

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY, QUASHAWN QUARLES, HAYDEN MILLER
(STUDENT TEACHER)

TYPE OF TRIP (CHECK ONE):

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

National FFA Convention – Indianapolis, IN

DATE(S) OF TRIP: **OCTOBER 29 – NOVEMBER 1, 2025**

DEPARTURE TIME **6:00 A.M. (OCTOBER 29)**

RETURN TIME: **3:00 PM (NOVEMBER 1)**

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

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

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

EAP: Person contacted at venue to discuss EAP: Matt Chaliff

Person making contact: Shayla Berry

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Multiple, located and labeled on walls

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: 317-927-7520

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

Shayla Berry (formerly CPR trained)

Quashawn Quarles

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

Shayla Berry
Signature of Faculty Sponsor

8/20/25

Date

Approval of Site Based Council Representative [Signature]

Date 8-27-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

Request to Place an Item on the AgendaName: Benny / FFA

Address: _____

Telephone number: _____

Name of school children attend, if applicable: TCHS FFA

Group represented: _____

Check if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: TravelSpecific Action Requested: permission to travel
FFA Convention in Louisville, KY
October 29th - November 1stCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY, QUASHAWN QUARLES, HAYDEN MILLER
(STUDENT TEACHER)

TYPE OF TRIP (CHECK ONE):

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

Kentucky State Veterinary Science & Horse Evaluation Contest
Murray, KY

DATE(S) OF TRIP: NOVEMBER 20-21, 2025

DEPARTURE TIME 4:00 P.M. (NOVEMBER 20)

RETURN TIME: 4:30 PM (NOVEMBER 21)

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 8 **FACULTY SPONSORS** 3 **TOTAL # OF PARTICIPANTS**
11

EAP: Person contacted at venue to discuss EAP: Christy Watkins

Person making contact: Shayla Berry

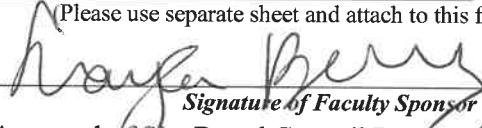
Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Central Office

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


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

Shayla Berry (formerly CPR trained)

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


Signature of Faculty Sponsor

8/20/25
Date

Approval of Site Based Council Representative 

Date 8-27-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

Request to Place an Item on the AgendaName: Berry / FFA

Address: _____

Telephone number: _____

Name of school children attend, if applicable: TCHSGroup represented: FFACheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travel to
State Contest in murray KY
November 20th 21stCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL ALL SCHOOLS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE**TYPE OF TRIP (CHECK ONE):**Organization requesting the Trip / Organization responsible for Payment: TCCHS BETADESTINATION CINCINNATI FIELD TRIP ADDRESS CINCINNATI OHIO KY

☒ Overnight; give name, address, phone of lodging _____ Lodging at the zoo at the Rainforest Exhibit;
 Student will also see the conservatory, the Museum Center and Cathedral in Covington, KY _____

DATE(S) OF TRIP WEDNESDAY, A FRIDAY IN NOVEMBER THROUGH A SATURDAY DEPARTURE
 TIME FRIDAY MORNING 5:00 AM RETURN TIME LATER SATURDAY NIGHT

SOURCE OF FUNDING FOR TRIP TCCHS BETA*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*NUMBER OF: STUDENTS 45 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 50EAP: Person contacted at venue to discuss EAP: Cincinnati Zoo Person making contact: Lisa PetrieIs there an Automated External Defibrillator (AED) on site: ☒ Yes No If yes, where: MEDICAL STATIONSDoes the venue have an Emergency Response Team: ☒ Yes No If yes, how are they contacted: EMERGENCY
EMS is contacted

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

Lisa Petrie
Volunteers

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

Lisa Petrie 8/23/25
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative [Signature] Date 8-27-25**District Use Only****Section 2**

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS**Section 3**

Date/Time Departure: _____ O d o m e t e r _____ S t a r t : _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____
 Driver Comments: _____

Coach or School Representative Signature _____ Date _____

Request to Place an Item on the AgendaName: L. Petrie

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: BetaCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travel to Cincinnati OhioCheck if you are: ☐ Board Member ☒ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06