School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)			
SCHOOL SOUTH TODD_	FACULTY MEMBER(S) SPONSORING TRIPJ OYLER		
DESTINATION SOUTHERN LANES	Organization responsible for Payment:PTOADDRESS2710 SCOTTSVILLE RD, BOWLING GREEN, KY hone of lodging		
DATE(s) OF TRIP_12-16-25	DEPARTURE TIME _8:45 RETURN TIME _2:15		
Source of funding for trip _PTO_			
	LL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.		
EAP: Person contacted at venue to disc Is there an Automated External Defibrill	ACULTY SPONSORS 6 TOTAL # OF PARTICIPANTS90 uss EAP:Mike CotterellPerson making contact:J. Oyler utor (AED) on site: □ Yes □ No If yes, where: onse Team: □ Yes □ No If yes, how are they contacted:		
_2 5th grade teachers _2 4th grade teachers - Debury - Fro (Please use a separate sheet and/attach	Admin		
	District Use Only		
Section 2			
Approval of District Representative	Date		
DRIVER: T	URN THIS FORM IN WITH TIMESHEETS		
Date/Time Departure:	Odometer Start:		
Date/Time Return:	Odometer End:		
I hereby certify that the above inform	ation is correct to the best of my knowledge.		
Driver Signature	Date		
Driver Comments:			
Coach or School Representative Sign	ature Date		

STUDENTS

School-Related Student Trip	Request Form & Event Spe	cific Emerge	ncy Action Pla	n (EAP)	
SCHOOL_SOUTH TODD_	FACULTY MEMBER(S) SP	ONSORING TRIP	_ERICA SKIP	WORTH_	
Type of Trip (Check one): Organization requesting the Trip / Organization responsible for Payment:BoE Destination Choir to RotaryAddressPOPs Building, Elkton KY Overnight; give name, address, phone of lodging					
Date(s) of Trip_12-3-25	DEPARTURE TIME _1	1130F	RETURN TIME _11	5	
Source of funding for trip _dist	TRICT				
No student	SHALL BE DENIED THE TRIP BECAUSE O	F AN INABILITY TO	PAY.		
Number of: students35 EAP: Person contacted at venue to 6	discuss EAP:Kathy Morganl	Person making co	ontact:J. Oyler		
Is there an Automated External Defib					
Does the venue have an Emergency R	Response Team: □ Yes KNo If	yes, how	are they	contacted:	
School Employee(s) Attending Trip (l_Erica Skipworth	Please note beside name if employed	e is CPR trained)):		
Please use a separate sheet and atta Signature of Faculty Approval of Site Based Council R	epresentative			-24-25	
	District Use Only				
Section 2					
Approval of District Representative				:	
DDIVED	TURN THIS FORM IN WIT			• • • • • • •	
Section 3	TORN THIS PORM IN WILL		213		
Date/Time Departure:		Odometer		Start:	
Date/Time Return:		Odometer En	d:		
I hereby certify that the above info	ormation is correct to the best of a	ny knowledge.			
Driver Signature			Date		
Driver Comments:					
Coach or School Representative Si	ignature		Date		

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SchoolRelated Student Trip Request Form & Event	Specific Emergency Action 1	rian (EAR)
SCHOOLNTE/STE_ FACULTY MEMBER(s) SPONSORING T	trip <u>- L</u> isa Petrie- Elizabet	TH ADDISON_
TYPE OF TRIP (CHECK ONE):	A TOTAL CONTRACTOR	
Organization requesting the Trip / Organization responsible DESTINATION RE STEVENSON_ELE_ADDRESS RUS		
□ Overnight; give name, address, phone of lodging		
- Overlight, give name, accress, phone or loaging		
DATE(S) OF TRIP_SAT. 2/7 DEPARTURE TIME	E7:00 AM RETURN TIM	E3:30 PM
SOURCE OF FUNDING FOR TRIPNTE-STE		
NO STUDENT SHALL BE DENIED THE TRIP BECA		
Number of: students25faculty sponsors _3To		
EAP: Person contacted at venue to discuss EAP:Person m		
Is there an Automated External Defibrillator (AED) on site: ♥Yes		
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):	
Evan CantarelliL	isa Petrie	
Elizabeth Addison		_
(Please use separate sheet and attach to this form if more space is need Lisa Petrie	11/23/25	
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date	
) lover Date	11-24-65
District Use Onl	**** ********************************	
Section 2	•	
Approval of District Representative	Date	
DRIVER: TURN THIS FORM IN V	VITH TIMESHEETS	
Section 3		ਤੀ
Date/Time Departure:	O d o m e t e r	Start:
Date/Time Return:	Odometer End:	
I hereby certify that the above information is correct to the best	t of my knowledge.	
Driver Signature	Date	
Driver Comments:		S
Coach or School Penracentative Signature	Data	
Coach or School Representative Signature	Date_	

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)					
SCHOOLNTE/STE_ FACULTY MEM	IBER(S) SPONSORING TRIPLISA PETRIE- ELIZABETH ADDISON_				
Type of Trip (check one):					
Organization requesting the Trip / Organization responsible for Payment:NTE-STE DESTINATIONTBD Overnight; give name, address, phone of lodging					
DATE(S) OF TRIP_SAT. 2/28PM	DEPARTURE TIME7:00 AM RETURN TIME3:30				
Source of funding for tripN	ΓE-STE				
	E DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.				
Number of: students25facult	TY SPONSORS _3 TOTAL # OF PARTICIPANTS28				
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 Respon	se Team: "Yes "No If yes, how are they contacted:				
School Employee(s) Attending Trip (Please Evan Cantarelli Elizabeth Addison	note beside name if employee is CPR trained): Lisa Petrie				
(Please use separate sheet and attach to this Lisa Petrie	s form if more space is needed to list school employees attending). 11/23/25				
Signature of Faculty Sponse Approval of Site Based Council Represe	entative Carre Tolker Date 11-24-25				
	District Use Only				
Section 2					
Approval of District Representative	Date				
DRIVER: TUR	N THIS FORM IN WITH TIMESHEETS				
Date/Time Departure:	Odometer Start:				
Date/Time Return:	Odometer End:				
I hereby certify that the above information	on is correct to the best of my knowledge.				
Driver Signature	Date				
Driver Comments:					
Coach or School Representative Signatu	re Date				