

STUDENTS

09.36 AP.21

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL : NORTH TODD ELEMENTARY FACULTY MEMBER(S) SPONSORING TRIP CINDY WILLIAMS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: 2nd Grade/PTO

DESTINATION: SHOWBOX THEATRE ADDRESS: 4000 FORT CAMPBELL BLVD. HOPKINSVILLE, KY 42240

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

DATE(S) OF TRIP: 4-16-25 DEPARTURE TIME: 8:00 AM RETURN TIME: 11:00 AM

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS: 60 FACULTY SPONSORS: 5 TOTAL # OF PARTICIPANTS: 65

EAP: Person contacted at venue to discuss EAP: Madyson Pollock Person making contact: Cindy Williams

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):

Cindy Williams

Sierra Smith

Emily Daugherty

Amber McCuiston

Kaitlyn Dawson

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

Cindy Williams
Signature of Faculty Sponsor

3/21/25
Date

Approval of Site Based Council Representative

Jessica Lee

Date 3/21/25

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 : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP LAURA BOLEY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: North Todd

DESTINATION: NORTH TODD ADDRESS: _____

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

DATE(S) OF TRIP: 3/27/25 DEPARTURE TIME: 9:30 RETURN TIME: 2:00

SOURCE OF FUNDING FOR TRIP SBDM

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

NUMBER OF: STUDENTS: 10 FACULTY SPONSORS: _____ TOTAL # OF PARTICIPANTS: 10

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

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

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

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

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

Laura Boley
Signature of Faculty Sponsor

9/24/25
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 _____

STUDENTS

09.36 AP.21

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

SCHOOL North Todd Elementary FACULTY MEMBER(S) SPONSORING TRIP Colleen Carter

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Preschool

DESTINATION Snow Box Movie Theater ADDRESS 4000 Ft. Campbell Blvd.

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP May 8th, 2025 DEPARTURE TIME 8:30 RETURN TIME 11:30

SOURCE OF FUNDING FOR TRIP Field Trip Funds / PTO

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

NUMBER OF: STUDENTS 39 FACULTY SPONSORS 10 TOTAL # OF PARTICIPANTS 48

EAP: Person contacted at venue to discuss EAP: Madison Pollock Person making contact: Elizabeth Blake

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

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):

cpr - Colleen Carter Jo Keenan - cpr Alena Berry Bethany Johnson - cpr
cpr - Elizabeth Blake cpr - Destiny Shelton Abby Blake
cpr - Ashley Wiley cpr - Sherry Carr Beth Craig - Nurse -
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
Colleen A. Carter, Ashley Wiley, Elizabeth Blake 3-14-25 Date
Signature of Faculty Sponsor

Approval of Site Based Council Representative Janice Lee Date 3/14/25

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 North Todd Elementary FACULTY MEMBER(S) SPONSORING TRIP Colleen Carter

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Preschool / PTO

DESTINATION Show Box Movie Theater ADDRESS 4000 Ft. Campbell Blvd

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

DATE(S) OF TRIP May 6, 2025 DEPARTURE TIME 8:30 RETURN TIME 11:30

SOURCE OF FUNDING FOR TRIP Field Trip Funds / PTO

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

NUMBER OF: STUDENTS 45 FACULTY SPONSORS 10 TOTAL # OF PARTICIPANTS 54

EAP: Person contacted at venue to discuss EAP: Madison Pollock Person making contact: Elizabeth Blake

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

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):

Cpr - Colleen Carter Jo Keenan - cpr Aena Perry Bethany Johnson - cpr
Cpr - Elizabeth Blake cpr - Desiré Shelton Abby Blake
Cpr - Ashley Utley cpr - Sherry Case Beth Craig - Nurse

