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

SCHOOL: NORTH TODD ELEMENTARY FACULTY MEN	ABER(S) SPONSORING TRIP <u>Cini</u>	DY WILLIAMS
Type of Trip (CHECK ONE):	-3-1- 5- Dec. (2 1 C 1 M	TO.
Organization requesting the Trip / Organization respondes Trip / Organization re	Sidie for Payment: <u>2nd Grade/P</u>	OPVINCULLE KV
42240	OUT ON CAMPBELL DEVIS. II	
Overnight; give name, address, phone of lodging:		
DATE(S) OF TRIP: <u>4-16-25</u> DEPARTURE TIME: <u>8:00</u>	DAM_RETURN TIME: 11:00 A	M_
SOURCE OF FUNDING FOR TRIP <u>PTO</u>		
NO STUDENT SHALL BE DENIED THE TRI		
Number of: students: <u>60</u> faculty sponsors: <u>5</u>		
EAP: Person contacted at venue to discuss EAP: <u>Madyson I</u>	Pollock Person making contact: <u>Cir</u>	ndy Williams
Is there an Automated External Defibrillator (AED) on site: Yes	es No If yes, where:	
	No If yes, how are they contacted	d:
School Employee(s) Attending Trip (Please note beside name i		
Cindy Williams Emily Daugherty	Sierra Smith Amber McCuiston	
Kaitlyn Dawson		
(Please use separate sheet and attach to this form if more space	is needed to list school employees at end	ling).
Signature of Faculty Sponsor		2
Approval of Site Based Council Representativ	_	ate 3/21/2
District Us	e Only	
Section 2		
Approval of District Representative	Dat	e and the second
DDIVID WITH WATER		***********
DRIVER: TURN THIS FORM Section 3	I IN WITH TIMESHEETS	
Date/Time Departure:	Odometer Start:	
Date/Time Return:	Odometer End:	
hereby certify that the above information is correct to the	ne best of my knowledge.	
Oriver Signature	Dε	ite
Oriver Comments:		S & Table - embedded and a second of the company of the date of the company of the date of the company of the date of the company of the comp
Coach or School Representative Signature	Da	ite

