POWERS AND DUTIES OF THE BOARD OF EDUCATION

Request to Place an Item on the Agenua	
Name: Kim Davis	
Address 515 W. Main St	
Telephone number: 270-2(65-2511	
Name of school children attend, if applicable:	
Group represented: TCMS JROTC	
Check if request was submitted to: Superintendent Board Chauperson	
Conferred with following administrators (names):	
Description of Issue: Out of State, overnight trip for	
drore	
Specific Action Requested: Upprove fue out of State	
trip scheduled for January 30-31st to	
specific Action Requested: approve the out of state. +rip scheduled for January 30-31st to. Collegedale, Th	
Check if you are	
All requests for items to be placed on the agenda must be submitted to the Superintendent prior the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approxi-	ii. gi
of the Superintendent.	
10 C	

09.36 AP.21

STUDENTS	offic Emergency Action Plan (EAP)
STUDENTS School-Related Student Trip Request Form & Event Spe	ome igner rency
SCHOOL TCC & S TCMS FACULTY MEMBER(S) S	PONSORING TRIP CW3 (-2)
TYPE OF TRIP (CHECK ONE):	avment:
O provided recognized the Trip / Organization responsible for	TN-58 TN 37741
DESTINATION Library phone of lodging Sais	ahill Smites, 8876
Overnight; give name, address, phone of roughing	37363 425-301.56
DESTINATION Overnight; give name, address, phone of lodging DATE(S) OF TRIP DATE(S) OF TRIP	1:00 RETURN TIME 2pm
DATE (C) AE I PILL DO COO	
SOURCE OF FUNDING FOR TRIP SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP RECAUSE OF	OF AN INABILITY TO PAY.
NO STUDENT SHALL BE DEVICED THE TANK	TOTAL MISS PARTICLE AUTO
NUMBER OF: STUDENTS DE FACULTY SPONSORS EAP: Person contacted at venue to discuss EAP: Gabiel Nickey	Person making contact: CW3 FAGAN
EAP: Person contacted at venue to discuss EAP: Gable Venue To No.	If we where:
EAP: Person contacted at venue to discuss EAP: Gastles All Yes I No Is there an Automated External Defibrillator (AED) on site: Yes I No If yes	how are they contacted:
Is there an Automated External Defibrillator (AED) on site: a 165 25 165 Does the venue have an Emergency Response Team: 2 Yes 1 No If yes	is CPR trained):
School Employee(s) Attending Trip (Please note beside name if employee	is of it duality.
CW3 FALAN	
	Y a sheel employees attending).
(Please use separate sheet and attach to this form if more space is needed to	Het school employees amende 57
Signature of Faculty Sponsor	Date 10/27/25
The state of the s	Date (U/Q/IQ)
Approval of Site Based Council Representation	

District Use Only	
Section 2	Date
Section 2 Approval of District Representative	
DRIVER: TURN THIS FORM IN WITH	H TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
Date Time Round.	
I hereby certify that the above information is correct to the best of r	ny knowledge.
1 I nereby certify that the above intermines is	
Driver Signature	Date
Driver Comments:	
	Date
Coach or School Representative Signature	

School-Related Student Trip Request Form & Event	Specific Emergency Action Plan (EAP)
SCHOOL _TCMS FACULTY MEMBER(S) SPO	NSORING TRIP: HEATHER DIPASQUALE_
TYPE OF TRIP (CHECK ONE): MURRAY STATE UNIVERSITY Q	UAD STATE MIDDLE SCHOOL HONOR BAND
Organization requesting the Trip / Organization responsible	for Payment: _1CMS FORIUM ADDRESS:
DESTINATION: MURRAY STATE UNIVERSITY LOVETT AUDIT ☐ Overnight; give name, address, phone of lodging	
U Overlingin, give name, address, phone of loaging	
DATE(S) OF TRIP: NOVEMBER 24, 2025 DEPARTURE TI	ME7:00 AM_ RETURN TIME _10:00 PM
SOURCE OF FUNDING FOR TRIP: TCMS BAND	
NO STUDENT SHALL BE DENIED THE TRIP BECA	USE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS _? (BUS OR VAN(S) TBD BASED _1TOTAL # OF PARTICIPANTS _?	
EAP: Person contacted at venue to discuss EAP:Person making	ng contact:
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 Employee(s) Attending Trip (Please note beside name if emp	loyee is CPR trained):
	Lite the sheet analogoes attending)
(Please use separate sheet and attach to this form if more space is need	led to list school employees attending).
Signature of Faculty Sponsor	Date In Cap (O.F.
Approval of Site Based Council Representative	Date 10/27/25
District Use Only	
Section 2	Data
Approval of District Representative	Date
***********************************	******************************
DRIVER: TURN THIS FORM IN V	VITH TIMESHEETS
Section 3	O.1. (Stanta
Date/Time Departure:	
Date/Time Return:	Odometer End:
I hereby certify that the above information is correct to the bes	at of my knowledge.
Driver Signature	Date
Driver Comments:	
	Data
Coach or School Representative Signature	Date

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)

ī	Date of Request: 9/30/2025	Date of Event: 12/4/202	25		
	Organizatio	n: 6 th Grade	School: TCMS		
		Number of Passengers	s: 150		
Type of Trip (Check One)					
☐ In-County Instruct	ional	□In-County Athletic		Other: (Explain In Detail)	
⊠Out-of-County Ins	tructional	☐Out-of-County Athletic	3		
☐Out-of-State Instru	□Out-of-State Instructional □Out-Of-State Athletic				
Destination (Event, City, and	State): "Yes, Virginia"- SKyP	AC, Bowling Green, KY			
Planned Stops To and From:	Greenwood Mall (lunch)				
Departing Location: TCMS E	Ikton,KY Date of Departure	e: 12/4/2025 Time of De	parture: 8:00am		
Returning Location: TCMS E	ikton, KY Date of Return:	12/4/2025 Time of Retu	ırn: 2:00		
Chaperone/s: Nikki Andrews 8703	, Crystal Sisco, Julie Haml	et, Kassity Boor, Steve	e Higgins, Robbie Weather	S Chaperone's Phone: 931-237-	
Special Requests (Check One	e)				
□Van [□Wheelchair Accessible	☐Monitor	☐ Other: (Explain I	In Detail)	
If requesting the Van, has th	e person driving been certi	fied and approved to di	rive? □Yes □No (Check	k One)	
Person Driving Van: Click h	ere to enter text.	Trip	Requested By: TCMS 6th G	Grade Team	
Organization Responsible fo	1/2	Student Activity Account	t	Date 10/27 (25	
Approval of Site Based Cour	ncil Representative	nerso		Date IV/A (1	
Section 2		DISTRICT USE ONLY			
Approval of District Represe	ntative		************	_ Date:	
Section 3	DRIVER - TI	JRN THIS FORM IN 1	WITH TIMESHEETS		
Date/Time of Departure:			Odometer Start:		
Date/Time of Return:			Odometer End:		
I hereby certify that the abov	e information is correct to	the best of my knowled	ige.		
Driver Signature				Date	
Driver Comments:					
Coach or School Representa	ative Signature				

