

Request to Place an Item on the Agenda

Name: Kim Davis
Address: 515 W. Main St
Telephone number: 270-265-2511
Name of school children attend, if applicable: _____
Group represented: TCMS JROTC
Check if request was submitted to: ☒ Superintendent ☐ Board Chairperson
Conferred with following administrators (names): _____

Description of Issue: Out of state, overnight trip for JROTC

Specific Action Requested: Approve the out of state trip scheduled for January 30-31st to Collegedale, TN

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: 3/13/2006

09.36 AP.21

STUDENTS

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

SCHOOL TCCMS + TCMs FACULTY MEMBER(S) SPONSORING TRIP CW3 Fagan

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION Central High School ADDRESS 5228 TN-58 TN 37341

☒ Overnight; give name, address, phone of lodging Springhill Suites, 8870 Old Hwy, Collegedale, TN 37363 423-301-5669

DATE(S) OF TRIP Jan 2026 DEPARTURE TIME 1:00 pm RETURN TIME 2pm

SOURCE OF FUNDING FOR TRIP J207C

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 11

EAP: Person contacted at venue to discuss EAP: Gabriel Nitcher Person making contact: CW3 Fagan

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 employee is CPR trained):

CW3 Fagan

(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 10/27/25

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 : HEATHER DIPASQUALE
TYPE OF TRIP (CHECK ONE): MURRAY STATE UNIVERSITY QUAD STATE MIDDLE SCHOOL HONOR BAND
Organization requesting the Trip / Organization responsible for Payment: TCMS
DESTINATION: MURRAY STATE UNIVERSITY LOVETT AUDITORIUM ADDRESS: _____
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP: NOVEMBER 24, 2025 DEPARTURE TIME 7:00 AM RETURN TIME 10:00 PM
SOURCE OF FUNDING FOR TRIP: TCMS BAND

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

NUMBER OF: STUDENTS ? (BUS OR VAN(S) TBD BASED ON KIDS SELECTED) FACULTY SPONSORS
1 TOTAL # OF PARTICIPANTS ?

EAP: Person contacted at venue to discuss EAP: _____ Person making 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 employee is CPR trained):

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

Signature of Faculty Sponsor _____ Date _____
Approval of Site Based Council Representative [Signature] Date 10/27/25

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 _____

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: 9/30/2025 Date of Event: 12/4/2025

Organization: 6th Grade

School: TCMS

Number of Passengers: 150

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): "Yes, Virginia"- SKyPAC, Bowling Green, KY

Planned Stops To and From: Greenwood Mall (lunch)

Departing Location: TCMS Elkton, KY Date of Departure: 12/4/2025 Time of Departure: 8:00am

Returning Location: TCMS Elkton, KY Date of Return: 12/4/2025 Time of Return: 2:00

Chaperone/s: Nikki Andrews, Crystal Sisco, Julie Hamlet, Kassity Boor, Stevee Higgins, Robbie Weathers Chaperone's Phone: 931-237-8703

Special Requests (Check One)

☐ Van

☐ Wheelchair Accessible

☐ Monitor

☐ Other: (Explain In Detail)

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

Person Driving Van: Click here to enter text.

Trip Requested By: TCMS 6th Grade Team

Organization Responsible for Payment: TCMS 6th Grade Student Activity Account

Approval of Site Based Council Representative

Date 10/27/25

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP KIMBERLY DAVIS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS

DESTINATION TCHS ADDRESS 806 S MAIN ST

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

DATE(S) OF TRIP: NOV 7 DEPARTURE TIME 8:00 RETURN TIME 10:30

SOURCE OF FUNDING FOR TRIP TCMS

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

NUMBER OF: STUDENTS 400 FACULTY SPONSORS 35 TOTAL # 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 ☐ 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 employee is CPR trained):

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 10/27/25

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 : HEATHER KEY

TYPE OF TRIP (CHECK ONE): CBI COMMUNITY BASED INSTRUCTION

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

DESTINATION: ALHAMBRA THEATER & CHICK FIL A ADDRESS: 507 S. MAIN ST. HOPKINSVILLE, KY

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

DATE(S) OF TRIP: THURSDAY, NOVEMBER 6TH, 2025 DEPARTURE TIME 8:30 RETURN TIME 2:00

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 5 TOTAL # OF PARTICIPANTS 15

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

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: Radio/WalkieTalkies

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

Heather Key, Kim McCormick, Belinda Garrett, Nancy Tucker, Jennifer Mumford

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

Signature of Faculty Sponsor _____ Date _____
Approval of Site Based Council Representative _____ Date 10/27/25

