

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

11/3/25
Date

Approval of Site Based Council Representative *Jessica Dyer* Date *11-3-25*

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 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

37214

Overnight; give name, address, phone of lodging _____

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 _____

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

SP

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 Oyler

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

Maylee Buckley

Tracy Thomas

Karley Byler

(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 Oyler Date 10-31-25

..... 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 _____