Request to Place an Item on the Agenda

Name: Kimberly Davis - TC45
Address: 515 W. Man St. Elkdon, Ky 42220
Address: 515 W. Main St. Elkfon, Ky 42220 Telephone number: 270-265-2511
Name of school children attend, if applicable:
Group represented: TCH5 Girls Volleyball
Check if request was submitted to:
Conferred with following administrators (names): Kim Dauls, Steven M'Ghee
Description of Issue: Volleyball game at Kenwood Middle School located at 241 E. Pine Yount Rd. Clarksville In 37042
Specific Action Requested: Approve out of state forp
Specific Action Requested. Toppy of Sug St Star Color (1)
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:3/13/2006

Submit this form \square one week \square two weeks \square other, specify prior to the trip.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP ROBYN BATES
Type of Trip (Check one): Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify Other (athletic, band, if applicable)
DESTINATION Kenwood Made Address 241 6. Pane MourePhone 979-215-3388 Out of State Out of County Within County Clarksvalle, TN 37042 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
1 URPOSE/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? 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: Keyster Heas Person making contact: Steven McChee Is there an Automated External Defibrillator (AED) on site: Person making contact: Steven McChee
Does the venue have an Emergency Response Team. Yes Do If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Posyn Bates Nexa Andress
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
10/23/25
Signature of Faculty Sponsor Date
Trip has been □ approved □ disapproved. Reason for disapproval
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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

	and the second s	ALCOHOLOGICAL CONTRACTOR CONTRACT		
SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS]	FACULTY MEMBE	r(s) sponsoring trip _	TARA OLIVGIZ
Type of Trip (CHECK C Classroom Field T Organization/Club	rip Class Tr		of Other (athl	etic, band, if applicable) Sor
				PHONE <u>517-719-3</u> 7°
				RETURN TIME TRA
Purpose/Educational	VALUE			
Source of funding for	R TRIP			
registration, and all o	ther anticipat	ed travel expen	ses.	limited to, lodging, meals
			TRIP BECAUSE OF AN INABIL	
BILL TRIP EXPENSES T	o: SPONSO	RING ORGANIZAT	ION SCHOOL COUNC	IL BOARD OTHER, SPECIF
Number of: students Total # of Pa			2 OTHER CHAPE	CRONES
□ Certificate	NSPORTATION N D COMMON CAR	RIER; SPECIFY	ECIFY DRIVER(S)	
SUPERVISION (ATTACH				
Have all chaperone principal/designee to				d been designated by the
	to discuss EAP	: CHAD PRO	Person making	contact: <u>STEVEN</u> McGHE
Does the venue have an E	mergency Resp	onse Team: Yes	□ No If yes, I	now are they contacted
School Employee(s) Atter		se note beside nan	ne if employee is CPR tra	nined):
(Please use separate sh	eet and attach to	this form if more spa	ace is needed to list school e	
Signatur	re of Faculty Spor	nsor		6 123/25 Date
Trip has been □ approved	1	Reason for disapprov	val	2
Signature of Supe				Date
For overnight and/or	out-of-state trips,	approval of the Sup	erintendent and/or Board m	ay be required by policy 09.36.

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

S			5 cm/m c====	nnian == ==	UE TRUE
	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO TH	
SCHOOL TCMS	F	FACULTY MEMBE	r(s) sponsoring trip _	TARA OLIVGIZ	
Type of Trip (check of Classroom Field Trip Organization/Club	rip □ Class Tri Trip, specify		Other (athle	etic, band, if applicab	le) <u>Softiba</u>
Destination <u>Locard</u> □ Out of State □ O	out of County	Address □ Within Coun	ty Russerwane	PHONE 517-7 1KY 42276	<u> </u>
DATE(S) OF TRIP 8	14/25	Departur	RE TIME 4:00	RETURN TIME	0:00
Purpose/Educational	VALUE				
Source of funding for	R TRIP				
Attach a description registration, and all or	n of estimat ther anticipate	ed expenses ed travel expen	including, but not		g, meals,
BILL TRIP EXPENSES T					CR, SPECIFY
Number of: students _ Total # of Pai			7 OTHER CHAPE	ERONES	
□ Certificatei	NSPORTATION NI COMMON CARI	RIER; SPECIFY	Tyes, see proced		
Supervision (Attach i	LIST OF NAMES	OF ADULTS ACCO	OMPANYING STUDENTS OF	n trip.)	
Have all chaperone principal/designee to				d been designated	d by the
Person contacted at venue Is there an Automated Ext	to discuss EAP:	TUDO ADLE	Person making		McGHEE
Does the venue have an E	mergency Respo	onse Team: 🗆 Yes	□ No If yes, h	now are they	contacted:
School Employee(s) Atter TARA OLIVE CARRIE TO		e note beside nan	ne if employee is CPR tra	ained):	
(Please use separate sh	eet and attach to the	his form if more spa	ace is needed to list school e	employees attending).	
Signatur	e of Faculty Spon	sor		Date	
Trip has been □ approved	□ disapproved. R	eason for disapprov	val		
			_		
Signature of Super For overnight and/or	-		erintendent and/or Board m	Date ay be required by policy 0	9.36.

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

Submit this form \Box one week \Box T	WO WEEKS	□ OTHER, SPECIFY	F	PRIOR TO THE TRIP.
SCHOOL TOMS FACULT	Y MEMBER	(s) sponsoring trii	TARA OL	21912
Type of Trip (CHECK ONE): Classroom Field Trip Class Trip (i.e. Organization/Club Trip, specify		Ø Other (at)	hletic, band, if a	applicable) Sociase
DESTINATION SOUTH WARREN MARRON ☐ Out of State ☐ Out of County ☐ We ☐ Overnight; give name, address, phone of	ADDRESS ithin Count	295 PLICH POR	PHONE 9	517-719-379L
DATE(S) OF TRIP 8/8 48/9	DEPARTURI	E TIME TRA	RETURN	TIME TRA
Purpose/Educational Value				
Source of funding for trip				
Attach a description of estimated exergistration, and all other anticipated tra-	xpenses in	ncluding, but no		lodging, meals,
No student shall be d				
BILL TRIP EXPENSES TO: SPONSORING O	RGANIZATIO	ON SCHOOL COU	NCIL BOARD	□ OTHER, SPECIFY
Number of: students <u>25</u> faculty statements 27		2 OTHER CHA	APERONES	
Mode of Transportation is district transportation needed Certificated common carrier; s Private vehicle, if allowed by i	SPECIFY			212.
Supervision (Attach list of names of an				
Have all chaperones undergone the principal/designee to supervise students?	required Yes	records check □ No	and been des	
Person contacted at venue to discuss EAP:				
Is there an Automated External Defibrillator (AF	/			
Does the venue have an Emergency Response Te	am: Yes	□ No If yes,	how are	they contacted:
School Employee(s) Attending Trip (Please note TARA OLIVER CARRIE TOBAR	beside name	e if employee is CPR	trained):	
(Please use separate sheet and attach to this form	if more spac	e is needed to list school		
St. IX			6/23/2	2.5
Signature of Faculty Sponsor Trip has been approved disapproved. Reason f	or disapprova	.1	Date	
I doupproved. Reason i				
		_	n	
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approva	al of the Super	rintendent and/or Roard	Date may be required by	v policy 09 36
TOT OVERHIZIN AND OUT-OF-STATE HIDS, ADDIOVA	it of the puber	initellucini allu/ul Dualu	may be required by	, policy 02.20.