School-Related St	<u>udent Trip Request Form & Event S</u>	pecific Emergency Action Plan (EAP)
SCHOOL_TCMS_	FACULTY MEMBER(S) SPONS	SORING TRIP _KIMBERLY DAVIS
Type of Trip (CHEC	K ONE):	r Payment: TCMS
DESTINATIONT	CCHS ADDRESS80 name, address, phone of lodging	J6 S MAIN ST
DATE(S) OF TRIP: NO	DV 7DEPARTURE TIME 8:00_	RETURN TIME 10:30
	FOR TRIP TCMS	
	O STUDENT SHALL BE DENIED THE TRIP BECAUS	
NUMBER OF: STUDEN	ITS 400 FACULTY SPONSORS 35	TOTAL # OF PARTICIPANTS _435
EAP: Person contacted	at venue to discuss EAP: _Lee QuarlesPerson	on making contact: _Kim Davis
Is there an Automated E	xternal 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 Employee(s) Att	ending Trip (Please note beside name if employ	yee is CPR trained):
		· · · · · · · · · · · · · · · · · · ·
	sheet and attach to this form if more space is needed	
Signate Approval of Site Base	ure of Faculty Sponsor ad Council Representative	Date 10/27/25
	District Use Only	
Section 2		_
Approval of District R	Representative	Date

	DRIVER: TURN THIS FORM IN WI	TH TIMESHEETS
Section 3		
Date/Time Departure:		Odometer Start:
Date/Time Return:		Odometer End:
I hereby certify that th	e above information is correct to the best of	of my knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Repr	esentative Signature	Date

SCHOOL: TCMS	FACULTY MEMBER(S) SPONSORING	G TRIP: HEATHER KEY
Type of Trip (check one): CB Organization requesting the T	BI COMMUNITY BASED INSTRUCTION Frip / Organization responsible for Payment	: SPED TCBOE
DESTINATION: ALHAMBRA THEAT	TER & CHICK FIL A ADDRESS: 507 S. MAIN S	t. Hopkinsville, KY
□ Overnight; give name, addr	ress, phone of lodging	
DATE(S) OF TRIP: THURSDAY, NO	OVEMBER 6th, 2025 DEPARTURE TIME 8:30	RETURN TIME 2:00
Source of funding for trip: St	PED TCBOE	
	ENT SHALL BE DENIED THE TRIP BECAUSE OF AN INAB	
NUMBER OF: STUDENTS 10 EAP: Person contacted at venue	to discuss EAP: Kelly Selfe Person make	PANTS 15 cing contact: Heather Key
Is there an Automated External De	efibrillator (AED) on site: Yes No If yes,	where:
Does the venue have an Emergenc	y Response Team: Yes □ No	
If yes, how are they contacted: Rad	dio/WalkieTalkies	
School Employee(s) Attending Tri Heather Key, Kim McCormick, Be	ip (Please note beside name if employee is CPR elinda Garrett, Nancy Tucker, Jennifer Mumford	trained): l
(Please use separate sheet and at	ttach to this form if more space is needed to list school	ol employees attending).
Signature of Facu Approval of Site Based Counci	il Representative () 8	Date 10/27 (25
	District Use Only	
Section 2		
Approval of District Representa	ative	Date
DRIVE	ER: TURN THIS FORM IN WITH TIME	ESHEETS
Section 3		
Date/Time Departure:	Odom	seter Start:
Date/Time Return:	Odom	eter End:
I hereby certify that the above i	information is correct to the best of my know	wledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative	re Signature	Date

SCHOOL:	TCMS	FACULTY MEMBER(S) SPONSORING TR	IP: HEATHER KEY
Organiza	tion requesting th	CBI COMMUNITY BASED INSTRUCTION The Trip / Organization responsible for Payment: SF	PED TCBOE
DESTINATIO	ON: THE SHOWBOX	& LITTLE CEASER'S ADDRESS: 4000 FORT CAMPBE	ELL BLVD. HOPKINSVILLE, K.Y
□ Overni	ght; give name, a	ddress, phone of lodging	
DATE(S) OF	Trip: Monday, N	NOVEMBER 24TH, 2025 DEPARTURE TIME 9:00	RETURN TIME 12:00
Source of	FUNDING FOR TRIE		
	No sa	UDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY	
	s: STUDENTS 10 on contacted at ven	FACULTY SPONSORS 5 TOTAL # OF PARTICIPANT uue to discuss EAP: Madyson Pollock Person m	rs 15 naking contact: Heather Key
		Defibrillator (AED) on site: □ Yes □ No If yes, whe	
Does the ver	nue have an Emerg	ency Response Team: □ Yes ☑ No If yes, how are	they contacted: Contact Local
School Emp Heather Key	oloyee(s) Attending y, Kim McCormick	Trip (Please note beside name if employee is CPR trair, Belinda Garrett, Nancy Tucker, Jennifer Mumford	ned):
(Please	use separate sheet ar	nd attach to this form if more space is needed to list school em	ployees attending).
	of Site Based Cou	14. (Date 10/27 (25)
•••••	• • • • • • • • • • •	District Use Only	
Section 2			
Approval c	of District Represe	entative	Date
•••••	DRI	VER: TURN THIS FORM IN WITH TIMESH	EETS
Section 3			
Date/Time	Departure:	Odometer	Start:
Date/Time	Return:	Odometer	End:
I hereby ce	ertify that the abov	ve information is correct to the best of my knowled	lge.
Driver Sign	nature		Date
Driver Cor	nments:		
Coach or S	chool Representa	tive Signature	Date