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 : HEATHER KEY

TYPE OF TRIP (CHECK ONE): CBI COMMUNITY BASED INSTRUCTION

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

DESTINATION: THE SHOWBOX & LITTLE CEASER'S ADDRESS: 4000 FORT CAMPBELL BLVD. HOPKINSVILLE, KY

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

DATE(S) OF TRIP: MONDAY, NOVEMBER 24TH, 2025 DEPARTURE TIME 9:00

RETURN TIME 12:00

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 5 TOTAL # OF PARTICIPANTS 15

EAP: Person contacted at venue to discuss EAP: Madyson Pollock

Person making contact: Heather Key

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: Contact Local Authorities

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

Heather Key, Kim McCormick, Belinda Garrett, Nancy Tucker, Jennifer Mumford

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 10/27/25

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 DAVIS

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for 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 OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 400 FACULTY SPONSORS 35 TOTAL # 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 ☐ 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 employee is CPR trained):

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative  Date 10/27/25

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)

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION ALLEN COUNTY-SCOTTSDALE 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 7:00 AM 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Jeremy Garrett Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

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: TCHS Boys Basketball
Check if request was submitted to: ☒ Superintendent ☐ Board Chairperson
Conferred with following administrators (names): _____

Description of Issue: Out of state game on Nov 4
at Kenwood Middle School in Clarksville, Tn.

Specific Action Requested: Approve out of state trip
for the TCHS 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 Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/2006

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MATTHEW NORL

TYPE OF TRIP (CHECK ONE):

☐ Classroom/Field Trip ☐ 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 TRIP ATHLETICS

Attach a description of estimated expenses including, but 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 ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY

2 FACULTY SPONSORS OTHER CHAPERONES

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Charlsie Gordian Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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 *Date*

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION FRANKLIN SIMPSON 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 10 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, 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 ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Caiyn Hogan Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION UHA 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 18 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, 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 ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Taylor Sparks Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

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 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Michael Timmer Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/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 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Todd Adler Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION RUSSELLVILLE 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 DECEMBER 8 DEPARTURE TIME 4:30 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Jeremy Rust Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

- ☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION SOUTH WARREN 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 DECEMBER 15 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____
2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Kyle Morrison Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION BUTLER 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 DECEMBER 18 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Cody Donaldson Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

- ☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION CHRISTIAN 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 6 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____
2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Meagan Sallee Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

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

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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Ryan Acree Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP MATTHEW NORL

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom/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 JANUARY 24 DEPARTURE TIME TBA RETURN TIME TBA

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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____
2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Todd Adler Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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 Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ 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 ☐ Within 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 VALUE _____

SOURCE OF FUNDING FOR TRIP ATHLETICS

Attach a description of estimated expenses including, but 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 ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Jeremy Rust Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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

Signature of Faculty Sponsor

Sept 24

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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION HOPKINS COUNTY CENTRAL HIGH 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 08 DEPARTURE TIME 7:30 AM RETURN TIME 8:30 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Kent Akin Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

- ☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

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 TRIP ATHLETICS

Attach a description of estimated expenses including, but 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 ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____
2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Michael Timmer Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

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, 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 ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY _____

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Toni McGee Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM

☐ ONE WEEK

☐ TWO WEEKS

☐ OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK/MATTHEW NORL

TYPE OF TRIP (CHECK ONE):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION ALLEN 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 15 DEPARTURE TIME 8:00 AM RETURN TIME 2:00 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY
2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Devin Stovall Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM

☐ ONE WEEK

☐ TWO WEEKS

☐ OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK/MATTHEW NORL

TYPE OF TRIP (CHECK ONE):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION LOGAN COUNTY HIGH 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 20 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Todd Adler Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☐ OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK/MATTHEW NORL

TYPE OF TRIP (CHECK ONE):

☐ Classroom/Field Trip ☐ 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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY
2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Matthew Wilhite Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.

STUDENTS

09.36 AP.21

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

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):

☐ Classroom/Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION LOGAN COUNTY HIGH 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 13 DEPARTURE TIME TBA RETURN TIME TBA

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 other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL BOARD ☐ OTHER, SPECIFY

2 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ 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 supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Todd Adler Person making contact: McGhee

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

Does the venue have an Emergency Response Team: ☒ 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
Signature of Faculty Sponsor

Sept 24
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 Superintendent and/or Board may be required by policy 09.36.