

STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP 3<sup>RD</sup>, 4<sup>TH</sup>, 5<sup>TH</sup> GRADE

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: \_\_\_\_\_

DESTINATION: ROTARY CLUB ADDRESS: ELKTON

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

DATE(S) OF TRIP: 12/10 DEPARTURE TIME: 11:00 TENTATIVELY RETURN TIME: 1:00 PM TENTATIVELY

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

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

NUMBER OF: STUDENTS: 21 FACULTY SPONSORS: 1 TOTAL # OF PARTICIPANTS: 21

EAP: Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: \_\_\_\_\_

Is there an Automated External Defibrillator (AED) on site: ☐ Yes =X No If yes, where: \_\_\_\_\_

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

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

Chris Blake \_\_\_\_\_

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

 \_\_\_\_\_  
Signature of Faculty Sponsor

11-24-25  
Date

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**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 NTES

FACULTY MEMBER(S) SPONSORING TRIP

E Engler

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: PTO

DESTINATION We Rock the Spectrum

ADDRESS 549 Neptune Dr Suite 15 E-H  
Clarksville TN 37043

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP Jan 14/25

DEPARTURE TIME 8:15a

RETURN TIME 1245p

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 7

FACULTY SPONSORS 4

TOTAL # OF PARTICIPANTS 11

EAP: Person contacted at venue to discuss EAP:

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):

Erin Engler  
Jessica O'Connor  
Carne Case

Pam Griffin

(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

Carne Case

Date

Date

**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 North Todd FACULTY MEMBER(S) SPONSORING TRIP E. Engler

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: NTES

DESTINATION Logan Alumnum ADDRESS 6920 Lewisburg Rd Russellville, Ky

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

DATE(S) OF TRIP 12/16 DEPARTURE TIME 8:15 am RETURN TIME 12pm

SOURCE OF FUNDING FOR TRIP Special Education

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

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

EAP: Person contacted at venue to discuss EAP: Erin Engler Person making contact: Erin Engler

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):

Erin Engler

Jessica Jo Connor

Lavine Smith

Dan Griffin

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

Erin Engler  
Signature of Faculty Sponsor

Date

11/25/25

Approval of Site Based Council Representative

Janna Bailey

Date

11/25/25

**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 \_\_\_\_\_