

STUDENTS

09.36 AP.21

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

SCHOOL North Todd FACULTY MEMBER(S) SPONSORING TRIP 3rd Grade

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION The Showbox, Elkton Park ADDRESS 4000 Ft Campbell Blvd, Hopkinsville, KY 42240

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/9/25 DEPARTURE TIME 8:15 RETURN TIME 2:30

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 58 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 62

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: _____

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):

Laura McGehee _____ Sierra Smith _____
Elizabeth Addison _____
Lary Ellis _____

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

Laura McGehee _____ 3/7/25 _____
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative Jessica Dean 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 _____

Movie theater:
The Wild Robot