

**Request to Place an Item on the Agenda**Name: Kimberly Davis - TCHSAddress: 515 W. Main St. Elkhorn, Ky 42220Telephone number: 270-265-2511

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

Group represented: TCHS Girls VolleyballCheck if request was submitted to: ☐ Superintendent ☒ Board ChairpersonConferred with following administrators (names): Kim Davis, Steven McGheeDescription of Issue: Volleyball game at Kenwood Middle School located at 241 E. Pine Mount Rd. Clarksville Tn 37042Specific Action Requested: Approve out of state tripCheck 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



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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP ROBYN BATES**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION KENWOOD MIDDLE ADDRESS 241 E. PINE MOUNTAIN PHONE 919-215-3388

- ☒ Out of State ☒ Out of County ☐ Within County CLARKSVILLE, TN 37042<sup>RD</sup>  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/12/25 DEPARTURE TIME 4:00 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_  
 TOTAL # OF PARTICIPANTS 27

**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: KRISTAL HEAD Person making contact: STEVEN MCGHEEIs 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):

ROBYN BATES \_\_\_\_\_  
NIKKI ANDREWS \_\_\_\_\_

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

Signature of Faculty Sponsor

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

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION LEE S JONES PARK ADDRESS EDDYVILLE, KY PHONE 517-719-3796

- ☐ Out of State ☐ Out of County ☐ Within County

- ☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/2/25 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

**SOURCE OF FUNDING FOR TRIP** \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: CHAD PROW Person making contact: STEVEN MCGHEEIs 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):

TARA OLIVER  
CARRIE TOBAR

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

Signature of Faculty Sponsor

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

**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 TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION LOGAN CO HIGH ADDRESS 2200 BG RD PHONE 517-719-3796

- ☐ Out of State ☐ Out of County ☐ Within County Russellville, KY 42276
- ☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/14/25 DEPARTURE TIME 4:00 RETURN TIME 10:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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

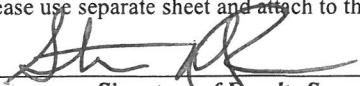
Person contacted at venue to discuss EAP: TODD ADLER Person making contact: STEVEN MCGHEEIs there an Automated External Defibrillator (AED) on site? ☒ Yes ☐ No If yes, where: \_\_\_\_\_Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: \_\_\_\_\_

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

TARA OLIVER \_\_\_\_\_

CARRIE TORAL \_\_\_\_\_

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

 \_\_\_\_\_ 8/23/25  
Signature of Faculty Sponsor Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> 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



**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 TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION SOUTH WARREN MIDDLE ADDRESS 295 BUCK POND RD PHONE 517-719-3796

- ☐ Out of State ☐ Out of County ☐ Within County BB, KY 42104
- ☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/8 + 8/9 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: CRAIG SPARKS Person making contact: STEVEN MCGHIEIs 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):

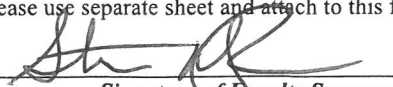
TARA OLIVER \_\_\_\_\_

CARRIE TORAL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



Signature of Faculty Sponsor

6/23/25

Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> 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

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION METCALFE CO HIGH ADDRESS 208 RANDOLPH ST PHONE 517-719-3796☐ Out of State ☐ Out of County ☐ Within County EDMONTON, KY 42029☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 8/16 DEPARTURE TIME 7:45 AM RETURN TIME 4:30

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: BILL CLEMENS Person making contact: STEVEN MCGHEEIs 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):

TARA OLIVER  
CARRIE TOBAR

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

Signature of Faculty Sponsor

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



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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION Evans High ADDRESS 1101 W 9th St PHONE 517-719-3796

- ☐ Out of State ☒ Out of County ☐ Within County Evans, KY 40226  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/19/25 DEPARTURE TIME 4:00 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: CHRIS PENDER Person making contact: STEVEN MCGHEEIs 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):

TARA OLIVER \_\_\_\_\_  
CARRIE TOSAR \_\_\_\_\_  
 \_\_\_\_\_

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

Signature of Faculty Sponsor

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

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TOMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION FRANKLIN-SIMPSON HS ADDRESS 400 S. COLLEGE ST PHONE 517-719-3796