School-Related Student Trip Request Form & Event Spe	ecific Emergency Action Plan (EAP)
SCHOOLTCMS FACULTY MEMBER(S) SPONSO	RING TRIP _KIMBERLY DAVIS
Type of Trip (CHECK ONE):	
Organization requesting the Trip / Organization responsible for l	Payment:TCMS
DESTINATION TCCHS ADDRESS 806	S MAIN ST
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP: 10/30 DEPARTURE TIME 12:30	RETURN TIME 2:00
SOURCE OF FUNDING FOR TRIP YSC	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	
NUMBER OF: STUDENTS _400FACULTY SPONSORS _35T	OTAL # OF PARTICIPANTS _435
EAP: Person contacted at venue to discuss EAP: Lee Quarles Person	making contact: _Kim Davis
Is there an Automated External Defibrillator (AED) on site: Yes N	o If yes, where:
Does the venue have an Emergency Response Team: Yes No If ye	s, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employe	e is CPR trained):
(Please use separate sheet and attach to this form if more space is needed to	o list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
***************************************	**********************
District Use Only	
Section 2	1-00
Section 2 Approval of District Representative	Date (0/2/100)

DRIVER: TURN THIS FORM IN WIT	H TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	0 1
I hereby certify that the above information is correct to the best of	my knowledge.
D. Clauston	Date
Driver Signature Driver Comments:	
Diver comments.	
Coach or School Representative Signature	Date

Submit this form □ one week □ two weeks □ other, specify prior to the trip.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MATTHEW NORL
Type of Trip (check one):
□ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify Other (athletic, band, if applicable)
DESTINATION ALLEN COUNTY-SCOTTSVILLE HIGH SCHOOL PHONE 931-367-7314
Out of State Out of County Within County
Overnight; give name, address, phone of lodging 7:15 DATE(S) OF TRIP NOVEMBER 1 DEPARTURE TIME METURN TIME 10:00 PM
Purpose/Educational Value
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all oth anticipated travel expenses.
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SCHOOL COUNCIL BOARD - OTHER, SPECIA
2 FACULTY SPONSORS OTHER CHAPERONES
Total # of Participants <u>28</u> Mode of Transportation
is district transportation needed? \square no X yes, see procedure 09.36 ap.212.
□ CERTIFICATED COMMON CARRIER; SPECIFY
□ Private vehicle, if allowed by policy; specify driver(s)
Supervision (Attach list of names of adults accompanying students on trip.)
have all chaperones undergone the required records check and been designated by the principal/designee to supervi
students? X Yes \square No
Person contacted at venue to discuss EAP: <u>Jeremy Garrett</u> Person making contact: <u>McGhee</u> s there an Automated External Defibrillator (AED) on site: XYes No If yes, where:
Does the venue have an Emergency Response Team: X Yes No
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Matthew Norl
Matthew Talley
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
Matthew Norl Sept 24 Signature of Faculty Spansor Date
Signuitie of Pacacy Sponsor
Trip has been □ approved □ disapproved. Reason for disapproval
Signature of Superintendent/Designee Date For examinist and/or out of state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

POWERS AND DUTIES OF THE BOARD OF EDUCATION

Request to Place an Item on the Agenda

Name: Kimberly Davis
Address: 515 W. Main St.
Telephone number 270 - 265 - 2511
Name of school children attend, if applicable:
Group represented: TCUS Boys Basketball
Cheek if request was submitted to:
Conferred with following administrators (names):
at Kenword Holdle School in Clarksville, Tr.
at Kenword Middle School in Clarksville, Th.
Specific Action Requested Approve out of state trip for the TCUS Boys Basketball
for the TCUS Boys Basketball
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 Seperintendent prior to
the Board meeting as specified in Board Policy 01.45. Hems submattee snall require prior approva
of the Superintendent.

Submit this form one week two weeks other, specify	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MATTHEW NORL	
Type of Trip (check one):	
□ Class Trip (i.e., junior, senior), specify	
Organization/Club Trip, specify Other (athletic, band, if applicable))
DESTINATION KENWOOD MIDDLE SCHOOL PHONE 931-367-7314	
Out of State Out of County Within County	
Overnight; give name, address, phone of lodging DATE(s) OF TRIP NOVEMBER 4 DEPARTURE TIME 4:00 PM RETURN TIME 10:00 PM	
Purpose/Educational Value Source of funding for tripAthletics	
Attach a description of estimated expenses including, but not limited to, lodging, meals, regardicipated travel expenses.	gistration, and all other
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SCHOOL COUNCIL BOAR	D OTHER, SPECIFY
2FACULTY SPONSORSOTHER CHAPERONES	-
Total # of Participants <u>28</u>	
Mode of Transportation	
is district transportation needed? \square no X yes, see procedure 09.36 α	AP.212.
□ Certificated common carrier; specify	
□ Private vehicle, if allowed by policy; specify driver(s)	
Supervision (Attach List of names of adults accompanying students on trip.)	
Have all chaperones undergone the required records check and been designated by the principal	al/designee to supervise
students? X Yes No	
Person contacted at venue to discuss EAP: <u>Charlsie Gordian</u> Person making contact:	<u>McGhee</u>
Is there an Automated External Defibrillator (AED) on site: XYes No If yes, where:	
Does the venue have an Emergency Response Team: X Yes No	
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Matthew Norl	
Matthew Talley	
(Please use separate sheet and attach to this form if more space is needed to list school employees at	tending).
Matthew Norl Sept 24	
Signature of Faculty Sponsor Date	
Trip has been □ approved □ disapproved. Reason for disapproval	
Signature of Superintendent/Designee De	ate
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be require	