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

SUBMIT THIS FORM		and the state of t		PRIOR TO THE TRIP.
SCHOOL TCMS]	FACULTY MEMBE	$R(s)$ sponsoring trip _	TARA OLIVGIZ
Type of Trip (CHECK C Classroom Field T Organization/Club	rip 🗆 Class Tr	ip (i.e., junior, se	nior), specify & Other (athl	etic, band, if applicable) Sopissa
Destination Metcau ☐ Out of State ☐ C	out of County	Address Within Coun	ty EDMONTON K	ST PHONE 517-719-3796
DATE(S) OF TRIP	/14	Departur	E TIME 7:45	RETURN TIME 430
Purpose/Educational	VALUE			
Source of funding for	R TRIP			
registration, and all o	ther anticipat	ed travel expen		limited to, lodging, meals,
				CIL D BOARD D OTHER, SPECIFY
Number of: students Total # of Pa			2 OTHER CHAPE	ERONES
□ Certificate	NSPORTATION N D COMMON CAR	RIER; SPECIFY	EVYES, SEE PROCED	
Supervision (ATTACH				
	es undergone	the required	records check an	nd been designated by the
	to discuss EAP	: Bru Cien	Person making	contact: <u>Steven McGH66</u> here:
Does the venue have an E	mergency Respo	onse Team: Yes	□ No If yes, 1	now are they contacted:
School Employee(s) Atter TARA OLZV CARRIE T		se note beside nam	e if employee is CPR tra	ained):
(Please use separate sh	neet and attach to t	his form if more spa	ce is needed to list school e	employees attending).
Str	K			Co 123/25
Trip has been □ approved	disapproved. F	asor Reason for disapprov	al	Duic
Signature of Supe	_		minton dont on d/a- D 1	Date
for overnight and/or	out-oi-state trips,	approval of the Supe	rimendeni and/or board m	ay be required by policy 09.36.

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

Submit this form □ 0		□ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS	FACULTY MEMBI	er(s) sponsoring trip	TARA OLIVEIR
Type of Trip (CHECK ONE): Classroom Field Trip Organization/Club Trip DESTINATION Out of State Out of Overnight; give name, a	, specifyAddress County □ Within Cour	So 1101 W 97457 nty Rane, KY	tic, band, if applicable) Softsa PHONE 517-719-3794
DATE(S) OF TRIB 8/10	7.c DEPARTI	DE TIME 41/20	RETURN TIME 9200
Purpose/Educational Value			
Source of funding for trip			
registration, and all other	_	nses.	limited to, lodging, meals,
			L 🗆 BOARD 🗆 OTHER, SPECIFY
Number of: students		2OTHER CHAPER	RONES
□ CERTIFICATED COM	RTATION NEEDED? NOTE:		
Supervision (Attach list (OF NAMES OF ADULTS ACC	OMPANYING STUDENTS ON	TRIP.)
principal/designee to supe	rvise students? Yes	□ No	d been designated by the
			ontact: STEVEN McGHEE
Is there an Automated External Does the venue have an Emerge			
School Employee(s) Attending TARA OLIVER CARRIE TORA		me if employee is CPR trai	ined):
(Please use separate sheet an	d attech to this form if more sp	pace is needed to list school en	
Signature of F	roulty Spansor		6 123/25 Date
	approved. Reason for disappro	val	Dute
Signature of Superintend	dent/Designee -state trips, approval of the Suj	perintendent and/or Doord	Date
ror overnight and/or out-or	-state trips, approval of the Su	derintendent and/or board illa	y oc required by policy 03.30.

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

SUBMIT THIS FORM ONE WEEK TV	VO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS FACULT	у Мемв	er(s) sponsoring trip	TARA OLIVER
Type of Trip (CHECK ONE): Classroom Field Trip Class Trip (i.e., Organization/Club Trip, specify		Other (at	hletic, band, if applicable) Sortisa
DESTINATION FRANKYIN - SIMPSON HERO □ Out of State of Out of County □ Win □ Overnight; give name, address, phone of	thin Cou	nty FRANKLIN, K	4 42134
DATE(S) OF TRIP 8/21/25	DEPARTU	JRE TIME 4:00	RETURN TIME 10:00
Purpose/Educational Value			
Source of funding for trip			
Attach a description of estimated exregistration, and all other anticipated trav	kpenses vel expe	including, but no nses.	t limited to, lodging, meals,
BILL TRIP EXPENSES TO: SPONSORING O		TRIP BECAUSE OF AN INAE	
Number of: students <u>25</u> faculty si Total # of Participants <u>27</u>		7 OTHER CHA	PERONES
Mode of Transportation is district transportation needed: Certificated common carrier; s Private vehicle, if allowed by f	PECIFY _		
Supervision (Attach list of names of ad	ULTS ACC	COMPANYING STUDENTS	ON TRIP.)
Have all chaperones undergone the principal/designee to supervise students?			and been designated by the
Person contacted at venue to discuss EAP:'\u00e4\u00dc Is there an Automated External Defibrillator (AE	コレナエ	Person makin	
Does the venue have an Emergency Response Te	am: Ye	s □ No If yes,	how are they contacted:
School Employee(s) Attending Trip (Please note TARA OLIVER CARRIE TORAR	beside na	me if employee is CPR	trained):
(Please use separate sheet and attach to this form	if more sp	pace is needed to list school	ol employees attending).
Signature of Faculty Sponsor			Date
Trip has been □ approved □ disapproved. Reason f	or disappro	oval	
C' (C')			Date
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approva	al of the Su	nerintendent and/or Roard	Section and Appendix