- ☐ Out of State ☒ Out of County ☐ Within County FRANKLIN, KY 42134  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/21/25 DEPARTURE TIME 4:00 RETURN TIME 10:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: WILHITE Person making contact: STEVEN MCGHEEIs 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):

TARA OLIVER  
CARIE TORAL

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

Signature of Faculty Sponsor

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



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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION GLASGOW ADDRESS GLASGOW, KY PHONE 517-719-3796

- ☐ Out of State ☒ Out of County ☐ Within County TBA 5576  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/23/25 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: BECKY KINGER Person making contact: STEVEN MCGHIEIs 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):

TARA OLIVER  
CARRIE TOBAR

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

Signature of Faculty Sponsor

8/23/25  
 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

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SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION LEE S. JONES ADDRESS EDDYSVILLE, KY 42038 PHONE 517-719-3796

- ☐ Out of State ☒ Out of County ☐ Within County

- ☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/29/25 DEPARTURE TIME 4:00 RETURN TIME 10:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: CHAD PRAD Person making contact: STEVEN MCGHEEIs 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):

TARA OLIVER  
CARRIE TOBAR

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

Signature of Faculty Sponsor

8/23/25  
 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



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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION HOPKINS CO CENTRAL ADDRESS 6625 HOPKINSVILLE RD PHONE 517-719-3796

- ☐ Out of State ☒ Out of County ☐ Within County MADISONVILLE, KY 42431  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/2/25 DEPARTURE TIME 4:00 RETURN TIME 9:30

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: KENT ARIN Person making contact: STEVEN MCGHEEIs 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):

TARA OLIVER  
CARRIE TUBAR

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

Signature of Faculty Sponsor

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

**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 TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION TRUSS CO HIGH ADDRESS 203 MAIN ST PHONE 517-719-3796

- ☐ Out of State ☒ Out of County ☐ Within County CADIZ, KY 42211
- ☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/12/25 DEPARTURE TIME 4:00 RETURN TIME 10:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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

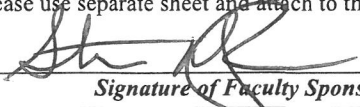
Person contacted at venue to discuss EAP: GREG STEPHENS Person making contact: STEVEN MCGHIEIs there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ No If yes, where: \_\_\_\_\_Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: \_\_\_\_\_

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

TARA OLIVER \_\_\_\_\_

CARRIE TOSAR \_\_\_\_\_

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

  
Signature of Faculty Sponsor

9/23/25  
Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<p style="text-align: center;">Signature of Superintendent/Designee</p>	<p style="text-align: center;">Date</p>
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



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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP TARA OLIVER**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION BUTLER CO HIGH ADDRESS 1852 S. MAIN ST PHONE 517-719-3796

- ☐ Out of State ☐ Out of County ☐ Within County MORGANTOWN, KY 42261  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/15/25 DEPARTURE TIME 4:00 RETURN TIME 10:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: CODY DONALDSON Person making contact: STEVEN MCGHEEIs 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):

TARA OLIVER  
CARRIE TORAL

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

Signature of Faculty Sponsor

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

**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 TARA OLIVER

**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION CHRISTIAN C. HIGH ADDRESS 220 GLASS AVE PHONE 517-719-3796

- ☐ Out of State ☒ Out of County ☐ Within County HOPKINSVILLE, KY 42240  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/23/25 DEPARTURE TIME 4:00 RETURN TIME 10:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 27

**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: MEGAN SAUER Person making contact: STEVEN MCGHEE

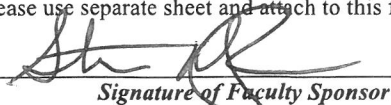
Is there an Automated External Defibrillator (AED) on site? ☒ Yes ☐ No If yes, where: \_\_\_\_\_

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):

TARA OLIVER  
CARRIE TORAL

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

  
 Signature of Faculty Sponsor

9/23/25  
 Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> 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

**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 ROBYN BATES**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION OLMSTEAD ELEMENTARY ADDRESS 1170 OLMSTEAD RD PHONE 979-215-3388

