

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD ELEMENTARY FACULTY MEMBER(S) SPONSORING TRIP LINDSEY SISCO

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION: HEARTHSTONE PLACE ADDRESS 506 ALLENSVILLE ST ELKTON KY 42220

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP: DECEMBER 4TH, 2025 DEPARTURE TIME 9:00 RETURN TIME 11:00

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS : 23 FACULTY SPONSORS: 1 TOTAL # OF PARTICIPANTS: 24

EAP: Person contacted at venue to discuss EAP: Kay Henderson Person making contact: LINDSEY SISCO

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: 911

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

LINDSEY SISCO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please use separate sheet and attach to this form if more space is needed to list school employees attending).*  
*Lindsey Sisco* \_\_\_\_\_  
Signature of Faculty Sponsor Date 11/3/25

Approval of Site Based Council Representative *Jennifer Ogden* \_\_\_\_\_ Date 11-3-25

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**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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**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 Jennifer Byrd

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

1st grade / PTO

DESTINATION ICE Gaylord Hotel ADDRESS 2800 Opryland Dr. Nashville TN  
 Overnight; give name, address, phone of lodging 37214

DATE(S) OF TRIP 12-11-25 DEPARTURE TIME 8:30 RETURN TIME 2:30

SOURCE OF FUNDING FOR TRIP Students / South Todd / PTO

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

NUMBER OF: STUDENTS 64 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 73

EAP: Person contacted at venue to discuss EAP: Lauren McDaniel Person making contact: Jennifer Byrd

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Walkie talkies

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

Jennifer Byrd Kendra Haley  
Stephanie Conquest Cheryl Queen  
Faith Dennis nurse

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

Jenny Byrd  
Signature of Faculty Sponsor

10/30/25  
Date

Approval of Site Based Council Representative Jennifer Byrd Date 10-30-25

**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 STES FACULTY MEMBER(S) SPONSORING TRIP CARRIE TOBAR

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip : Organization responsible for Payment:

Special Ed.

DESTINATION Logan Aluminum ADDRESS 6920 Lewisburg Rd. Russellville, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 12-16-25 DEPARTURE TIME 8:30 RETURN TIME 11:00

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 7 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 11

EAP: Person contacted at venue to discuss EAP: Jason Fowler Person making contact:

Jennifer Oyer

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: posted locations

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

Logan employee

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

Carrie Tobar

Kaylee Buckley

Tracy Thomas

Kariel Bylet

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

Carrie Tobar

10-31-25

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative Jennifer Oyer Date 10-31-25

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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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 \_\_\_\_\_