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

	man, trades trace a second district the second second second second second		
SUBMIT THIS FORM ON			PRIOR TO THE TRIP.
SCHOOL TCMS	FACULTY MEM	iber(s) sponsoring trip_	TARA OLIVGIZ
TYPE OF TRIP (CHECK ONE): Classroom Field Trip Organization/Club Trip, DESTINATION Out of State Out of	specify	✓ Other (athler)	letic, band, if applicable) Softsa PHONE 517-719-3794
□ Overnight; give name, a	idress, phone of lodgi	ng	
DATE(S) OF TRIP 8/23			
Purpose/Educational Valu	E		
Courses of the state of the sta			
Source of funding for trip			
Attach a description of registration, and all other a			limited to, lodging, meals,
		HE TRIP BECAUSE OF AN INABI	LITY TO PAY.
			CIL D BOARD DOTHER, SPECIFY
			,
Number of: students		sother chap	ERONES
□ Certificated com	MON CARRIER; SPECIFY	NO EVYES, SEE PROCEE SPECIFY DRIVER(S)	
Supervision (Attach list o	F NAMES OF ADULTS A	CCOMPANYING STUDENTS O	on trip.)
Have all chaperones un principal/designee to super			nd been designated by the
			contact: STEVEN MCGHEE
Is there an Automated External			
Does the venue have an Emerge			
School Employee(s) Attending TARA OLIVER CARREE TORAL		name if employee is CPR tr	rained):
(Please use separate sheet and	attech to this form if more	e space is needed to list school	employees attending).
Ship			6 /23/25
Signature of Fl			Date
Trip has been □ approved □ disa	pproved. Reason for disapp	proval	
Signature of Superintena			Date
For overnight and/or out-of-	state trips, approval of the	Superintendent and/or Board n	nay be required by policy 09.36.

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

		Control of the same of the sam		
SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TOMS]	FACULTY MEMBE	r(s) sponsoring trip	TARA OLIVGIZ
Type of Trip (CHECK of Classroom Field Top Organization/Club	rip □ Class Tr Trip, specify		Other (ath	letic, band, if applicable) So
□ Out of State 💌 C	ut of County	□ Within Coun	S EDDIVILLE, KY C	1203&PHONE 517-719-3
				RETURN TIME 10:
Purpose/Educational	VALUE	and the second s		
Source of funding for	R TRIP			
registration, and all o	ther anticipat	ed travel expen	•	limited to, lodging, me
				CIL D BOARD D OTHER, SPE
Number of: students _ Total # of Pa			2 OTHER CHAP	ERONES
□ Certificatei	NSPORTATION N COMMON CAR	RIER; SPECIFY	ECIFY DRIVER(S)	
Supervision (ATTACH				
	s undergone	e the required	records check as	nd been designated by
	to discuss EAF	: CHAD PROD	Person making	contact: Steven McG
Does the venue have an E	mergency Resp	onse Team: Yes	□ No If yes,	how are they contac
School Employee(s) Atter		se note beside nan	ne if employee is CPR tr	ained):
(Please use separate sh	eet and attach to	this form if more spa	ace is needed to list school	
Signatur	e of Faculty Spot	nsor		Co 123/25
Trip has been □ approved	1	Reason for disapprov	val	
Signature of Super	_		erintendent and/or Roard n	Date hay be required by policy 09.36.
roi overnight and/or	our-or-state trips,	approvar of the pub	connected and of Double II	ing of required of poricy of.30.

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

		COUNTY AND ADDRESS OF THE PARTY			novide romanishments please
SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRI	Р.
SCHOOL TCMS		FACULTY MEMBE	R(s) SPONSORING TRIP	TARA OLIVGIZ	
Destination Hopes	Trip □ Class Tr Trip, specify os (w Ce-w Out of County	TRAL ADDRESS	of Other (athles) Solo 25 Howard MAD 250NV2 WE	etic, band, if applicable) S FLZE PHONE 517-719	<u>Sof</u> 184 -3791
	10 100	D	- T Heron	Daniel Trees Co. 7	
Purpose/Educational				RETURN TIME _9-3	O
I ONI OULI EDUCATIONAL					
Source of funding fo	R TRIP				
registration, and all o	other anticipat	ted travel expen		limited to, lodging, 1	meals,
BILL TRIP EXPENSES	го: 🗆 sponso	RING ORGANIZAT	ION SCHOOL COUNC	CIL D BOARD D OTHER, S	PECIFY
Number of: students Total # of Pa			7 OTHER CHAPI	ERONES	
□ Certificate	ANSPORTATION N D COMMON CAR	RIER; SPECIFY	ECIFY DRIVER(S)		
Supervision (ATTACH					
	es undergone	e the required	records check ar	nd been designated by	y the
Is there an Automated Ex	ternal Defibrilla	tor (AED) on site:	Yes Do If yes, w		
Does the venue have an I	Emergency Resp	onse Team: Yes	□ No If yes,	now are they con	itacted:
School Employee(s) Atte		ise note beside nan	ne if employee is CPR tr	ained):	
(Please use separate si	heet and attach to	this form if more spa	ace is needed to list school		
Signatur	re of Faculty Spo	nsor		6 123/25 Date	
Trip has been approved		Reason for disapprov	val	Dutt	
			A CONTRACTOR OF THE CONTRACTOR		
Signature of Supe	rintendent/Desig	nee		Date	_
For overnight and/or	out-of-state trips,	approval of the Sup	erintendent and/or Board m	ay be required by policy 09.36.	