SUBMIT THIS FORM	ONE WEEK	□ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.
School <u>TCMS</u> F	ACULTY MEMBI	er(s) sponsoring	TRIP MATTHE	w Norl
Type of Trip (check				
□ Classroomstev Field	l Trip 🗆 Cla	ss Trip (i.e., junio	r, senior), specify	
Organization/Club Tr	ip, specify		□ Other (athletic, ban	d, if applicable)
Destination <u>Franklin S</u>	SIMPSON MIDDLE	SCHOOL	PHONE <u>93</u>	<u>-367-7314</u>
Out of State Out of	f County 🗆 Wi	thin County		
Overnight; give name DATE(s) OF TRIP_NOVEM	e, address, phone BER 10 DEPAR	of lodging rure Time 4:0	0 PM RETURN T	пме <u>10:00 РМ</u>
Purpose/Educational V	ALUE	OTT 60		
Source of funding for	estimated expen	ses including bu	t not limited to, lode	ging, meals, registration, and all other
anticipated travel expens		sos moraams, ea		, , ,
	No student sha	LL BE DENIED THE	TRIP BECAUSE OF AN INA	BILITY TO PAY.
BILL TRIP EXPENSES	TO: SPONSOR	ING ORGANIZATI	ON X SCHOOL CO	UNCIL BOARD [] OTHER, SPECIFY
2 FACULTY S	PONSORS	OTHER CHAPE	ERONES	
TOTAL # OF PA	ARTICIPANTS2	.8		
Mode of Transporta	TION			
IS DISTRICT TRA	ANSPORTATION N	eeded? 🗆 no	X YES, SEE PROC	EDURE 09.36 AP.212.
□ Certificate	ED COMMON CAR	RIER; SPECIFY		
□ Private veh	ICLE, IF ALLOW	ED BY POLICY; SP	ecify driver(s)	
Supervision (ATTACH				
				by the principal/designee to supervise
students? X Yes N				
Person contacted at venu	e to discuss EAP	: Caivln Hog	an Person maki	ing contact: McGhee
Is there an Automated Ex				
Does the venue have an l				
School Employee(s) Atte Matthew Norl		se note beside nar	ne if employee is CPI	t trained):
Matthew Talley	<u></u>			
(Please use separate s	sheet and attach to	this form if more sp	ace is needed to list scho	ool employees attending).
Matt	hew Norl			Sept 24
Signatu	ire of Faculty Spo	nsor		Date
Trip has been □ approved	□ disapproved. I	Reason for disappro	val	
ai				Date
For overnight and/o	erintendent/Design r out-of-state trips,	approval of the Sur	erintendent and/or Boar	rd may be required by policy 09.36.

SUBMIT THIS FORM ONE WEEK	□ TWO WEEKS	□ OTHE	R, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER	(s) sponsoring	TRIP	MATTHEW	Norl
TYPE OF TRIP (CHECK ONE):				
□ Classroomstev Field Trip □ Class	Trip (i.e., junior	, senior),	specify	
Organization/Club Trip, specify		Other (a	thletic, band, i	f applicable)
DESTINATION UHA SCHOOL	PHONE <u>931-</u>	-367-731	<u>4</u>	
Out of State Out of County With	in County			
Overnight; give name, address, phone of Date(s) of Trip November 18 Departs	f lodging RE TIME 4:00) PM	_RETURN TIIM	E <u>10:00 PM</u>
PURPOSE/EDUCATIONAL VALUE				
Source of funding for trip <u>Athles</u> Attach a description of estimated expense anticipated travel expenses.	es including, but	not limi	ted to, lodging	, meals, registration, and all other
No student shall	. BE DENIED THE TI	RIP BECAU	SE OF AN INABIL	ITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORIN	G ORGANIZATIO	on X so	CHOOL COUN	CIL BOARD OTHER, SPECIFY
	OTHER CHAPER	RONES _		
TOTAL # OF PARTICIPANTS28				
Mode of Transportation				
IS DISTRICT TRANSPORTATION NEI	eded? □ NO	X YES	s, see proced	URE 09.36 AP. 212.
☐ CERTIFICATED COMMON CARR	ER; SPECIFY			
□ Private vehicle, if allowed	BY POLICY; SPE	CIFY DRI	ver(s)	
SUPERVISION (ATTACH LIST OF NAMES				
Have all chaperones undergone the require	a records check	and been	i designated by	the principal/designee to supervise
students? X Yes No		_		N. 63
Person contacted at venue to discuss EAP:				
Is there an Automated External Defibrillate		V IES	No 11 yes, w	
Does the venue have an Emergency Respor		No		
School Employee(s) Attending Trip (Please Matthew Norl Matthew Talley	note beside nam	e if empl	oyee is CPR tr	ained):
		. ,	1 1	la-sea attending)
(Please use separate sheet and attach to th	is form if more space	ce is need	ed to list school	
Matthew Norl				Sept 24 Date
Signature of Faculty Spons				Duit
Trip has been □ approved □ disapproved. Re	ason for disapprove	al		
Signature of Superintendent/Designe		5		Date
For overnight and/or out-of-state trips, a	pproval of the Supe	rintenden	t and/or Board m	lay be required by policy 09.36.

Submit this form One week Two weeks Other, specify	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(s) SPONSORING TRIP MATTHEW NO	RL
Type of Trip (check one):	
□ Class Trip (i.e., junior, senior), specify	
Organization/Club Trip, specify Other (athletic, band, if ap	plicable)
DESTINATION HENRY MOSS MIDDLE SCHOOL PHONE 931-367-7314	
Out of State Out of County Within County	
Overnight; give name, address, phone of lodging Date(s) of Trip November 20 Departure Time 4:00 PM Return Time	0:00 PM
Purpose/Educational Value	
Attach a description of estimated expenses including, but not limited to, lodging, manticipated travel expenses.	
No student shall be denied the trip because of an inability	
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SCHOOL COUNCIL	BOARD OTHER, SPECIFY
2 FACULTY SPONSORSOTHER CHAPERONES	
Total # of Participants <u>28</u>	
Mode of Transportation	00.27 - 212
is district transportation needed? \qed no $\ensuremath{\mathbf{X}}$ yes, see procedure	U9.30 AP.212.
□ CERTIFICATED COMMON CARRIER; SPECIFY	
□ Private vehicle, if allowed by policy; specify driver(s)	
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON THE Have all chaperones undergone the required records check and been designated by the	RIP.) principal/designee to supervise
students? X Yes No	
Person contacted at venue to discuss EAP: Michael Timmer Person making con Is there an Automated External Defibrillator (AED) on site: XYes No If yes, where	tact: <u>McGhee</u> e:
Does the venue have an Emergency Response Team: X Yes No	
School Employee(s) Attending Trip (Please note beside name if employee is CPR traine	ed):
Matthew Norl Matthew Talley	
(Please use separate sheet and attach to this form if more space is needed to list school emp	loyees attending).
IMULLION TIONS	ept 24
Signature of Faculty Sponsor	Date
Trip has been approved disapproved. Reason for disapproval	
	Date
Signature of Superintendent/Designee	