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

Colleen Carter, Ashley Utley, Elizabeth Blake
Signature of Faculty Sponsor

3-14-25
Date

Approval of Site Based Council Representative [Signature] Date 3/14/25

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 NTE & STE

FACULTY MEMBER(S) SPONSORING TRIP Lisa Petric

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCBOE INSTRUCTIONAL

DESTINATION Alhambra Theatre ADDRESS Hopkinsville, KY

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP April 22 DEPARTURE TIME 10:00 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP TCBOE INSTRUCTIONAL

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

NUMBER OF: STUDENTS 26 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 28

EAP: Person contacted at venue to discuss EAP: Nelly Seife Person making contact: Lisa Petric

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):

Lisa Petric

Amanda Brown

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

[Signature]
Signature of Faculty Sponsor

3-24-25
Date

Approval of Site Based Council Representative Jennifer Boyd Date 3-24-25

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 cost will be paid for by the school PTO
AS A REWARD FOR Being a member of the Academic Team.
Students will have lunch at the Crusty Pig. This
will also be funded by the PTO.

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: March 19, 2025

Date of Event: May 14, 2025

Organization: School: South Todd Elementary

Number of Passengers: 63 students, 5 adults

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination: Hot Rods BallPark, Bowling Green, Ky

Planned Stops To and From: None

Departing Location: South Todd Elementary Date of Departure: 5-14-2025 Time of Departure: 8:30

Returning Location: South Todd Elementary Date of Return: 5-14-2025 Time of Return: 2:15

Chaperone/s: Rachel Meyer, Brad Balmer, Krista Stration Ashly Woffard Chaperone's Phone #: 270-604-2272

Special Requests (Check One)

☐ Van

☒ Handicap Access

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes

☐ No (Check One)

Person Driving Van: N/A

Trip Requested By:

Organization Responsible for Payment

Approval of Site Based Council Representative

Jennifer Boyd

Date: 3-24-25

DISTRICT USE ONLY

Section 2

Approval of District Representative

Date:

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure:

Odometer Start:

Date/Time of Return:

Odometer End:

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

Driver Signature _____ Date: _____

Driver Comments: Click here to enter text.

Coach or School Representative Signature _____ Date: _____

STUDENTS

09.36 AP.21

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

SCHOOL South Todd Elem FACULTY MEMBER(S) SPONSORING TRIP 3rd grade

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION 3rd grade
Lost River Cave ADDRESS 2818 Nashville Rd, Bowling Green, KY
☐ Overnight; give name, address, phone of lodging 42101

DATE(S) OF TRIP 5/14/2025 DEPARTURE TIME 9:00 RETURN TIME 2:30

SOURCE OF FUNDING FOR TRIP PTO / Sitebase

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

NUMBER OF: STUDENTS 80 FACULTY SPONSORS 6 TOTAL # OF PARTICIPANTS 86

EAP: Person contacted at venue to discuss EAP: Caroline Galdi Person making contact:

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ⁽²⁾ ☐ No If yes, where: Gift shop/Cave Mouth

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

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

Allison Glodski Stevie Higgins
Kaitlin Morris Shelley Collins
Kaylee Walker Carne Tobar

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

Ann Flynn 3/4/2025
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative Jennifer Beyrd Date 3-24-25

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: _____

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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 South Todd Elementary FACULTY MEMBER(S) SPONSORING TRIP Lindsay Siswo

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

PTO
DESTINATION Hearthstone Nursing Home ADDRESS 506 Allensville St Elkton Ky 42220
☐ Overnight; give name, address, phone or lodging _____

DATE(S) OF TRIP 4/23/25 DEPARTURE TIME 9:00 RETURN TIME 11:00

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 19 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: Bartay Taylor Person making contact: Lindsay Siswo

Is there an Automated External Defibrillator (AED) on site: ☒ 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):

Lindsay Siswo

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

Lindsay Siswo
Signature of Faculty Sponsor

3/20/25
Date

Approval of Site Based Council Representative Jennifer Boyd Date 3-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

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Date/Time Return: _____ Odometer End: _____

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Driver Signature _____ Date _____

Driver Comments: _____

Coach or School Representative Signature _____ Date _____