

STUDENTS

09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP : HEATHER KEY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SPED TCBOE

DESTINATION: TODD CO LIBRARY, ELKTON FIRE DEPT, ELKTON PARK ADDRESS: _____

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

DATE(S) OF TRIP: OCTOBER 16, 2025 DEPARTURE TIME 9:15 AM RETURN TIME 2:00 PM

SOURCE OF FUNDING FOR TRIP: SPED TCBOE

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 6 TOTAL # OF PARTICIPANTS 16

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Heather Key

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

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

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

Approval of Site Based Council Representative _____

Date

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP KIMBERLY STEVENSON

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: KYA

DESTINATION CROWNE PLAZA LOUISVILLE AIRPORT ADDRESS ADDRESS: 830 PHILLIPS LN LOUISVILLE, KY 40209

☒ Overnight; give name, address, phone of lodging Crowne Plaza - Louisville Airport
830 Phillips Lane Louisville, KY 40209

DATE(S) OF TRIP: NOV 6-8 DEPARTURE TIME 10am RETURN TIME 3pm

SOURCE OF FUNDING FOR TRIP: GRANT

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: Kim Stevenson

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

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: 911

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

Kimberly Stevenson
Sarah Penick or
Lisa Petrie

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

Signature of Faculty Sponsor

Approval of Site Based Council Representative

Date

Date 9/22/25

District Use Only

Section 2

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