- ☐ Out of State ☒ Out of County ☐ Within County OLMSTEAD, KY 42205
- ☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/2/25 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: KATHY THWEATT Person making contact: STEVEN MCGHEEIs 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):

ROBYN BATES \_\_\_\_\_

NIKKI ANDREWS \_\_\_\_\_

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

 \_\_\_\_\_

Signature of Faculty Sponsor

\_\_\_\_\_

Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<p>_____ Signature of Superintendent/Designee</p>	<p>_____ Date</p>
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

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP ROBIN BATES**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION CHRISTIAN CO MIDDLE ADDRESS 215 GLASS AVE PHONE 919-215-3388

- ☐ Out of State ☒ Out of County ☐ Within County HOPKINSVILLE, TN 42240  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/11/25 DEPARTURE TIME 4:00 RETURN TIME 8:30

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: MANOYA NESCHENKO Person making contact: STEVEN MCGHEEIs 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):

ROBIN BATES  
NIKKE ANDREWS

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

Signature of Faculty Sponsor

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



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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MIKE TURANGE**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION RUSSELLVILLE RACE STADIUM ADDRESS 209 E. 9TH STREET PHONE 931-237-6936

- ☐ Out of State ☒ Out of County ☐ Within County RUSSELLVILLE, KY 42216  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/21/25 DEPARTURE TIME 4:30 PM RETURN TIME 9:00 PM

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 4 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 34**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: RYAN DAVENPORT Person making contact: STEVEN MCGHEEIs 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):

MIKE TURANGE \_\_\_\_\_  
ANTHONY FRANCIS \_\_\_\_\_  
MICHAEL BLAKE \_\_\_\_\_  
JORDAN LATHAM \_\_\_\_\_

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

Signature of Faculty Sponsor

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

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MIKE TURANGE**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION STADIUM OF CHAMPIONS ADDRESS 9503 EAGLE WAY PHONE 931-237-6936

- ☐ Out of State ☒ Out of County ☐ Within County HOPKINSVILLE, KY 42240  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/25/25 DEPARTURE TIME 4:00 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 4 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 34**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: BATLEY DAVIS Person making contact: STEVEN MCGHEEIs 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):

MIKE TURANGE \_\_\_\_\_  
ANTHONY FRANCIS \_\_\_\_\_  
MICHAEL BLAKE \_\_\_\_\_  
JORDAN LATHAM \_\_\_\_\_

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

[Signature] 8/23/25  
 Signature of Faculty Sponsor 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

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MIKE TURANGE**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION STADIUM OF CHAMPIONS ADDRESS 9503 EAGLE WAY PHONE 931-237-6936

- ☐ Out of State ☒ Out of County ☐ Within County HUKINSVILLE, KY 42240  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/16/25 DEPARTURE TIME 4:30 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

**SOURCE OF FUNDING FOR TRIP** \_\_\_\_\_

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 04 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 34**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: MEAGAN SAWEE Person making contact: STEVEN MCGHEEIs 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):

MIKE TURANGE \_\_\_\_\_  
ANTHONY FRANCIS \_\_\_\_\_  
MICHAEL BLAKE \_\_\_\_\_  
JORDAN LATHAM \_\_\_\_\_

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

Signature of Faculty Sponsor

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

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY \_\_\_\_\_

PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MIKE TURANGE**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION TRAILS CO HIGH ADDRESS 202 MAIN ST PHONE 931-237-4434

- ☐ Out of State ☒ Out of County ☐ Within County CADIZ, KY 42211  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/30/25 DEPARTURE TIME 4:00 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 4 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 34**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: GREG STEPHENS Person making contact: STEVEN MCGHEEIs 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):

MIKE TURANGE \_\_\_\_\_  
ANTHONY FRANCIS \_\_\_\_\_  
MICHAEL BLAKE \_\_\_\_\_  
JORDAN LATAM \_\_\_\_\_

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

Signature of Faculty Sponsor

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



**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 ROBYN BATES

**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION FCA ADDRESS 2480 THREE SPRINGS DR PHONE 919-215-3388

- ☐ Out of State  
 ☒ Out of County  
 ☐ Within County BOWLING GREEN, KY 42104  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/21/25 DEPARTURE TIME 4:00 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 27

