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

DATE(S) OF TRIP: 6/11/25 DEPARTURE TIME: 6:30AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 120

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: L. Voth

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: Radio/Cell

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

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

Signature of Faculty Sponsor _____ *Date* _____
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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 : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ES - SITE PROGRAM ADDRESS: ELKTON

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

DATE(S) OF TRIP: 6/12/25 DEPARTURE TIME: 6:30AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 120

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: L.Voth

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: Radio/Cell

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

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

Signature of Faculty Sponsor _____ *Date* _____
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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 : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ES - SITE PROGRAM ADDRESS: ELKTON

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

DATE(S) OF TRIP: 6/16/25 DEPARTURE TIME: 6:30AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 120

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: L.Voth

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: Radio/Cell

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

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

Signature of Faculty Sponsor _____ *Date* _____
Approval of Site Based Council Representative _____ Date _____

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

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ES - SITE PROGRAM ADDRESS: ELKTON

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

DATE(S) OF TRIP: 6/17/25 DEPARTURE TIME: 6:30AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 120

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: L.Voth

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: Radio/Cell

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

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

Signature of Faculty Sponsor _____ *Date* _____
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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 : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ES - SITE PROGRAM ADDRESS: ELKTON

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

DATE(S) OF TRIP: 6/18/25 DEPARTURE TIME: 6:30AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 120

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: L.Voth

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: Radio/Cell

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

L Voth (CPR Trained) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

Signature of Faculty Sponsor _____
Date
Approval of Site Based Council Representative _____ Date _____

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

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ES/SIMS AQUATIC CENTER/CHANEY'S DAIRY BARN ADDRESS: ELKTON/BOWLING GREEN

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

DATE(S) OF TRIP: 06/19/25 DEPARTURE TIME: 6:30AM RETURN TIME: 4:30PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 120

EAP: Person contacted at venue to discuss EAP: Cameron Levis Person making contact: L.Voth

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

Waterpark

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) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative _____

Date

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Date

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Date/Time Departure: _____

Odometer Start: _____

Date/Time Return: _____

Odometer End: _____

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

Driver Signature _____

Date

Driver Comments:

Coach or School Representative Signature _____

Date

STUDENTS

09.36 AP.21

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

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

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WKRMEP MS CAMP DROPOFF ADDRESS: MURRAY STATE

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

DATE(S) OF TRIP: 06/24/25 DEPARTURE TIME: 06:00 AM RETURN TIME: 12:30 PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 10 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 11

EAP: Person contacted at venue to discuss EAP: Sherrell Tanner Person making contact: L.Voth

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

Lodge

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) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

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

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WKRMEP MS CAMP PICKUP ADDRESS: MURRAY STATE

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

DATE(S) OF TRIP: 06/27/25 **DEPARTURE TIME:** 10:00 AM **RETURN TIME:** 4:30 PM

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 10 **FACULTY SPONSORS:** L. VOTH **TOTAL # OF PARTICIPANTS:** 11

EAP: Person contacted at venue to discuss EAP: Sherrell Tanner Person making contact: L.Voth

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

Lodge

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) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

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Driver Comments:

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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: MEP

DESTINATION: WEST KY 4H CAMP ADDRESS: DAWSON SPRINGS, KY

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

DATE(S) OF TRIP: 07/11/25-07/13/25 DEPARTURE TIME: 02:00 PM 7/11 RETURN TIME: 3:00 PM 7/13

SOURCE OF FUNDING FOR TRIP MEP GRANT

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

NUMBER OF: STUDENTS: 40 FACULTY SPONSORS: L. VOTH TOTAL # OF PARTICIPANTS: 43

EAP: Person contacted at venue to discuss EAP: Clara Putnam Person making contact: L.Voth

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

Dining Hall

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) _____

P Ramirez (CPR Trained) _____

F Gunn (CPR Trained) _____

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

Signature of Faculty Sponsor _____ *Date* _____
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Driver Comments:

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