09.36 AP.21

FACULTY MEMBER(S) SPONSORING TRIP Project Code TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION (i) For ADDRESS 2231-T Medison it. Clacks of DESTINATION (i) For ADDRESS 2231-T Medison it. Clacks of DESTINATION (i) For ADDRESS 2231-T Medison it. Clacks of Comments in the Comment of Code in the Comment of Code in the Code in	School-Related Student Trip Request	<u>t Form & Event Specific Emergency Ac</u>	tion Plan (EAP)
TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION ()	SCHOOL TCCHS F.	ACULTY MEMBER(S) SPONSORING TRIP	roject Grad
DATE(S) OF TRIP 5-16-2015 DEPARTURE TIME 10:30 RETURN TIME 5:00 of SOURCE OF FUNDING FOR TRIP No STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 230 FACULTY SPONSORS 10 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Car (a) Modal Person making contact: 20 Hos fills Is there an Automated External Defibrillator (AED) on site: 19 to 11 yes, where: Does the venue have an Emergency Response Team: 19 to 19 yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): 22	TYPE OF TRIP (CHECK ONE):		
DATE(S) OF TRIP 5-16-2015 DEPARTURE TIME 10:30 RETURN TIME 5:00 of SOURCE OF FUNDING FOR TRIP No STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 230 FACULTY SPONSORS 10 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Car (a) Modal Person making contact: 20 Hos fills Is there an Automated External Defibrillator (AED) on site: 19 to 11 yes, where: Does the venue have an Emergency Response Team: 19 to 19 yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): 22	Organization requesting the Trip / Organiz	zation responsible for Payment:	5.0
DATE(S) OF TRIP 5-16-2015 DEPARTURE TIME 10:30 RETURN TIME 5:00 of SOURCE OF FUNDING FOR TRIP No STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 230 FACULTY SPONSORS 10 TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Car (a) Modal Person making contact: 20 Hos fills Is there an Automated External Defibrillator (AED) on site: 19 to 11 yes, where: Does the venue have an Emergency Response Team: 19 to 19 yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): 22	DESTINATION City Forum	_ADDRESS 2231-T Madison	St, Clarksville
SOURCE OF FUNDING FOR TRIP No STUDENTS SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 230	Overnight; give name, address, phone of	of lodging	-
SOURCE OF FUNDING FOR TRIP No STUDENTS SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS 230	DATE(S) OF TRIP 5-16-2025	DEPARTURE TIME 10:3000 RET	URN TIME 5:00 a
NUMBER OF: STUDENTS 230 FACULTY SPONSORS O TOTAL # OF PARTICIPANTS EAP: Person contacted at venue to discuss EAP: Car (p) No Solve Person making contact: 20 Hossis Is there an Automated External Defibrillator (AED) on site: 27 solves of No If yes, where: Does the venue have an Emergency Response Team: 28 No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): 22	SOURCE OF FUNDING FOR TRIP		
EAP: Person contacted at venue to discuss EAP: Car No. 16 Person making contact: \	No student shall be den	NIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
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): Rescion 2 Approval of Site Based Council Representative District Use Only Section 2 Approval of District Representative Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Date/Time Return: Odometer Start: Date/Time Return: Date Driver Signature Driver Signature Driver Comments: Date Does No If yes, where: Yes No If yes, how are they contacted: Yes No If yes, how are they contacted: Yes No If yes, how are they contacted: Section 1 Section 1 Security Sponsor Date Date Date Date Date Date Date	Number of: students 230 FACULT	TY SPONSORS _\OTOTAL # OF PARTIC	CIPANTS
Does the venue have an Emergency Response Team: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):	EAP: Person contacted at venue to discuss EAP:	: Carley Mosto Person making contact:	Jen Harris
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):	Is there an Automated External Defibrillator (AE	ED) on site: Yes No If yes, where:	
(Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Approval of Site Based Council Representative Date 5-9-25 District Use Only Section 2 Approval of District Representative Date DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Date/Time Return: 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 Date Date Date Date	Does the venue have an Emergency Response Te	eam: Yes No If yes, how are they contacted:	
Approval of Site Based Council Representative Date 5-9-25 District Use Only Section 2 Approval of District Representative Date Date Date Date Date Date Date Dat	Lee Quar les		Noneyayayayayayayayin ili iyo falahada ilin
District Use Only Section 2 Approval of District Representative	(Please use separate sheet and attach to this form	HES (CPR)	ling).
District Use Only Section 2 Approval of District Representative	Signature of Faculty Sponsor	Date	
District Use Only Section 2 Approval of District Representative	Approval of Site Based Council Representati	tive in D	_
Approval of District Representative			
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:			
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:	Approval of District Representative	Dat	te
Section 3 Date/Time Departure:Odometer Start:Odometer End: Date/Time Return:Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver SignatureDate Driver Comments:	***********************		
Date/Time Departure:Odometer Start:Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature	DRIVER: TURN TI	HIS FORM IN WITH TIMESHEETS	
Date/Time Return:Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver SignatureDate Driver Comments:		•	
Date/Time Return:Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver SignatureDate Driver Comments:	Date/Time Departure:	Odometer Start:	
Driver Signature Date	Date/Time Return:	Odometer End:	
Driver Comments:	I hereby certify that the above information is	correct to the best of my knowledge.	
Driver Comments:	Driver Signature	Da	te
Coach or School Representative Signature Date	Driver Comments:		
	Coach or School Representative Signature	Da	te

POWERS AND DUTIES OF THE BOARD OF EDUCATION

0145 AP.2

Request in Place an Ifem on the Acenda

Name of school children attend, if applicables
Name of school children attend, if applicable:
Group represented CLOSS OF 2025
Check if request was submitted to: Superintendent Beard Champerson
(Conferred with following administrators (names): LEE QUINY (CS
Description of Issue: +Y O3/E1
Specific Action Requested: DRYMISSION to travel to
City Tokum in Markshule The for
project arad
Cheek if you are D Board Member D District Employee D Community Member
All requests for items to be placed on the assends must be submitted to the Superintendent process.
to the Board meeting as specified in Board Policy 01.45. Items submitted thall require prior approval of the Superintendent