

Request to Place an Item on the AgendaName: Kim JusticeAddress: TC-BOETelephone number: 270-265-2436

Name of school children attend, if applicable: _____

Group represented: Special EducationCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quarles - Principal
at TCCHSDescription of Issue: special education student to spend a
week at the Kentucky School for the BlindSpecific Action Requested: permission for a high school, special
education student to attend a short course
at the Kentucky School for the Blind (Oct. 26-31)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: 3/13/06

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 9/29/2025

Date of Event: October 27 – 31, 2025

Organization: Kentucky School for the Blind

School: TCCHS

Number of Passengers: 1

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Kentucky School for the Blind, Louisville KY

Planned Stops To and From: N/A

Departing Location: TCCHS

Date of Departure: 10/26/2025

Time of Departure: 12:00pm/1:00pm

Returning Location: TCCHS

Date of Return: 10/31/2025

Time of Return: 3:30pm (pick-up is at 1:30pm)

Chaperone/s: N/A

Chaperone's Phone: Click here to enter text.

Special Requests (Check One)

☐ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other:

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van:

Trip Requested By: Jason Gibson/Paige Carver

Organization Responsible for Payment: Special Education

Approval of Site Based Council Representative

Date

10-1-25

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of 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 TCCHS FACULTY MEMBER(S) SPONSORING TRIP Pablo Ramirez

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Raices y Ales/MEP

DESTINATION APSV & TCAT ADDRESS 601 College St, Clarksville, TN 37044

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

DATE(S) OF TRIP 10/15/25 DEPARTURE TIME 8:00 AM RETURN TIME 2:30 PM

SOURCE OF FUNDING FOR TRIP Migrant

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: Nora Beerman Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez
Flor Gunn

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

[Signature]
Signature of Faculty Sponsor

09/29/25
Date

Approval of Site Based Council Representative _____ Date _____

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 _____