

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TOMS/TCHS FACULTY MEMBER(S) SPONSORING TRIP Lisa Petrie

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TOMS BetaDESTINATION KAAE Academic Team Camp ADDRESS Berea College☒ Overnight; give name, address, phone of lodging Berea College
Berea, KY 42220DATE(S) OF TRIP June 16-19 DEPARTURE TIME 7:00 AM RETURN TIME 6:00 PMSOURCE OF FUNDING FOR TRIP TOMS Beta Club

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

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 7EAP: Person contacted at venue to discuss EAP: Local EMS Person making contact: Lisa PetrieIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Several locationsDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: The college has a public safety department

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

Lisa Petrie

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

Lisa Petrie

Signature of Faculty Sponsor

4-23-25

Date

Approval of Site Based Council Representative [Signature]Date 4/28/25

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 Todd Co. Middle FACULTY MEMBER(S) SPONSORING TRIP Chris Luna

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Russellville ADDRESS 1101 West 9th Street

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

DATE(S) OF TRIP May 10th DEPARTURE TIME TBA RETURN TIME TBA

SOURCE OF FUNDING FOR TRIP TCMS Baseball

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

NUMBER OF: STUDENTS 17 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 18

EAP: Person contacted at venue to discuss EAP: Chris Keith Person making contact: Chris Luna

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

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: 911

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

Chris Luna _____

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

Chris Signature of Faculty Sponsor Date 4-14-25

Approval of Site Based Council Representative Kep Day Date 4/28/25

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 _____

13th District tournament will know what
Leaving TCMS
Time we
play
soon

* Elizabeth Addison, NTE, will be attending the middle school camp.

09.36 AP.21

STUDENTS

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Lisa Petrie/E. Addison

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Beta Club TCMS

DESTINATION Academic Team Camp ADDRESS Berea College, Berea, KY

☒ Overnight; give name, address, phone of lodging Berea College
Berea KY

DATE(S) OF TRIP June 23-26 DEPARTURE TIME 7:00AM RETURN TIME 6:00pm

SOURCE OF FUNDING FOR TRIP TCMS Beta Club

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

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 7

EAP: Person contacted at venue to discuss EAP: Local EMS Person making contact: Lisa Petrie

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

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Public Safety Department

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

Elizabeth Addison

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

Lisa Petrie

Signature of Faculty Sponsor

4-23-25

Date

Approval of Site Based Council Representative

Kip Das

Date 4/28/25

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 _____