Submit this form one week two weeks other, specify prior to the trip.				
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MATTHEW NORL				
Type of Trip (check one):				
□ Classroomstev Field Trip □ Class Trip (i.e., junior, senior), specify				
Organization/Club Trip, specify Other (athletic, band, if applicable)				
DESTINATION LOGAN COUNTY HIGH SCHOOL PHONE 931-367-7314				
Out of State Out of County Within County				
Overnight; give name, address, phone of lodging DATE(s) OF TRIP NOVEMBER 24 DEPARTURE TIME 4:15 PM RETURN THME 10:00 PM				
Purpose/Educational ValueSource of funding for tripAthletics				
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all of anticipated travel expenses.				
No student shall be denied the trip because of an inability to pay.				
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SCHOOL COUNCIL BOARD - OTHER, SPEC				
2 FACULTY SPONSORSOTHER CHAPERONES				
Total # of Participants28				
Mode of Transportation				
is district transportation needed? \Box no X yes, see procedure 09.36 ap.212.				
□ CERTIFICATED COMMON CARRIER; SPECIFY				
□ Private vehicle, if allowed by policy; specify driver(s)				
Supervision (Attach list of names of adults accompanying students on trip.)				
Have all chaperones undergone the required records check and been designated by the principal/designee to superv				
students? X Yes No				
Person contacted at venue to discuss EAP: <u>Todd Adler</u> Person making contact: <u>McGhee</u>				
Is there an Automated External Defibrillator (AED) on site: XYes No If yes, where:				
Does the venue have an Emergency Response Team: X Yes No				
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Matthew Norl				
Matthew Talley				
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).				
Matthew Norl Sept 24				
Signature of Faculty Sponsor Date				
Trip has been □ approved □ disapproved. Reason for disapproval				
D				
Signature of Superintendent/Designee Date For every integrated on out of state trips, approval of the Superintendent and/or Board may be required by policy 09.36.				

SUBMIT THIS FORM ONE WEEK TWO WEEKS OT	HER, SPECIFYPRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP	MATTHEW NORL
TYPE OF TRIP (CHECK ONE):	
□ Class Trip (i.e., junior, senior	r), specify
Organization/Club Trip, specify □ Other	
DESTINATION RUSSELLVILLE HIGH SCHOOL PHONE	<u>931-367-7314</u>
Out of State Out of County Within County	
Overnight; give name, address, phone of lodging DATE(s) OF TRIP DECEMBER 8 DEPARTURE TIME 4:30 PM	RETURN THME <u>10:00 PM</u>
Purpose/Educational Value Source of funding for trip Athletics	
Attach a description of estimated expenses including, but not linanticipated travel expenses.	
No student shall be denied the trip bec	CAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X 2 FACULTY SPONSORSOTHER CHAPERONES	
Total # of Participants 28	
Mode of Transportation	
is district transportation needed? \Box no $old X$	yes, see procedure 09.36 ap.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
□ Private vehicle, if allowed by policy; specify d	priver(s)
Supervision (Attach list of names of adults accompany	VING STUDENTS ON TRIP.)
Have all chaperones undergone the required records check and be	een designated by the principal/designee to supervise
students? X Yes No	
Person contacted at venue to discuss EAP:	
Is there an Automated External Defibrillator (AED) on site: XYes	No ii yes, where.
Does the venue have an Emergency Response Team: X Yes No	
School Employee(s) Attending Trip (Please note beside name if en Matthew Norl Matthew Talley	nployee is CPR trained):
(Please use separate sheet and attach to this form if more space is ne	eeded to list school employees attending).
Matthew Norl	Sept 24
Signature of Faculty Sponsor	Date
Trip has been □ approved □ disapproved. Reason for disapproval	
	Date
Signature of Superintendent/Designee	

SUBMIT THIS FORM ONE WEEK TWO WEEKS	□ OTHER, SPECIFYPRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING	
Type of Trip (check one):	
☐ Classroomstev Field Trip ☐ Class Trip (i.e., junio	or, senior), specify
Organization/Club Trip, specify	
DESTINATION SOUTH WARREN MIDDLE SCHOOL	
Out of State Out of County Within County	
Overnight; give name, address, phone of lodging Date(s) of Trip December 15 Departure Time 4:1	5 PM RETURN THME 10:00 PM
Purpose/Educational Value	
Source of funding for trip Attach a description of estimated expenses including, bu	t not limited to, lodging, meals, registration, and all other
anticipated travel expenses.	
No student shall be denied the	TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION	ION X SCHOOL COUNCIL BOARD - OTHER, SPECIFY
2 FACULTY SPONSORS OTHER CHAPPE	ERONES
TOTAL # OF PARTICIPANTS28	
Mode of Transportation	
is district transportation needed? \qed NC	X YES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
□ Private vehicle, if allowed by policy; sp	ecify driver(s)
Supervision (Attach list of names of adults acco	OMPANYING STUDENTS ON TRIP.)
Have all chaperones undergone the required records check	k and been designated by the principal/designee to supervise
students? X Yes □ No	
Person contacted at venue to discuss EAP: Kyle Morri	son Person making contact:McGhee
Is there an Automated External Defibrillator (AED) on site	: XYes No If yes, where:
Does the venue have an Emergency Response Team: X Yes	No
School Employee(s) Attending Trip (Please note beside nar	me if employee is CPR trained):
Matthew Norl Matthew Talley	
(Please use separate sheet and attach to this form if more sp	
Matthew Norl	Sept 24 Date
Signature of Faculty Sponsor	
Trip has been □ approved □ disapproved. Reason for disappro	val
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the Su	perintendent and/or Board may be required by policy 09.36.

Submit this form \Box one week \Box two weeks \Box other	s, specifyprior to the trip.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP	MATTHEW NORL
Type of Trip (check one):	
□ Class Trip (i.e., junior, senior),	specify
Organization/Club Trip, specify Other (a	thletic, band, if applicable)
DESTINATION BUTLER COUNTY MIDDLE SCHOOL PHO	ne <u>931-367-7314</u>
Out of State Out of County Within County	
Overnight; give name, address, phone of lodging DATE(s) OF TRIP DECEMBER 18 DEPARTURE TIME 4:15 PM	RETURN THME 10:00 PM
Purpose/Educational Value	
Attach a description of estimated expenses including, but not limit anticipated travel expenses.	
No student shall be denied the trip becau	
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SO	
OTHER CHAPERONES	
Total # of Participants <u>28</u>	
Mode of Transportation	
is district transportation needed? $\ \square$ no $\ X$ yes	s, see procedure 09.36 ap.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRI	ver(s)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYIN	G STUDENTS ON TRIP.)
Have all chaperones undergone the required records check and beer	designated by the principal/designee to supervise
students? X Yes No	
Person contacted at venue to discuss EAP:Cody DonaldsonI	Person making contact: <u>McGhee</u>
Is there an Automated External Defibrillator (AED) on site: XYes	No If yes, where:
Does the venue have an Emergency Response Team: X Yes No	
School Employee(s) Attending Trip (Please note beside name if empl Matthew Norl	oyee is CPR trained):
Matthew Talley	
(Please use separate sheet and attach to this form if more space is need	ed to list school employees attending).
Matthew Norl	Sept 24
Signature of Faculty Sponsor	Date
Trip has been □ approved □ disapproved. Reason for disapproval	
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the Superintenden	

