

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 TCBOE SPED

TYPE OF TRIP (CHECK ONE):

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

DESTINATION DREAM RIDERS, ARBY'S, RUSSELLVILLE PARK **ADDRESS** CABLE VISION RD. RUSSELLVILLE, KY
PHONE 270-542-9053

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

- ☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP THURSDAY, SEPTEMBER 11, 2025 **DEPARTURE TIME** 9:00 **RETURN TIME** 2:00

PURPOSE/EDUCATIONAL VALUE CBI TRIP**SOURCE OF FUNDING FOR TRIP** TCBOE SPED

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 10 **FACULTY SPONSORS** 6 **OTHER CHAPERONES** _____
TOTAL # OF PARTICIPANTS 16

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: Sue Sharp

Person making contact: Heather Key

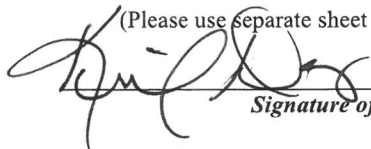
Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☒ No If yes, where: _____

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):

Heather Key, Jennifer Mumford, Nancy Tucker, Kim McCormick, Belinda Garrett, Amanda Brown

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



Signature of Faculty Sponsor

8/25/25
Date

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

TYPE OF TRIP (CHECK ONE):

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

DESTINATION CHRISTIAN WAY FARM **ADDRESS** 19590 LINVILLE RD. HOPKINSVILLE, KY **PHONE** 270-269-2434☐ Out of State ☒ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging _____**DATE(S) OF TRIP** MONDAY, SEPTEMBER 29, 2025**DEPARTURE TIME** 9:30**RETURN TIME** 2:00**PURPOSE/EDUCATIONAL VALUE:** VISIT THE THE FARM, PUMPKIN LIFE CYCLE, PUMPKIN PATCH**SOURCE OF FUNDING FOR TRIP:** SPED TCBOE

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** 10 **FACULTY SPONSORS** 6 **OTHER CHAPERONES** _____**TOTAL # OF PARTICIPANTS** 16**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: Janie Corley

Person making contact: Heather Key

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: Call 911

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

8/25/25

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

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SCHOOL TCCHS/TCMS FACULTY MEMBER(S) SPONSORING TRIP DR. LISA PETRIE**TYPE OF TRIP (CHECK ONE):**Organization requesting the Trip / Organization responsible for Payment: TCCHS/TCMSDESTINATION BOWLING GREEN ADDRESS KNICELY CENTER☐ Overnight; give name, address, phone of lodging Lodging will be determinedDATE(S) OF TRIP OCT. 16-17TH DEPARTURE TIME 8:00 AM RETURN TIME 2:30 PMSOURCE OF FUNDING FOR TRIP BETA AND STUDENT COSTS*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*NUMBER OF: STUDENTS 40 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 42EAP: Person contacted at venue to discuss EAP: Amy Luttrell Person making contact: Lisa PetrieIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: OfficeDoes 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):

Lisa PetrieCarrie Tobar

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

Dr. Lisa Petrie7/28/25*Signature of Faculty Sponsor**Date*Approval of Site Based Council Representative [Signature]Date 8/7/28/25**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 _____

