

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD

FACULTY MEMBER(S) SPONSORING TRIP J OYLER

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

Organization requesting the Trip / Organization responsible for Payment: PTO

DESTINATION SOUTHERN LANES ADDRESS 2710 SCOTTSVILLE RD, BOWLING GREEN, KY

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

DATE(S) OF TRIP 12-16-25 DEPARTURE TIME 8:45 RETURN TIME 2:15

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 84 FACULTY SPONSORS 6 TOTAL # OF PARTICIPANTS 90

EAP: Person contacted at venue to discuss EAP: Mike Cotterell Person making contact: J. Oyler

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):

2 5th grade teachers

2 4th grade teachers - DeBerry + Frazier

Admin

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

*Handwritten Signature*  
Signature of Faculty Sponsor

11-24-25

Date

Approval of Site Based Council Representative

*Handwritten Signature*

Date 11-24-25

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer \_\_\_\_\_ Start: \_\_\_\_\_

Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments: \_\_\_\_\_

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD

FACULTY MEMBER(S) SPONSORING TRIP ERICA SKIPWORTH

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: BoE

DESTINATION CHOIR TO ROTARY ADDRESS POPs BUILDING, ELKTON KY

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

DATE(S) OF TRIP 12-3-25 DEPARTURE TIME 1130 RETURN TIME 115

SOURCE OF FUNDING FOR TRIP DISTRICT

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

NUMBER OF: STUDENTS 35 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 36

EAP: Person contacted at venue to discuss EAP: Kathy Morgan Person making contact: J. Oyler

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):

Erica Skipworth

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

Erica Skipworth  
Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative Carrie Toler Date 11-24-25

**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

**SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SCHOOL NTE/STE FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE- ELIZABETH ADDISON

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

Organization requesting the Trip / Organization responsible for Payment: NTE- STE

DESTINATION RE STEVENSON ELE ADDRESS RUSSELLVILLE, KY

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP SAT. 2/7 DEPARTURE TIME 7:00 AM RETURN TIME 3:30 PM

SOURCE OF FUNDING FOR TRIP NTE-STE

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 28

EAP: Person contacted at venue to discuss EAP: Person making contact: Lisa Petrie

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):

Evan Cantarelli

Lisa Petrie

Elizabeth Addison

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

Lisa Petrie

11/23/25

*Signature of Faculty Sponsor*

*Date*

Approval of Site Based Council Representative

Carrie Tolson

Date 11-24-25

**District Use Only**

**Section 2**

Approval of District Representative

Date

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure:

O d o m e t e r

S t a r t :

Date/Time Return:

O d o m e t e r E n d :

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

**SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SCHOOL NTE/STE FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE- ELIZABETH ADDISON

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

Organization requesting the Trip / Organization responsible for Payment: NTE- STE

DESTINATION TBD

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

DATE(S) OF TRIP SAT. 2/28 DEPARTURE TIME 7:00 AM RETURN TIME 3:30 PM

SOURCE OF FUNDING FOR TRIP NTE-STE

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 28

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

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):

Evan Cantarelli  
Elizabeth Addison

Lisa Petrie

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

Lisa Petrie  
*Signature of Faculty Sponsor*

11/23/25  
*Date*

Approval of Site Based Council Representative Carmen Teller Date 11-24-25

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ O d o m e t e r \_\_\_\_\_ S t a r t: \_\_\_\_\_

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 \_\_\_\_\_