

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP L. Brown / H. Lawson

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MSO CBI Trip

DESTINATION ShowBox Hopkinsville ADDRESS 4000 Ft. Campbell Blvd Hopkinsville

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

DATE(S) OF TRIP 11/24/25 DEPARTURE TIME 9:00 RETURN TIME 12:00

SOURCE OF FUNDING FOR TRIP SPED

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

NUMBER OF: STUDENTS 17 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Madison Pollock Person making contact: H. Lawson

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):

Lauren Brown
Holly Lawson
Danette Campbell

Philip Clemons Jessica Johnson
Preston Eager
Jemaria Sklaw

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

Lauren Brown
Signature of Faculty Sponsor

9/24/25
Date

Approval of Site Based Council Representative [Signature]

Date 11-7-25

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 _____