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

			was an all the beautiful and the second of t		
SUBMIT THIS FORM	ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	P	RIOR TO THE TRIP.
SCHOOL TCMS	F	ACULTY MEMBE	R(s) SPONSORING TRIP	TARA OL	J/612
Type of Trip (CHECK ONE Classroom Field Trip Organization/Club Tr Destination Trace Out of State Out Overnight; give name	□ Class Trip ip, specify Co 14=6 of County	Address Within Coun	Ø Other (at 5 703 MA≠N S ty CAD≠2,XY	PHONE 9	517-719-3790
DATE(S) OF TRIP 9/1				RETURN	TIME <u>10:00</u>
Purpose/Educational VA	LUE	2			
Source of funding for T	RIP				
Attach a description registration, and all other	of estimater anticipate	ed expenses in the determinant of the determinant o	ncluding, but no	t limited to,	lodging, meals,
BILL TRIP EXPENSES TO:					□ OTHER, SPECIFY
Number of: students Total # of Parti			2 OTHER CHA	PERONES	
□ Certificated C	ORTATION NE	RIER; SPECIFY	CIFY DRIVER(S)		
SUPERVISION (ATTACH LIS					
Have all chaperones principal/designee to sup	undergone pervise stud	the required lents? Yes	records check a □ No	and been des	4
Person contacted at venue to					
Is there an Automated Extern Does the venue have an Eme		,			they contacted:
School Employee(s) Attendin TARA OLZYER CARRIE TUR		e note beside nam — —	e if employee is CPR	trained):	
(Please use separate sheet	and attach to th	is form if more spa	ce is needed to list schoo		
Signatura	Faculty Spons	sor		Co 123/2	5
	-	eason for disapprov	al	Dute	
Signature of Superint	endent/Designe	2.6		Date	
For overnight and/or out-	of-state trips, a	pproval of the Supe	rintendent and/or Board	may be required by	policy 09.36.

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

Submit this form \Box one week \Box two weeks \Box other, specify $\underline{\ }$	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP	TARA OLIVEIZ
Type of Trip (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify Other (atl Destination County Address 1852 S. Mar. Out of State Out of County Within County Moreon 70000 Overnight; give name, address, phone of lodging	IN STPHONE 517-719-3796
DATE(S) OF TRIP 9/15/25 DEPARTURE TIME 4:00 PURPOSE/EDUCATIONAL VALUE	RETURN TIME 10:00
Source of funding for trip	
Attach a description of estimated expenses including, but no registration, and all other anticipated travel expenses.	t limited to, lodging, meals,
No student shall be denied the trip because of an inab	BILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNTY	NCIL D BOARD D OTHER, SPECIFY
Number of: students 25 faculty sponsors 2 other cha Total # of Participants 27 Mode of Transportation is district transportation needed?	
□ Private vehicle, if allowed by policy; specify driver(s)	
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS	
Have all chaperones undergone the required records check a principal/designee to supervise students? Yes Down Person contacted at venue to discuss EAP: Opp Down Person making Is there an Automated External Defibrillator (AED) on site: Yes Down If yes,	g contact: STEVEN McGHEE
Does the venue have an Emergency Response Team: ▼Yes □ No If yes,	
School Employee(s) Attending Trip (Please note beside name if employee is CPR TARA OLIVER CARREE TORAR	trained):
(Please use separate sheet and attach to this form if more space is needed to list school	ol employees attending).
Shill	Po 123/25
Signature of Faculty Sponsor	Date
Trip has been approved disapproved. Reason for disapproval	
	Dute
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the Superintendent and/or Board	Date may be required by policy 00 36

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

SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO T	HE TRIP.
SCHOOL TCMS	1	FACULTY MEMBER	R(s) SPONSORING TRIP	TARA OLIVER	
Type of Trip (CHECK C Classroom Field T Organization/Club	rip 🗆 Class Tri	p (i.e., junior, se	nior), specify & Other (ath	letic, band, if applicat	ole) Softsa
Destination Chi2357	Dut of County	☐ Within Coun	120 GLASS AV	PHONE 517-	719-3790
DATE(S) OF TRIP 9	23/25	DEPARTUR	е Тіме <u>4</u> 00	RETURN TIME /	0:00
Purpose/Educational	VALUE	Marie 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Source of funding for	R TRIP				
Attach a description registration, and all of	ther anticipate	ed travel expens	ses.		ng, meals,
	No student sha	LL BE DENIED THE T	RIP BECAUSE OF AN INABI	LITY TO PAY.	
BILL TRIP EXPENSES	ro: Sponsof	RING ORGANIZATI	ON SCHOOL COUN	CIL BOARD OTH	ER, SPECIFY
Number of: students Total # of Pa			2 OTHER CHAP	ERONES	
□ Certificate	NSPORTATION N	RIER; SPECIFY	√yes, see procei		-
Supervision (ATTACH					
Have all chaperone principal/designee to	es undergone	the required	records check as		d by the
Person contacted at venue Is there an Automated Ex		,	/		McGHEE
Does the venue have an E	Emergency Respo	onse Team: □Yes	□ No If yes,	how are they	contacted:
School Employee(s) Attended TARA OLSV CARRIE T		se note beside nam 	e if employee is CPR tr	rained):	
(Please use separate sl	neet and attach to t	his form if more spa	ce is needed to list school		
Signatur	e of Fuculty Spon	- usor		Co 123/25 Date	
Trip has been □ approved		Leason for disapprova	al		
Signature of Supe			rintendent and/a- Deard -	Date nay be required by policy (00.36
for overnight and/or	out-oi-state trips,	approval of the Supe	innendent and/or board n	hay be required by policy (17.30.

		make the control of t			
SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY		PRIOR TO THE TRIP.
SCHOOL TCM5	F	ACULTY MEMBER	(s) sponsoring t	RIP ROBYN	BATES
Type of Trip (check of Classroom Field Tri Organization/Club Triple Destination (Check of Checker)	ip □ Class Tri Γrip, specify		Other	(athletic, band, i	f applicable) <u>Voues</u>
☐ Out of State ☑ Ou ☐ Overnight; give nan	it of County	□ Within Count	y OLMSTGAD	, KY 422US	
DATE(S) OF TRIP 8 2	125	DEPARTUR	E TIME TRA	RETUR	RN TIME TBA
Purpose/Educational	VALUE				
Source of funding for	TRIP				
Attach a description registration, and all of				not limited to	o, lodging, meals,
Ν	No student shal	LL BE DENIED THE T	RIP BECAUSE OF AN I	NABILITY TO PAY.	
BILL TRIP EXPENSES TO	: □ SPONSOR	ING ORGANIZATION	ON SCHOOL C	OUNCIL D BOAR	D OTHER, SPECIFY
Number of: students _ Total # of Par			2 OTHER O	CHAPERONES	
□ Certificated	SPORTATION NI	EEDED? DO NO RIER; SPECIFY			
SUPERVISION (ATTACH L	IST OF NAMES	OF ADULTS ACCO	MPANYING STUDEN	NTS ON TRIP.)	
Have all chaperones principal/designee to s	undergone upervise stud	the required dents? Yes	records check	k and been of	designated by the
Person contacted at venue is there an Automated Exte	ernal Defibrillat	or (AED) on site:	Yes □ No If y	es, where:	
Does the venue have an En	nergency Respo	onse Team: Yes	□ No If yes,	now are	they contacted:
School Employee(s) Attended Rose		se note beside nam	e if employee is C	PR trained):	
NIKKI AND	ZENZS				
(Please use separate she	eet and attach to t	his form if more space	ce is needed to list so	chool employees atte	
Signature	of Faculty Spon	isor		(\$ \(\beta\) Date	6
		eason for disapprova	al		
Signature of Superi				Dat	
For overnight and/or o	ut-of-state trips,	approval of the Supe	rintendent and/or Bo	oard may be required	1 by policy 09.36.

