

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY & QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

KY FFA Leadership Training Center

111 FFA Camp Rd.

Hardinsburg, KY 40143

DATE(S) OF TRIP: JULY 7-11, 2025

DEPARTURE TIME 8:00 AM (JULY 7)

RETURN TIME: 3:00 P.M. (JULY 11)

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Front Desk Staff

Person making contact: Shayla Berry

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Various on site, front desk

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Hardinsburg PD

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

Shayla Berry (formerly CPR trained)

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

Shayla Berry

Signature of Faculty Sponsor

4/30/25

Date

Approval of Site Based Council Representative [Signature]

Date 6-3-25

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 Agenda

Name: Berry - FFA

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: FFA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: [redacted] permission to travel overnight to Hardinsburg KY for KY FFA Leadership training center.

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: 3/13/06

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY & QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

KY FFA State Convention

Hyatt Regency

401 W High St. Lexington, KY 40511

DATE(S) OF TRIP: **JUNE 8-12, 2025**

DEPARTURE TIME **3:00 P.M. (JUNE 8)**

RETURN TIME: **3:00 P.M. (JUNE 12)**

SOURCE OF FUNDING FOR TRIP : **PERKINS FUNDING**

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Front Desk Staff

Person making contact: Shayla Berry

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Various on site, front desk

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: *Lexington PD*

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

Shayla Berry (formerly CPR trained)

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

Shayla Berry

Signature of Faculty Sponsor

4/30/25

Date

Approval of Site Based Council Representative



Date *6-3-25*

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 Agenda

Name: Barry - FFA

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: FFA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: Travel

Specific Action Requested: permission to travel to Lexington, KY for KY FFA State Convention (overnight)

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: 3/13/06