STUDENTS 09.36 AP.21

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

SCHOOL: North Todd Elementary School FACULTY MEMI	BER(S) SPONSORING TRIP <u>LAURA BOLEY</u>
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization responsible	
DESTINATION: NORTH TODD ADDRESS:	
Overnight; give name, address, phone of lodging:	
DATE(S) OF TRIP: 3/27/25 DEPARTURE TIME: 9:3	0 RETURN TIME: 2:00
SOURCE OF FUNDING FOR TRIP SBDM	
NO STUDENT SHALL BE DENIED THE TRIP BECA	USE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS: 10 FACULTY SPONSORS: TOT	AL# OF PARTICIPANTS: 10
EAP: Person contacted at venue to discuss EAP:	Person making contact:
Is there an Automated External Defibrillator (AED) on site: $\ \square$ Yes	=X No If yes, where:
Does the venue have an Emergency Response Team: \square Yes X No	If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if emp	loyee is CPR trained):
(Please use separate sheet and attach or tristform of more space is need signature of Faculty Sponsor	× 1
(Please us, separate sheet and attach to this formal more space is need	led to list school employees a tending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
District Use Onl	v
Section 2	,
Approval of District Representative	Date
DRIVER: TURN THIS FORM IN V	MTTH THAIRCITE DTC
Section 3	VIIII IIIVIESHEEIS
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to the bes	t 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 NOT TOOL E LE FACULTY MEMBER(S) SPONSORING TRI	poileen Carter
	TYPE OF TRIP (CHECK ONE):	Elizaotto Blore
	DESTINATION Show BOX MOVIET THE ADDRESS 4000 Ft. Cam	18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	☐ Overnight; give name, address, phone of lodging	
	DATE(S) OF TRIP MON SM, 7025 DEPARTURE TIME STATE	RETURN TIME 11:30
	SOURCE OF FUNDING FOR TRIP 1-12 C Trip FUNDS / PO	
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO	PAY.
	Number of: students 39 faculty sponsors 10 Total # of Pa	RTICIPANTS 48
	EAP: Person contacted at venue to discuss EAP: Marison Politic Person making con	tact: Elizabeth Bake
	Is there an Automated External Defibrillator (AED) on site: TYes 🙀 No If yes, where:	ASIMPLAMELA
	Does the venue have an Emergency Response Team: X Yes I No If yes, how are they conta	icted: Call 911
Cpr-	School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):	Bethany Johnson Ch
Cor	(Please use separate sheet and attach to this form if more space is needed to his school employees	The Blanding - Nurse-
	College H. Contac. Holler Uth & Bat Blood 3-14	- 25 Cpr
	Approval of Site Based Council Representative	Date 3/14/25
	***************************************	Sp 110
	District Use Only	
	Section 2	
	Approval of District Representative	
	***************************************	******
	DRIVER: TURN THIS FORM IN WITH TIMESHEETS	5
	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	э.
	Driver Signature	_Date
	Driver Comments:	adirections / controlled de la Section de la
	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 Member(s) sponsoring trip	College n Carter
		Sizoh Sake
	DATE(S) OF TRIP May 6, 2025 DEPARTURE TIME \$ 30 SOURCE OF FUNDING FOR TRIP FIELD TYLD FUNDS I PTO	RETURN TIME 11.30
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO	
	NUMBER OF: STUDENTS 45 FACULTY SPONSORS 0 TOTAL # OF PAI	RTICIPANTS 54
	EAP: Person contacted at venue to discuss EAP: Maison Pollock Person making cont	act: 12ab - Blake
	Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:	4.5
	Does the venue have an Emergency Response Team: Yes \(\Omega\) No If yes, how are they contained Employee(s) Attending Trip (Places note herida no residence in CPR to it. 1)	cted:
cor - cor - cor	School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): COLLAN COLLAN TO KEENAN - CPP Parameter and attach to this form it more space is needed to list school employees a Signature of Faculty Sponsor Date	ttending).
	Approval of Site Based Council Representative	Date 3/1-4/25
	Section 2 District Use Only	
	Approval of District Representative	Date
	***************************************	Appelle to the property lines.
	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:	Victorian name of the Management of the Company of
	Coach or School Representative Signature	Date

SCHOOL WIE & STE FACULTY MEI	MBER(S) SPONSORING TRIP 6 Petrie
Type of Trip (check one):	And the second s
Organization requesting the Trip / Organization respons	sible for Payment: TCBOE /AUTRUCTION
DESTINATION Alahambra Trustre Address	HOPKINSVILLE RY
Overnight; give name, address, phone of lodging	Companies in which the security of Colony in a security of the State o
DATE(S) OF TRIP Age: 1 22 DEPARTUR	E TIME /0:00 RETURN TIME 2:0
Source of funding for trip 7000 instruction	Carlotte delicate
NO STUDENT SHALL BE DENIED THE TRIP	BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS 26 FACULTY SPONSORS EAP: Person contacted at venue to discuss EAP: Medly Selly	TOTAL # OF PARTICIPANTS 26
Is there an Automated External Defibrillator (AED) on site:	Ves Discontinues 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	
lica Petrie	
(Please use separate sheet and attach to this form if more space is	s needed to list school employees attending).
Signature of Faculty Sponsor	A Date
Approval of Site Based Council Representative	Date 3-24-6
District Use	Only
Section 2	
Approval of District Representative	Date
DRIVER: TURN THIS FORM I	IN WITH TIMESHEETS
Section 3	
Section 3 Date/Time Departure:	Odometer Start:
Section 3	Odometer Start:
Section 3 Date/Time Departure:	Odometer Start: Odometer End:
Section 3 Date/Time Departure: Date/Time Return:	Odometer Start: Odometer End:
Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the	Odometer Start: Odometer End: best of my knowledge.
Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the Driver Signature Driver Comments:	Odometer Start: Odometer End: best of my knowledge.
Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the Driver Signature Driver Comments: Coach or School Representative Signature	Odometer Start: Odometer End: best of my knowledge. Date Date
Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the Driver Signature Driver Comments: Coach or School Representative Signature	Odometer Start: Odometer End: best of my knowledge. Date Date
Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the Driver Signature Driver Comments: Coach or School Representative Signature	Odometer Start: Odometer End: best of my knowledge. Date Date
Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the Driver Signature Driver Comments: Coach or School Representative Signature dents Cost will be paid for A REWARD FOR Bends a member A REWARD FOR Bends a member Additional and the second secon	Odometer Start: Odometer End: best of my knowledge. Date Date Date by the School PTO of the Academic Team the Crusty Piq. This
Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the Driver Signature Driver Comments:	Odometer Start: Odometer End: best of my knowledge. Date Date Date by the School PTO of the Academic Team the Crusty Piq. This