				and the first of the same of the same of the same	
Submit this form	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY		PRIOR TO THE TRIP.
SCHOOL TCMS]	FACULTY MEMBE	r(s) sponsoring tri	P ROBYN	BATES
Type of Trip (CHECK OF Classroom Field Tr	ne): ip □ Class Tri Trip . specify	p (i.e., junior, se	nior), specify	thletic, band, it	fapplicable) Vouch
□ Out of State ☑ Ou	at of County	□ Within Coun	ty Horkaniva	ie, 121 400	,90
□ Overnight; give nar	ne, address, pl	none of lodging			
Date(s) of Trip \$ /	11/25	DEPARTUR	RE TIME 4:00	Retur	N TIME 8:30
Purpose/Educational	VALUE				
Source of funding for	TRIP				
Attach a description					, lodging, meals,
registration, and all of					
•			TRIP BECAUSE OF AN INA	BILITY TO PAY.	
BILL TRIP EXPENSES TO	: SPONSOF	UNG ORGANIZAT	ION SCHOOL COU	NCIL D BOARI	O OTHER, SPECIFY
Number of: students _	AC PLOI	H TV CDONCODE	7. OTHER CH	DEDONES	
TOTAL # OF PAR	TICIPANTS Z	17 SPONSORS _	OTHER CHA	TERONES	
Mode of Transportation	ON		,		
			YES, SEE PROC		
			(a)		
			ECIFY DRIVER(S)		
Supervision (ATTACH L					
Have all chaperones principal/designee to s	undergone upervise stud	the required dents? Yes	records check □ No	and been d	esignated by the
Person contacted at venue	to discuss EAP	Manous N	EZCHZ Person makir	ng contact:	igren McGHEE
s there an Automated Exte	rnal Defibrillat	or (AED) on site:	Yes Do If yes,	where:	
Does the venue have an En	nergency Respo	onse Team: Yes	□ No If yes,	how are	they contacted:
School Employee(s) Attended		se note beside nam	ne if employee is CPR	trained):	
. A	7.6425				
(Please use separate she	et and attach to t	his form if more spa	ce is needed to list school	ol employees atter	nding).
Ata	TA			10/23/	7.<
Signature	of Faculty Spon	sor		Date	
		eason for disapprov	al		
Signature of Superi	ntendent/Design	ee	-	Date	;
			erintendent and/or Board	may be required	by policy 09.36.

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

☐ TWO WEEKS	□ OTHER, SPECIFY		PRIOR TO THE TRIP.
CULTY MEMBE	R(s) SPONSORING TRIP	MIKE.	TURANGE
A Addres	S ZOA E. GIMSTREET nty Pusseum such K	1 92010	
		RETURN	N TIME 9:00 PM
d expenses	including, but not	limited to	, lodging, meals,
BE DENIED THE	TRIP BECAUSE OF AN INABI	LITY TO PAY.	
NG ORGANIZAT	TION SCHOOL COUNC	CIL D BOARD	□ OTHER, SPECIFY
EDED? DO	YES, SEE PROCEI	oure 09.36 ai	P.212.
the required ents? Yes Pran Daven r (AED) on site	l records check an □ No Port Person making □ Yes □ No If yes, w	nd been de contact: <u>St</u>	EVEN MCGHEE
			nding).
		10/73/	15
or		Date	
ason for disappro	val		
e	erintendent and/or Board n	Date	;
	d expenses d travel experiments? DEPARTURE DEP	d expenses including, but not d travel expenses. BE DENIED THE TIME 4:30 F COTHER CHAP COTHER	(i.e., junior, senior), specify (i.e., junior, senior), specify Other (athletic, band, if ADDRESS ZOT E. 9125 12667 PHONE Within County Departure Time 4:30 PM Return departure Time

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

Cum at the ron:	THEEV D TWO WEEKS	C OTHER SPECIEV	PRIOR TO THE TRIP.
SUBMIT THIS FORM ONE			
SCHOOL TCMS	FACULTY MEMBE	cr(s) sponsoring trip _	MIKE TURANGE
Type of Trip (CHECK ONE): Classroom Field Trip C Organization/Club Trip,	specify	Other (athl	etic, band, if applicable) Footse
DESTINATION STABLE OF Out of Coursell Overnight; give name, add	Charges Address Ounty Dithin Cour	s 9503 EAGLE LO nty Hopkinsvaue,	PHONE <u>931-237-66</u> 36 Ky 42240
DATE(S) OF TRIP 8/25/2			
Purpose/Educational Value	·		
Source of funding for trip			
Attach a description of registration, and all other ar			limited to, lodging, meals,
No stu	DENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABIL	LITY TO PAY.
BILL TRIP EXPENSES TO:	SPONSORING ORGANIZAT	TION SCHOOL COUNC	CIL D BOARD D OTHER, SPECIFY
Number of: students <u>30</u> Total # of Participa		OTHER CHAPI	ERONES
□ Certificated comm	ATION NEEDED? NO ION CARRIER; SPECIFY ALLOWED BY POLICY; SP.		
Supervision (Attach list of	NAMES OF ADULTS ACCO	OMPANYING STUDENTS O	n trip.)
	dergone the required	d records check ar	nd been designated by the
Person contacted at venue to disc Is there an Automated External D			contact: <u>Steven McGhee</u> here:
Does the venue have an Emergen	cy Response Team: Yes	□ No If yes,	how are they contacted:
School Employee(s) Attending To MIKE TURANGE ANIMONY FRANCIS	rip (Please note beside nam	me if employee is CPR tra	ained):
MICHAEL BLAKE			
(Please use separate sheet and	A strach to this form if more sn	ace is needed to list school	employees attending)
(Flease use separate sheet and	titaen to this form if more sp.	acc is needed to list school	
W/			10/23/25
Signature of Fuc		1	Date
Trip has been □ approved □ disap	proved. Reason for disapprov	vai	
Signature of Superintende	nt/Designee		Date
	-	perintendent and/or Board m	hay be required by policy 09.36.

