

Request to Place an Item on the Agenda

Name:

TCMS

Address:

515 W. Main St. Elkton Ky

Telephone number:

270-265-2511

Name of school children attend, if applicable:

Group represented:

8th grade class

Check if request was submitted to:

☒ Superintendent☐ Board Chairperson

Conferred with following administrators (names):

Description of Issue:

Please approve the out of state trip to Holiday World for the 8th grade class.

Specific Action Requested:

Approve trip for 8th grade to Santa Claus, IN

Check if you are:

☐ Board Member☒ District Employee☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/2006

STUDENTS

09.36 AP.21

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

SCHOOL Todd County Middle School

FACULTY MEMBER(S) SPONSORING TRIP 8th grade - Ms. Shawna Fowler, Ms. Abby Fiesc

TYPE OF TRIP (CHECK ONE): 8th Grade Field Trip

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION: Holiday World 452 E. Christmas Blvd, Santa Claus, IN 47579

DATE(S) OF TRIP: 05/15/2025

812-937-4401

DEPARTURE TIME 8:00 AM

RETURN TIME: 6:30 - 7:00 PM

SOURCE OF FUNDING FOR TRIP: 8th Grade Activity Account

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

NUMBER OF: STUDENTS 133 FACULTY SPONSORS 10 TOTAL # OF PARTICIPANTS 143

EAP: Person contacted at venue to discuss EAP: John Adkins

Person making contact: Kim Davis

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: 15 various areas in the park

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): Nick Shawna Fowler, Abby Fiesc, Kim Stevenson, Kelli Shoemaker, Hilda Brand, Evan Cantarelli, Sarah Perick, Matthew Nori, Ellie Blacett, Kim Dager

(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 \_\_\_\_\_

Request to Place an Item on the AgendaName: TCMSAddress: 515 W. Main St, Elktion KyTelephone number: 270-265-2511

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: 6th gradeCheck if request was submitted to: ☒ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): \_\_\_\_\_

Description of Issue: 6th grade field tripSpecific Action Requested: Please approve the field trip to Wonders Center Science Museum, located in Dickson, TNCheck if you are: ☐ Board Member ☐ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/2006

STUDENTS

09.36 AP.21

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

SCHOOL Toledo County Middle

FACULTY MEMBER(S) SPONSORING TRIP 6th Grade Team Nikki Andrews, Kessity Boar

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION: Wonders Center Science Museum 885 Hwy 46 South, Dickson TN 37055

DATE(S) OF TRIP: May 8th, 2025

DEPARTURE TIME 8:00 AM

RETURN TIME: 2:30 PM

SOURCE OF FUNDING FOR TRIP: 6th Grade SBOM Activities

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

NUMBER OF: STUDENTS 135 FACULTY SPONSORS 6 TOTAL # OF PARTICIPANTS 141

EAP: Person contacted at venue to discuss EAP: Harry Rives

Person making contact:

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

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):

Nikki Andrews, Kessity Boar, Crystal Sisco, Julie Hamlet, Robbie Weathers, Michael Tarange

(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 3/24/25

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Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY	PRIOR TO THE TRIP.
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SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Dipasquale

## TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☒ Other (athletic band if applicable) \_\_\_\_\_

 DESTINATION TCMS ADDRESS performing arts center PHONE \_\_\_\_\_  
☐ Out of State ☒ Out of County ☐ Within County Christen Co middle school  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_
DATE(S) OF TRIP April 18<sup>th</sup> DEPARTURE TIME 8:30 RETURN TIME 2pm

## PURPOSE/EDUCATIONAL VALUE

Jeff Coffin visit to Christen County middle school  
 SOURCE OF FUNDING FOR TRIP world renowned artist

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY \_\_\_\_\_
 NUMBER OF: STUDENTS 30 FACULTY SPONSORS 1 OTHER CHAPERONES 1  
 TOTAL # OF PARTICIPANTS 32

## MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.  
☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_  
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

 Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

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):

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(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
Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Signature of Superintendent/Designee

Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised: 9/18/2023

STUDENTS

09.36 AP.21

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

SCHOOL Todd County Middle School

FACULTY MEMBER(S) SPONSORING TRIP Kim Davis

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION: Kentucky Down Under 3780 L+N Turnpike Rd, Horse Cave, KY 42749

DATE(S) OF TRIP: April 23, 2025

DEPARTURE TIME 8:00 AM

RETURN TIME: 2:30 PM

SOURCE OF FUNDING FOR TRIP: PBIS

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

NUMBER OF: STUDENTS 176 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 181

EAP: Person contacted at venue to discuss EAP: Chris Ham

Person making contact: Kim Davis

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):

Ellie Blaneett Heather Key Kim McLarnick Jennifer Mann Ford Nikki Andrews  
Walter McCombs Nina Poe Amanda Brown Kim Rager Michael Turange  
Chris Highhender

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Signature of Faculty Sponsor

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Date

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