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	e of Request: March 19,2025 Date of Eve	ent: May 14, 2025
	Organization: School: South Todd Ele	ementary
	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 Gre-	en, Ky	
Planned Stops To and From: None		
Departing Location:South Todd Elementary	Date of Departure: 5-14-2025 Time of De	parture: 8:30
Returning Location: South Todd Elementary	Date of Return: 5-14-2025 Time of F	Return: 2:15
Chaperone/s: Rachel Meyer, Brad Balmer, Kr	rista Stration Ashly Woffard Chaperone's Pho	one #: 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	0 . 0	
Approval of Site Based Council Representativ	re Jennifer Bend	
	DISTRICT USE ONLY	
Section 2		
Approval of District Representative		Date:
D Section 3	RIVER – TURN THIS FORM IN WITH TI	
Date/Time of Departure:	Odometer Start:	
Date/Time of Return:	Odometer End:	
hereby certify that the above information is o	correct to the best of my knowledge.	
Oriver Signature		Date:
Oriver Comments: Click here to enter tex	xt.	
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 LOST RIVER COVE ADDRESS 2818 Nashville Rd Bowling Green, K	4
DESTINATION FOST RIVER COVE ADDRESS 2818 NOSHVILLE Rd, Bowling Green, K Overnight; give name, address, phone of lodging 42	101
DATE(S) OF TRIP 5 14 7025 DEPARTURE TIME 9:00 RETURN TIME 2:30	
Source of funding for trip PTO STEDOSE	
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 Gald! Person making contact:	
s there an Automated External Defibrillator (AED) on site: Yes 1) D No If yes, where: Unit shop (Cave Mout	h
Does the venue have an Emergency Response Team: Yes \square No If yes, how are they contacted:	,
any quide /radio	
chool Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Son Google Stevel Higgins	
District Use Only ection 2	
approval of District Representative Date	
•••••••••••••••••••••••	
DRIVER: TURN THIS FORM IN WITH TIMESHEETS	
ection 3	
Oate/Time Departure: Odometer Start:	
Oate/Time Return: Odometer End:	
hereby certify that the above information is correct to the best of my knowledge.	
Priver Signature Date	
priver Comments;	
oach or School Representative Signature Date	

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)
SCHOOL SOUTH TOOL Elementary MEMBER(S) SPONSORING TRIP GINDSUS SISCO
Type of Trip (check one):
Organization requesting the Trip / Organization responsible for Payment:
DESTINATION HEAVENS FOR NUTSING ADDRESS 506 A 1 ENSVILLE ST EIKTON KY
□ Overnight; give name, address, phone of lodging
110010
DATE(S) OF TRIP 4 23 25 DEPARTURE TIME 9:00 RETURN TIME 1:00
Source of funding for trip PTO
No student shall be denied the trip because of an inability to pay.
Number of: students 9 faculty sponsors 1 Total # of Participants 20
EAP: Person contacted at venue to discuss EAP: Bouley Toujor Person making contact:
Is there an Automated External Defibrillator (AED) on site: ,; by 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):
(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 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