STUDENTS

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

SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTḤER, SPECIFY	PRIOR	TO THE TRIP.
SCHOOL TCMS	<u> </u>	FACULTY MEMBE	R(s) SPONSORING TRIP	MIKE TO	PANGE
Type of Trip (chec Classroom Field Organization/Cl	d Trip □ Class Tr lub Trip, specify		Other (ath)	letic, band, if appl	icable) Foots
Destination State □ Out of State □ Overnight; give	Out of County name, address, p	☐ Within Courthone of lodging	s 9503 EAGLE LA	<u>Jay</u> Phone <u>93</u> , ky 42240	<u>1-237-69</u> 34
			RE TIME 4:30		1E _6.50
PURPOSE/EDUCATION	AL VALUE				
Source of funding	FOR TRIP				
	tion of estima	ted expenses	including, but not		dging, meals,
	No student sha	ALL BE DENIED THE	TRIP BECAUSE OF AN INABI	LITY TO PAY.	
BILL TRIP EXPENSES	S TO: SPONSO	RING ORGANIZAT	ION SCHOOL COUNC	CIL 🗆 BOARD 🗆 (OTHER, SPECIFY
	ts <u>30</u> fac Participants <u> </u>		OTHER CHAP	ERONES	_
□ Certifica	TRANSPORTATION N TED COMMON CAR	RRIER; SPECIFY	ECIFY DRIVER(S)		
			OMPANYING STUDENTS O		
	ones undergone	e the required	l records check as		nated by the
			Person making Yes No If yes, w		M CGHE
Does the venue have a	n Emergency Resp	onse Team: Yes	□ No If yes,	how are the	cy contacted:
MIKE TURA	NGE	se note beside nar	ne if employee is CPR tr	rained):	
ANTHONY FR	BLAKE				
JORDAN	LATHAM				
(Please use separat	e sheet and attach to	this form if more spa	ace is needed to list school	employees attending)	
AV	-X_			6/23/25	
	ature of Faculty Spo			Date	
rip has been approved	disapproved. l	Reason for disapprov	val		
Signature of Si	uperintendent/Desig	nee		Date	
			erintendent and/or Board n		licy 09.36.

SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE	TRIP.
SCHOOL TEMS]	FACULTY MEMBER	R(s) SPONSORING TRIP	MIKE TURANG	e
DESTINATION TRACES	p □ Class Tri rip, specify Co Hze t of County	Address Within Coun	VOther (ath 5 202 Masn St ty CADSZ, KY	letic, band, if applicable PHONE 931-237	1-6934
DATE(S) OF TRIP 9 13	50 125	DEPARTUR	RE TIME 4:00	RETURN TIME 9	.00
PURPOSE/EDUCATIONAL V	ALUE				
Source of funding for	TRIP				
Attach a description registration, and all oth N BILL TRIP EXPENSES TO	ner anticipat o student sha	ed travel expen	SES. FRIP BECAUSE OF AN INABI	ILITY TO PAY.	
Number of: students Total # of Part	TICIPANTS		OTHER CHAR	PERONES	
□ Certificated	SPORTATION N COMMON CAR	RIER; SPECIFY	EXES, SEE PROCE		
SUPERVISION (ATTACH LI	ST OF NAMES	S OF ADULTS ACCO	MPANYING STUDENTS (ON TRIP.)	
Have all chaperones principal/designee to s				nd been designated	by the
Person contacted at venue t Is there an Automated Exte					1614EE
Does the venue have an Em	ergency Respo	onse Team: Nes	□ No If yes,	how are they	contacted:
MICHAEL BL	GC JCZS AKE	se note beside nam 	ne if employee is CPR t	rained):	
(Please use separate shee	et and attach to t	this form if more spa	ace is needed to list school	employees attending).	
St	W			6/23/25	
	of Faculty Spor	nsor Reason for disapprov	val	Date	
Signature of Superior	100		erintendent and/or Roard a	Date may be required by policy 09.	36

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

Compare Toron 5 Compare 5	TWO WEEKS	C OTHER SPECIEV		PRIOR TO THE TRIP.
	TWO WEEKS		7	
SCHOOL TEMS FACU	LTY МЕМВЕ	R(s) SPONSORING TRIP	KOBAN	BATES
Type of Trip (check one):				
□ Classroom Field Trip □ Class Trip (i.e.	e., junior, se	enior), specify	1-11-1-1-1	Campling Island
□ Organization/Club Trip, specify		& Other (ath	letic, band, ii	applicable) vous
DESTINATION FCA Out of State Out of County U	Addres	S 2480 THREE SPRZA	ACE PHONE	919-215-3388
□ Out of State	Vithin Cour	ity isowiang Gree	N, KY 401	04
□ Overnight; give name, address, phone	of lodging			
DATE(S) OF TRIP 8/21/25	DEDARTII	TIME 4:00	RETUR	N TIME Q' (Y)
Purpose/Educational Value				
Source of funding for trip				
Attach a description of estimated				, lodging, meals,
registration, and all other anticipated tr				
-		TRIP BECAUSE OF AN INABI	LITY TO PAY.	
BILL TRIP EXPENSES TO: SPONSORING				OTHER, SPECIFY
BILL TRIP EXPENSES TO. SPONSORING	URGANIZAT	ION D SCHOOL COOM	OIL L BOARD	of them, bileni
Number of: students 25 faculty	SPONSORS	2 OTHER CHAP	ERONES	
Total # of Participants 27		OTHER CHAI	ERONES	
Mode of Transportation				
IS DISTRICT TRANSPORTATION NEEDE	n? NO	VES. SEE PROCEI	URE 09.36 A	P.212.
☐ CERTIFICATED COMMON CARRIER;				
□ Private vehicle, if allowed by	POLICY: SPI	ECIFY DRIVER(S)		
Supervision (Attach list of names of A				
-				asiamatad by the
Have all chaperones undergone the principal/designee to supervise students	required Yes	records check as	na been a	esignated by the
Person contacted at venue to discuss EAP: Ste	PANJE S	Person making	contact: 57	EVEN MCGHGE
Is there an Automated External Defibrillator (A				
Does the venue have an Emergency Response				
·				
School Employee(s) Attending Trip (Please not	e beside nan	ne if employee is CPR tr	ained):	
ROBYN BATES				
NIKKZ ANDREWS				
(Please use separate sheet and attach to this for	rm if more spa	ace is needed to list school	employees atter	nding).
			10/23/	LS
Signature of Faculty Sponsor		•	Date	
Trip has been □ approved □ disapproved. Reason	for disapprov	7al		
			And the second s	
Signature of Superintendent/Designee		_	Date	
For everyight and/or out-of-state trins, appro-	1 - £41 - C	orintandent and/or Board m		