Submit this form One week Two weeks Other, specify	PRIOR TO THE TRIP.			
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MATTHEW NORL	_			
Type of Trip (check one):				
□ Classroomstev Field Trip □ Class Trip (i.e., junior, senior), specify				
Organization/Club Trip, specify Other (athletic, band, if applicable)	e)			
DESTINATION TRIGG COUNTY MIDDLE SCHOOL PHONE 931-367-7314				
Out of State Out of County Within County				
Overnight; give name, address, phone of lodging Date(s) of Trip January 13 Departure Time 4:15 PM Return Time 10:00 PM	1			
Purpose/Educational Value Source of funding for tripATHLETICS				
Attach a description of estimated expenses including, but not limited to, lodging, meals, r anticipated travel expenses.	egistration, and all other			
No student shall be denied the trip because of an inability to pay.				
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SCHOOL COUNCIL BOA	RD OTHER, SPECIFY			
2 FACULTY SPONSORSOTHER CHAPERONES				
Total # of Participants <u>28</u>				
Mode of Transportation				
is district transportation needed? \qed no $\ensuremath{\mathrm{X}}$ yes, see procedure 09.36	AP.212.			
☐ CERTIFICATED COMMON CARRIER; SPECIFY				
□ Private vehicle, if allowed by policy; specify driver(s)				
Supervision (Attach list of names of adults accompanying students on trip.)				
Have all chaperones undergone the required records check and been designated by the princi	pal/designee to supervise			
students? X Yes No				
Person contacted at venue to discuss EAP: Ryan Acree Person making contact:				
Is there an Automated External Defibrillator (AED) on site: XYes No If yes, where:				
Does the venue have an Emergency Response Team: X Yes No				
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Matthew Norl				
Matthew Talley				
(Please use separate sheet and attach to this form if more space is needed to list school employees	attending).			
Matthew Norl Sept 24				
Signature of Faculty Sponsor Date				
Trip has been approved disapproved. Reason for disapproval				
Signature of Superintendent/Designee For overnight and/or out-of-state trips approval of the Superintendent and/or Board may be requi	Date ired by policy 09.36.			

SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS F	ACULTY MEMB	er(s) sponsoring	G TRIP MATTH	EW NORL
Type of Trip (check o				
				
Organization/Club Tri	p , specify		□ Other (athletic, bar	nd, if applicable)
DESTINATION LOGAN COU				
	County U			
Overnight; give name DATE(s) OF TRIP_JANUAR	, address, phone y 24 DEPARTE	e of lodging TRE TIMETBA	RETURN TIIME	TBA
PURPOSE/EDUCATIONAL V SOURCE OF FUNDING FOR T	ALUE	PTICE		
Attach a description of	estimated exper	nses including, bu	at not limited to, lod	lging, meals, registration, and all other
anticipated travel expense		O.I. BE DENIED THE	TRIP BECAUSE OF AN IN	NABILITY TO PAY.
				OUNCIL BOARD - OTHER, SPECIFY
			ERONES	
TOTAL # OF PA MODE OF TRANSPORTAT		20		
			V vec ore nno	ACEDINE 09 36 AP 212
				ocedure 09.36 ap.212.
□ Certificate	D COMMON CAP	RRIER; SPECIFY _		
□ Private veh	ICLE, IF ALLOW	ED BY POLICY; SE	PECIFY DRIVER(S)	
SUPERVISION (ATTACH	LIST OF NAME	S OF ADULTS ACC	OMPANYING STUDEN	ts on trip.)
Have all chaperones und	lergone the requ	ired records chec	k and been designate	ed by the principal/designee to supervise
students? X Yes No				
Person contacted at venu	e to discuss EA	P: Todd Adle i	Person mal	king contact: McGhee_
Is there an Automated Ex	cternal Defibrill	ator (AED) on site	e: XYes No If ye	es, where:
Does the venue have an I				
School Employee(s) Atte <u>Matthew Norl</u> <u>Matthew Talley</u>		ase note beside na	me if employee is CI	PR trained):
(Dlagge use saparate s	heet and attach to	this form if more s	nace is needed to list so	hool employees attending).
		11110 101111 11 111111 1		
	thew Norl are of Faculty Spe	onsor		Sept 24 Date
			aval.	
Trip has been □ approved	□ disapproved.	Reason for disappro	JVAI	
Signature of Sup-	erintendent/Desiş	znee		Date
For overnight and/or	r out-of-state trips	s, approval of the Su	perintendent and/or Bo	pard may be required by policy 09.36.

Submit this form ONE WEEK TWO WEEKS OTHER, SPECIFY PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK
Type of Trip (check one):
□ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify Other (athletic, band, if applicable)
DESTINATION RUSSELLVILLE HIGH SCHOOL PHONE 270-305-2782
Out of State Out of County Dithin County
Overnight; give name, address, phone of lodging DATE(s) OF TRIP NOVEMBER 4 DEPARTURE TIME 4:45 PM RETURN TIME 8:00 PM
PURPOSE/EDUCATIONAL VALUEATHLETICS
Source of funding for trip Athletics Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all othe anticipated travel expenses.
No student shall be denied the trip because of an inability to pay.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SCHOOL COUNCIL BOARD - OTHER, SPECIF
2 FACULTY SPONSORSOTHER CHAPERONES
Total # of Participants <u>28</u>
Mode of Transportation
is district transportation needed? $\ \square$ no $\ X$ yes, see procedure 09.36 ap.212.
□ CERTIFICATED COMMON CARRIER; SPECIFY
□ Private vehicle, if allowed by policy; specify driver(s)
Supervision (Attach list of names of adults accompanying students on trip.)
Have all chaperones undergone the required records check and been designated by the principal/designee to supervis
students? X Yes No
Person contacted at venue to discuss EAP: <u>Jeramy Rust</u> Person making contact: <u>McGhee</u>
s there an Automated External Defibrillator (AED) on site: XYes No If yes, where:
Does the venue have an Emergency Response Team: X Yes No
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): George Riddick ———————————————————————————————————
Jalia Mosby
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
George Riddick Sept 24
Signature of Faculty Sponsor Date
Trip has been □ approved □ disapproved. Reason for disapproval
Signature of Superintendent/Designee For everyight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