**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: STEPHANIE SLAVEN Person making contact: STEVEN MCGHEE

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):

ROBYN BATES \_\_\_\_\_  
NIKKE ANDREWS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

[Signature] \_\_\_\_\_ 10/23/25  
 Signature of Faculty Sponsor Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> 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

**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 ROBYN BATES

**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION UHA ADDRESS 1300 ACADEMY DR PHONE 979-215-3388

- ☐ Out of State  
 ☒ Out of County  
 ☐ Within County HUPKINSVILLE, KY 42240  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 8/28/25 DEPARTURE TIME 4:00 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 27

**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: HELEN MORSCHMAN Person making contact: STEVEN MCGHIE

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):

ROBYN BATES \_\_\_\_\_  
NIKKI ANDREWS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

[Signature] \_\_\_\_\_ 8/23/25  
 Signature of Faculty Sponsor 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

**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 ROBYN BATES
**TYPE OF TRIP (CHECK ONE):**

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

 DESTINATION FRANKLIN-SIMPSON MIDDLE ADDRESS 322 S. COLLEGE ST PHONE 979-215-3388

- ☐ Out of State  
 ☒ Out of County  
 ☐ Within County FRANKLIN, KY 42154  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

 DATE(S) OF TRIP 9/11/25 DEPARTURE TIME 4:00 RETURN TIME 10:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_

 TOTAL # OF PARTICIPANTS 27
**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: ANDREA FINCH Person making contact: STEVEN MCGHEE

 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):

ROBYN BATES \_\_\_\_\_  
NIKKI ANDREWS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

[Signature] \_\_\_\_\_ 10/23/25  
 Signature of Faculty Sponsor 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

**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 ROBYN BATES

**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION AUBURN ELEMENTARY ADDRESS 221 COLLEGE ST PHONE 979-215-3388

- ☐ Out of State  
 ☐ Out of County  
 ☐ Within County AUBURN, KY 42206  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/16/25 DEPARTURE TIME 4:00 RETURN TIME 9:30

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 27

**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: HANNAH CRAN Person making contact: STEVEN MCGHEE

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):

ROBYN BATES \_\_\_\_\_  
NIKKI ANDREWS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

[Signature] \_\_\_\_\_ 10/23/25  
 Signature of Faculty Sponsor Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> 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



**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 ROBYN BATES

**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION ADAMSVALE ELEMENTARY ADDRESS 226 SCHOOL AVE PHONE 979-215-3388

- ☐ Out of State ☐ Out of County ☐ Within County ADAMSVALE, KY 42202  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/18/25 DEPARTURE TIME 4:00 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 27

**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: BREANNA COSTELLO Person making contact: STEVEN MCGHIE

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):

ROBYN BATES \_\_\_\_\_  
NIKKE ANDREWS \_\_\_\_\_

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

[Signature] 10/23/25  
 Signature of Faculty Sponsor Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> 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

**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 ROBYN BATES**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION OLMSTEAD ELEMENTARY ADDRESS 1170 OLMSTEAD RD PHONE 979-215-3388

- ☐ Out of State   ☐ Out of County   ☐ Within County OLMSTEAD, KY 42265  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/23/25 DEPARTURE TIME 4:00 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: KATHY THWEATT Person making contact: STEVEN MCGHEEIs 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):

ROBYN BATES \_\_\_\_\_  
NIKKI ANDREWS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

[Signature] \_\_\_\_\_ 10/23/25  
 Signature of Faculty Sponsor 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

**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 ROBYN BATES**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION MOSS MIDDLE ADDRESS 2565 RYAN RD PHONE 979-245-3388

- ☐ Out of State ☐ Out of County ☐ Within County BOWLING GREEN, KY 42101

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 9/25/25 DEPARTURE TIME 4:00 RETURN TIME 9:30

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 27**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: CHAD WATTE Person making contact: STEVEN MCGHEEIs 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):

ROBYN BATES \_\_\_\_\_

NIKKI ANDREWS \_\_\_\_\_

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

[Signature] 10/23/25

Signature of Faculty Sponsor 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