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

STUDENTS

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

Submit this form \qed one week \qed two weeks	□ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER((s) sponsoring trip Robys	BATES
Type of Trip (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, sent) Organization/Club Trip, specify	ior), specifyOther (athletic, band,	if applicable) Vouces
DESTINATION	1300 ALADEMY DE PHON HUPKENEVALLE, KY 4226	NE 979 - 215 - 3388
DATE(S) OF TRIP VIZE / Z.S DEPARTURE PURPOSE/EDUCATIONAL VALUE		
FURPOSE/EDUCATIONAL VALUE		
Source of funding for trip		
Attach a description of estimated expenses in registration, and all other anticipated travel expenses No STUDENT SHALL BE DENIED THE TRUE	es.	to, lodging, meals,
NO STUDENT SHALL BE DENIED THE TRI BILL TRIP EXPENSES TO: SPONSORING ORGANIZATIO		RD □ OTHER, SPECIFY
DILL TRIF EAFENSES TO. STONSORING ONORMALIZATIO	The bond of the bo	,
Number of: students <u>25</u> faculty sponsors Total # of Participants <u>27</u>	2OTHER CHAPERONES	
Mode of Transportation is district transportation needed? Certificated common carrier; specify Private vehicle, if allowed by policy; spec		
Supervision (Attach list of names of adults accom		
Have all chaperones undergone the required principal/designee to supervise students? Yes	records check and been	designated by the
Person contacted at venue to discuss EAP: Helen Mass	SCHAMPerson making contact:	STEVEN MCGHEE
Is there an Automated External Defibrillator (AED) on site:	Yes Do If yes, where:	
Does the venue have an Emergency Response Team: Ves	□ No If yes, how are	they contacted:
School Employee(s) Attending Trip (Please note beside name	if employee is CPR trained):	
NIKKI ANDREWIS		
(Please use separate sheet and attach to this form if more space		
		125
Signature of Faculty Sponsor Trip has been papproved disapproved. Reason for disapproval		
Frip has been □ approved □ disapproved. Reason for disapproval		
Signature of Superintendent/Designee	De	ate

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 TCM5 FA			ROBYN	BATES
Type of Trip (CHECK ONE): □ Classroom Field Trip □ Class Trip □ Organization/Club Trip, specify	(i.e., iunior, se	enior), specify		
DESTINATION FRANKISM - SAMPSON 3 □ Out of State □ Out of County □ Overnight; give name, address, pho	<u>Mswees</u> □ Within Cour	S 322 S. COLLEGO ITY FRANKLEN, XY	<u>- St</u> Phone 42134	979-215-3388
DATE(S) OF TRIP 9/11/25	DEPARTUI	RE TIME 4:00	RETUR	N TIME 10'.00
Purpose/Educational Value				
Source of funding for trip				
Attach a description of estimate registration, and all other anticipated	d travel expen			, lodging, meals,
BILL TRIP EXPENSES TO: SPONSORII				O THER, SPECIFY
Number of: students <u>25</u> facul Total # of Participants <u>2</u>		2 OTHER CHAP	ERONES	
Mode of Transportation is district transportation nee Certificated common carri Private vehicle, if allowed	ER; SPECIFY			
Supervision (Attach list of names of				
Have all chaperones undergone principal/designee to supervise stude	the required ents? Yes	records check as	nd been d	esignated by the
Person contacted at venue to discuss EAP:				
Is there an Automated External Defibrillator Does the venue have an Emergency Respon				
School Employee(s) Attending Trip (Please	note beside nan	ne if employee is CPR tr	rained):	
NIKKI ANDREWS	_			
(Please use separate sheet and attach to thi	s form if more spa	ice is needed to list school	employees atter	nding).
Stork	-		10/23/	
Signature of Faculty Sponso			Date	
Trip has been □ approved □ disapproved. Rea	ason for disapprov	rai		
			n4	
Signature of Superintendent/Designed		orintandant and/or Doord	Date	

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 TCM5]	FACULTY MEMBE	R(s) SPONSORING TRIP	ROBYN	BATES
TYPE OF TRIP (CHECK O Classroom Field Tr Organization/Club	ne): ip □ Class Tri Trip , specify	p (i.e., junior, se	nior), specify & Other (ath	nletic, band, if	applicable) Vous
Destination Avisure ☐ Out of State ☐ O ☐ Overnight; give nar	ע בובאפטד ut of County	ARY ADDRESS □ Within Coun	ty AUBURN, KY	YZZOL	979-215-338
DATE(S) OF TRIP				Retur	NTIME 9:36
Source of funding for	TRIP				
Attach a description registration, and all of	her anticipate	ed travel expens			, lodging, meals,
BILL TRIP EXPENSES TO	o: SPONSOF	RING ORGANIZATI	ON SCHOOL COUN	CIL D BOARD	□ OTHER, SPECIFY
Number of: students _ Total # of Par			2 OTHER CHAR	PERONES	
□ Certificated	SPORTATION N	RIER; SPECIFY	YES, SEE PROCE		
Supervision (Attach i					
Have all chaperone principal/designee to s	s undergone supervise stud	the required dents? Yes	records check a □ No	nd been de	esignated by the
Person contacted at venue Is there an Automated Ext					
Does the venue have an En					
School Employee(s) Atten Rosey NIKKI AND		se note beside nam	e if employee is CPR t	rained):	
(Please use separate sho	eet and attach to t	his form if more spa	ce is needed to list school	employees atten	ding).
St	- 1/2			(0 23 7 Date	15
	of Faculty Spon	eason for disapprov	al	Dutt	
G:	internal and March			Date	
Signature of Super			rintendent and/or Board r		