SUBMIT THIS FORM ONE WEEK	TWO WEEKS	OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S)	SPONSORING 1	trip <u>George Ridi</u>	DICK
Type of Trip (check one):			
□ Classroomstev Field Trip □ Class Tr	ip (i.e., junior,	senior), specify	
Organization/Club Trip , specify		Other (athletic, band, if a	pplicable)
DESTINATION HOPKINS COUNTY CENTRAL HIGH			
Out of State Out of County D Within C			
Overnight; give name, address, phone of lo Date(s) of Trip November © Departure T	dging іме <u>7:30 А</u>	M RETURN THME	8:30 PM
Purpose/Educational Value Source of funding for trip Athletics			
Attach a description of estimated expenses is anticipated travel expenses.	icluding, but		
		IP BECAUSE OF AN INABILITY	
BILL TRIP EXPENSES TO: SPONSORING			
O		ONES	
TOTAL # OF PARTICIPANTS <u>28</u>	-		
Mode of Transportation			
IS DISTRICT TRANSPORTATION NEEDE	D? □ NO	X YES, SEE PROCEDUR	Е 09.36 АР.212.
☐ CERTIFICATED COMMON CARRIER			
\Box P RIVATE VEHICLE, IF ALLOWED BY	POLICY; SPEC	CIFY DRIVER(S)	
Supervision (ATTACH LIST OF NAMES OF A Have all chaperones undergone the required r students? X Yes No	ADULTS ACCOM	MPANYING STUDENTS ON Tand been designated by the	rrip.) ne principal/designee to supervise
Person contacted at venue to discuss EAP:	ent Akin	Person making co	ntact: McGhee_
Is there an Automated External Defibrillator (A	AED) on site: 2	XYes No If yes, whe	re:
Does the venue have an Emergency Response		No	
School Employee(s) Attending Trip (Please no George Riddick	te beside name	e if employee is CPR train	ned):
Jalia Mosby			
(Please use separate sheet and attach to this fo	rm if more spac	e is needed to list school em	ployees attending).
George Riddick			Sept 24
Signature of Faculty Sponsor			Date
Trip has been approved disapproved. Reason	n for disapprova	al	
Signature of Superintendent/Designee		-	Date
For overnight and/or out-of-state trips appro	wal of the Super	rintendent and/or Board may	be required by policy 09.36.

Submit this form One week Two weeks Other, specify	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK	
Type of Trip (check one):	
□ Class Trip (i.e., junior, senior), specify	
Organization/Club Trip, specify Other (athletic, band, if applications)	able)
DESTINATION HENRY MOSS MIDDLE SCHOOL PHONE 270-305-2782	
Out of State Out of County Within County	
Overnight; give name, address, phone of lodging DATE(s) OF TRIP NOVEMBER 11 DEPARTURE TIME 4:00 PM RETURN TIME 10:	00 PM
Purpose/Educational Value Source of funding for tripATHLETICS	
Attach a description of estimated expenses including, but not limited to, lodging, meals anticipated travel expenses.	, registration, and all other
No student shall be denied the trip because of an inability to p.	AY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SCHOOL COUNCIL B 2 FACULTY SPONSORSOTHER CHAPERONES	
Total # of Participants	
Mode of Transportation	
is district transportation needed? \square no X yes, see procedure 09.	36 AP.212.
□ CERTIFICATED COMMON CARRIER; SPECIFY	
□ Private vehicle, if allowed by policy; specify driver(s)	
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principle.	ncipal/designee to supervise
students? X Yes No	
Person contacted at venue to discuss EAP: Michael Timmer Person making cont	act: <u>McGhee</u>
Is there an Automated External Defibrillator (AED) on site: XYes No If yes, where:	
Does the venue have an Emergency Response Team: X Yes No	
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): George Riddick Jalia Mosby	
(Please use separate sheet and attach to this form if more space is needed to list school employed	es attending).
Otol o lumini	ate
Trip has been \square approved \square disapproved. Reason for disapproval	
	Data
Signature of Superintendent/Designee For everyight and/or out-of-state trips, approval of the Superintendent and/or Board may be re	Date quired by policy 09.36.

Submit this form \Box one week \Box two weeks \Box other, specify	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDIO	<u>CK</u>
Type of Trip (check one):	
□ Class Trip (i.e., junior, senior), specify	
Organization/Club Trip, specify Dother (athletic, band, if app	olicable)
DESTINATION TRIGG COUNTY MIDDLE SCHOOL PHONE 270-305-2782	
Out of State Out of County Within County	
Overnight; give name, address, phone of lodging Date(s) of Trip_November 13 Departure Time 4:00 PM Return Time	10:00 PM
Purpose/Educational Value Source of funding for trip Athletics	
Attach a description of estimated expenses including, but not limited to, lodging, me anticipated travel expenses.	eals, registration, and all other
No student shall be denied the trip because of an inability t	TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SCHOOL COUNCIL	
OTHER CHAPERONES	
Total # of Participants <u>28</u>	
Mode of Transportation	00 26 15 212
is district transportation needed? $\ \square$ no $\ X$ yes, see procedure	
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
□ Private vehicle, if allowed by policy; specify driver(s)	
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TR	IP.)
Have all chaperones undergone the required records check and been designated by the	principal/designee to supervise
students? X Yes \square No	
Person contacted at venue to discuss EAP: Person making cont	
Is there an Automated External Defibrillator (AED) on site: XYes No If yes, where	·
Does the venue have an Emergency Response Team: X Yes No	
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained George Riddick Jalia Mosby	1):
(Please use separate sheet and attach to this form if more space is needed to list school employed	
George Teachers	Date
Signature of Faculty Sponsor	,
Trip has been □ approved □ disapproved. Reason for disapproval	
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may b	Date e required by policy 09.36.

Submit this form \Box one week \Box two weeks \Box	OTHER, SPECIFYPRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(s) SPONSORING TRI	IP GEORGE RIDDICK/MATTHEW NORL
Type of Trip (check one):	
□ Class Trip (i.e., junior, set	nior), specify
Organization/Club Trip , specify Ot	ther (athletic, band, if applicable)
DESTINATION ALLEN COUNTY MIDDLE SCHOOL	PHONE <u>270-305-2782</u>
Out of State Out of County Within County	
Overnight; give name, address, phone of lodging Date(s) of Trip_November 15_Departure Time8:00 Al	M RETURN TIIME 2:00 PM
Purpose/Educational Value Source of funding for trip Athletics	
Attach a description of estimated expenses including, but not anticipated travel expenses.	
No student shall be denied the trip	BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION	X school council board \square other, specify
FACULTY SPONSORSOTHER CHAPERON	TES
Total # of Participants28	
Mode of Transportation	00.26 212
is district transportation needed? \square no \square	YES, SEE PROCEDURE U9.30 AP.212.
□ Certificated common carrier; specify	
\Box Private vehicle, if allowed by policy; specif	y driver(s)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPA	
Have all chaperones undergone the required records check and	I been designated by the principal/designee to supervise
students? X Yes No	
Person contacted at venue to discuss EAP: <u>Devin Stovall</u> Is there an Automated External Defibrillator (AED) on site: XYo	
Does the venue have an Emergency Response Team: X Yes N	_
School Employee(s) Attending Trip (Please note beside name if George Riddick	'employee is CPR trained):
Jalia Mosby	
(Please use separate sheet and attach to this form if more space is	s needed to list school employees attending).
George Riddick	Sept 24
Signature of Faculty Sponsor	Date
Trip has been approved disapproved. Reason for disapproval	
	Deta
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the Superint	Date tendent and/or Board may be required by policy 09.36.

