

STUDENTS

09.36 AP.21

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

SCHOOL STES FACULTY MEMBER(S) SPONSORING TRIP Miranda Mansfield
Beth Ayers

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

4th Grade

DESTINATION Alhambra Theater ADDRESS 507 S. main St. Hopkinsville, KY

☐ Overnight; give name, address, phone of lodging 42240

DATE(S) OF TRIP 12/3/25 DEPARTURE TIME 8:30 am RETURN TIME 2:00 pm

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF STUDENTS 81 FACULTY SPONSORS 10 TOTAL # OF PARTICIPANTS 87

EAP: Person contacted at venue to discuss EAP: Kelly Selfe Person making contact:

Mmansfield

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:

the manager

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

Miranda Mansfield

Beth Ayers

Lorie Deberry

Carrie Tobar

Heather Frazier

Ashly Wofford

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

miranda-mansfield

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature] Date 9-22-25

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD FACULTY MEMBER(S) SPONSORING TRIP JENN OYLER

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION TCHS ADDRESS ELKTON KY

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

DATE(S) OF TRIP 11-7-25 DEPARTURE TIME 8:30 RETURN TIME END OF PROGRAM

SOURCE OF FUNDING FOR TRIP BOE

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

NUMBER OF: STUDENTS 81 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 86

EAP: Person contacted at venue to discuss EAP: Lee Quarles Person making contact: Jenn Oyler

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 admin

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

Krista Stratton

Rachel Meyer

Brad Balmer

Ashly Wofford or Shelley Collins

Taylor Wilson

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

Reed Meyer
Signature of Faculty Sponsor

9-22-25

Date

Approval of Site Based Council Representative _____

Date 9-22-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer _____ Start: _____

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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 _____