	the transmitted and only forgovery out out of the memory of the latest	CANADA AND AND AND AND AND AND AND AND AN		
Submit this form	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS		FACULTY MEMBE	r(s) sponsoring trip	ROBYN BATES
Type of Trip (CHECK O Classroom Field Tr Organization/Club	in Class Tri	p (i.e., junior, se	nior), specify other (athle	tic, band, if applicable) Vous RA
Destination ADAGE □ O	ut of County	<u> </u>	ty ADASEVALLE, &	PHONE 979-215-3388
				RETURN TIME 900
Purpose/Educational	VALUE			
Source of funding for	TRIP			
	n of estimat	ed expenses	including, but not	limited to, lodging, meals,
			TRIP BECAUSE OF AN INABILI	
BILL TRIP EXPENSES T	o: SPONSOF	UNG ORGANIZAT	ION SCHOOL COUNCI	L BOARD OTHER, SPECIFY
□ Certificatee□ Private vehice	ON NSPORTATION N COMMON CAR CLE, IF ALLOWE	eeded?	YES, SEE PROCEDU	
			MPANYING STUDENTS ON	
orincipal/designee to	supervise stud	dents? Yes	□ No	d been designated by the
Person contacted at venue	to discuss EAP	BRIANNA COS	Person making c Yes No If yes, wh	ontact: Steven McGHCE
Does the venue have an En	mergency Respo	onse Team: Yes	□ No If yes, he	ow are they contacted:
Cchool Employee(s) Atten		se note beside nan	ne if employee is CPR trai	ined):
(Please use separate sh	eet and attach to t	his form if more spa	ce is needed to list school er	nployees attending).
St	- /			10 23 25 Date
Signature Trip has been □ approved	disapproved R	eason for disapprov	al	Duit
The has occil to approved	L disappioved. It			
Signature of Super	intandant/Dania	00		Date
			mintandant and/or Poord ma	y be required by policy 09.36.

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

SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER,	SPECIFY		PRIOR TO T	HE TRIP.
SCHOOL TCMS	F	ACULTY MEMBER	R(s) SPONS	ORING TRIP	ROBYN	BATE	·S
TYPE OF TRIP (CHECK Concluded Check Concluded Check Concluded Check Concluded Check	one): rip □ Class Tri Trip , specify _	p (i.e., junior, se	nior), spec	of other (ath	letic, band, if	applicab	le) Vous
DESTINATION OLDSTE	ut of County	<u> </u>	1170 On	TEAD, KY	PD PHONE	979	<u>-215</u> -33
DATE(S) OF TRIP 9 PURPOSE/EDUCATIONAL						Тіме _	9:00
Source of funding for	R TRIP						
Attach a description registration, and all o	ther anticipate	ed travel expen	ses.			lodgin	ng, meals,
		LL BE DENIED THE T					
BILL TRIP EXPENSES T	o: D SPONSOR	ING ORGANIZATI	ION SCH	OOL COUN	CIL 🗆 BOARD	□ OTHE	ER, SPECIFY
Number of: students _ Total # of Pai	25 facu rticipants 2	ULTY SPONSORS	20	THER CHAP	ERONES		
□ Certificatei	NSPORTATION NI COMMON CARI	EEDED? NO RIER; SPECIFY D BY POLICY; SPE					
Supervision (ATTACH)							
Have all chaperone principal/designee to	es undergone supervise stud	the required lents? Yes	records □ No	check as	nd been de		
Person contacted at venue Is there an Automated Ext	to discuss EAP: ternal Defibrillat	or (AED) on site:	Per Per	No If yes, w	here:		
Does the venue have an E	mergency Respo	nse Team: Yes	□ No If	yes,	how are	they	contacted:
School Employee(s) Atter ROBYN BATE NIKKE AND		e note beside nam	ne if employ	ree is CPR tr	ained):		
					1		
(Please use separate sh	eet and attach to the	is form if more spa	ce is needed	to list school			
Signature	e of Faculty Spon	50%			(o 23 7 Date	5	
Trip has been \square approved		eason for disapprov	al				
Signature of Super			~		Date		0.26
For overnight and/or	out-of-state trins	approval of the Supe	erintendent ar	nd/or Board n	nay be required b	y policy 0	9.36.

	and the latest execution of the production to the production of th				e di la materia de la compressión de l
Submit this form	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY		PRIOR TO THE TRIP.
SCHOOL TCMS	F	FACULTY MEMBE	R(s) SPONSORING TRIP	ROBYN	BATES
Type of Trip (CHECK OF Classroom Field Trip Organization/Club Trip Organization/Club Trip Out of State Out of State Overnight; give name	NE): ip □ Class Tri Irip , specify _ M >>> CE It of County	p (i.e., junior, so Address Within Cour	enior), specify Other (ath s ZS6B Rvance nty Bowson Gre	lletic, band, if RO PHONE CO, KY 4	Fapplicable) <u>Vol</u> <u>979-215-3</u> 2101
Date(s) of Trip 9/					
Purpose/Educational					
Source of funding for					
Attach a description registration, and all of	her anticipate	ed travel exper			, lodging, me
BILL TRIP EXPENSES TO					OTHER, SPEC
Number of: students _ Total # of Par	25 fact	JLTY SPONSORS _	2 OTHER CHAR	PERONES	
□ Certificated	SPORTATION NI	RIER; SPECIFY	YES, SEE PROCE		
SUPERVISION (ATTACH L					
Have all chaperones principal/designee to s	undergone	the required	l records check a		esignated by
Person contacted at venue to the state of th	to discuss EAP ernal Defibrillat	or (AED) on site	Person making Yes No If yes, v	vhere:	
School Employee(s) Attended	ling Trip (Pleas				
St	10		ace is needed to list school	employees atter	
0	of Faculty Spon disapproved. R	eason for disapprov	/al	Dute	
Signature of Superi			erintendent and/or Board i	Date	