SUBMIT THIS FORM ONE WEEK TWO	veeks \Box othe	ER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPOR	NSORING TRIP	GEORGE RIDDICE	(Matthew Norl
Type of Trip (check one):			
□ Classroomstev Field Trip □ Class Trip (i.	e., junior, senior)	, specify	
Organization/Club Trip , specify	Other (athletic, band, if appli	cable)
DESTINATION LOGAN COUNTY HIGH SCHOOL	PHONE	<u>270-305-2782</u>	
Out of State Out of County Within Coun			
Overnight; give name, address, phone of lodgin Date(s) of Trip_November 20 Departure Time	4:15 PM	RETURN TIIME10	0:00 PM
Purpose/Educational Value Source of funding for trip Athletics	1.00 ■**		
Attach a description of estimated expenses include anticipated travel expenses.			
No student shall be deni	ED THE TRIP BECAU	USE OF AN INABILITY TO	PAY.
BILL TRIP EXPENSES TO: SPONSORING ORG	ANIZATION X S	SCHOOL COUNCIL	BOARD OTHER, SPECIFY
2 FACULTY SPONSORS OTHE	R CHAPERONES		
Total # of Participants <u>28</u>			
Mode of Transportation			0.84
IS DISTRICT TRANSPORTATION NEEDED?	□ NO X YE	es, see procedure 0	9.36 AP.212.
□ CERTIFICATED COMMON CARRIER; SPE	CIFY		
\Box Private vehicle, if allowed by poi	ICY; SPECIFY DR	IVER(S)	
Supervision (Attach list of names of adul	TS ACCOMPANYII	NG STUDENTS ON TRIP	·.)
Have all chaperones undergone the required record	is check and bee	n designated by the pr	rincipal/designee to supervise
students? X Yes \square No			
Person contacted at venue to discuss EAP:Tode			
Is there an Automated External Defibrillator (AED)	on site: XYes	No If yes, where:	
Does the venue have an Emergency Response Tean			
School Employee(s) Attending Trip (Please note be George Riddick	side name if emp	loyee is CPR trained)	:
Jalia Mosby	-		
(Please use separate sheet and attach to this form if	more space is need	ded to list school employ	rees attending).
George Riddick			t 24
Signature of Faculty Sponsor			Date
Trip has been □ approved □ disapproved. Reason for	disapproval		
			Date
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of	f the Superintender	nt and/or Board may be	

Submit this form \square one week \square two weeks \square other, specify prior to the trip.
School TCMS FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK/MATTHEW NORL
Type of Trip (check one):
□ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify Other (athletic, band, if applicable)
Destination Franklin-Simpson Middle School Phone 270-305-2782
Out of State Out of County Within County
Overnight; give name, address, phone of lodging Date(s) of Trip_December 1 Departure Time 4:15 PM Return Time 10:00 PM
Purpose/Educational Value
Source of funding for trip Athletics Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all o
anticipated travel expenses.
No student shall be denied the trip because of an inability to pay.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION X SCHOOL COUNCIL BOARD - OTHER, SPEC
2 FACULTY SPONSORSOTHER CHAPERONES
Total # of Participants <u>28</u>
Mode of Transportation
is district transportation needed? \Box no X yes, see procedure 09.36 ap.212.
□ CERTIFICATED COMMON CARRIER; SPECIFY
□ Private vehicle, if allowed by policy; specify driver(s)
Supervision (Attach list of names of adults accompanying students on trip.)
Have all chaperones undergone the required records check and been designated by the principal/designee to super
students? X Yes No
Person contacted at venue to discuss EAP: Matthew Wilhitte Person making contact: McGhee
Is there an Automated External Defibrillator (AED) on site: XYes No If yes, where:
Does the venue have an Emergency Response Team: X Yes No
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): George Riddick
Jalia Mosby
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
0.404
George Riddick Sept 24 Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
Signature of Superintendent/Designee Date For everyight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

SUBMIT THIS FORM ONE WEEK TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TO	RIP GEORGE RIDDICK	
Type of Trip (check one):		
□ Class Trip (i.e., junior, se	enior), specify	
Organization/Club Trip, specify C	Other (athletic, band, if applicable)	
DESTINATION LOGAN COUNTY HIGH SCHOOL	PHONE <u>270-305-2782</u>	
Out of State Out of County Within County		
Overnight; give name, address, phone of lodging DATE(s) OF TRIP DECEMBER 13 DEPARTURE TIME TBA	RETURN TIIME _TBA	
Purpose/Educational Value		
Attach a description of estimated expenses including, but no anticipated travel expenses.		stration, and all other
No student shall be denied the trip		
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION		□ OTHER, SPECIFY
2 FACULTY SPONSORS OTHER CHAPERO	nes	
Total # of Participants28		
Mode of Transportation	V ves our procedure 00 36 A	o 212
is district transportation needed? \Box no	A YES, SEE PROCEDURE 07.30 A	.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY		
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECI	fy driver(s)	
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOME	panying students on trip.)	
Have all chaperones undergone the required records check an	nd been designated by the principal	/designee to supervise
students? X Yes No		
Person contacted at venue to discuss EAP:		
Is there an Automated External Defibrillator (AED) on site: X	Yes No If yes, where:	
Does the venue have an Emergency Response Team: X Yes	No	
School Employee(s) Attending Trip (Please note beside name i George Riddick Jalia Mosby	if employee is CPR trained):	
(Please use separate sheet and attach to this form if more space	is needed to list school employees after	nding)
		· ə /·
George Riddick Signature of Faculty Sponsor	Sept 24 Date)
Trip has been \square approved \square disapproved. Reason for disapproval		
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the Superin	Dat ntendent and/or Board may be required	