

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 3RD GRADE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: THE SHOWBOX (RESCHUDLED DUE TO FLOODING) ADDRESS: HOPKINSVILLE. LU

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

DATE(S) OF TRIP: 5/9 DEPARTURE TIME: 8:15 RETURN TIME: 11:30

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS: 58 FACULTY SPONSORS: 4 TOTAL # OF PARTICIPANTS: 62 le 3

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):

Laura McGehee
Elizabeth Addison
Lacy Ellis
Sierra Smith

Kristen Dent

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

Laura McGehee _____
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 *Laura Boly* Date 4/18/25