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

School:	TCMS	FACULTY MEMBER(S) SPONSO	DRING TRIP: HEATHER KEY
		BI COMMUNITY BASED INSTRUCTION Trip / Organization responsible for Paym	nent: SPED TCBOE
DESTINAT	ion: Logan Aluminu	JM Address: 6920 Lewisburg Rd. Russei	LLVILLE, KY
□ Over	night; give name, ad	dress, phone of lodging	
DATE(S)	OF TRIP: TUESDAY, DE	ECEMBER 16, 2025 DEPARTURE TIME: 9:3	0 RETURN TIME: 12:00
Source of	OF FUNDING FOR TRIP:	SPED TCBOE	
		DENT SHALL BE DENIED THE TRIP BECAUSE OF AN	
		FACULTY SPONSORS 5 TOTAL # OF PAR e to discuss EAP: Lisa Ann Turner F	TICIPANTS 15 Person making contact: Heather Key
		Defibrillator (AED) on site: Yes Defibrillator (AED)	
Does the v	venue have an Emerger	ncy Response Team: Yes DNo If yes, ho	ow are they contacted: Radio, onsite at all
		rip (Please note beside name if employee is (Belinda Garrett, Nancy Tucker, Jennifer Mum	
(Plea	se use separate sheet and	attach to this form if more space is needed to list	school employees attending).
	Signature of Fa	cil Representative Turk	Date ((/24/25
Section 2		District Use Only	•••••••
		tative	Date
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Section 3		EX. TORIVITIES FORWITH WITH I	IMESHEE 15
Date/Tim	e Departure:	O	dometer Start:
Date/Time	e Return:	Oc	dometer End:
hereby c	certify that the above	information is correct to the best of my k	knowledge.
Driver Sig	gnature		Date
Driver Co	omments:		- Daily
Coach or	School Representativ	ve Signature	Date

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

SCHOOL:	TCMS	FACULTY]	Member(s) sponsoring trip	: HEATHER KEY
Type of Organ	Trip (CHECK ONE ization requesting): CBI COMMUNITY BASED the Trip / Organization res	Instruction sponsible for Payment: SPE	D TCBOE
DESTINA	tion: Dollar Tri	EE & McDonald's	Address: Russellville, KY	
□ Ove	rnight; give name	e, address, phone of lodging	5	
Date(s)	of Trip: Thurse	AY, DECEMBER 11, 2025	DEPARTURE TIME: 10:15	RETURN TIME: 2:00
Source	OF FUNDING FOR T			
			TRIP BECAUSE OF AN INABILITY TO	O PAY.
EAP: P	erson contacted at	venue to discuss EAP: Store	TOTAL # OF PARTICIPANTS Manager Person making con	15 ntact: Heather Key
			te: D Yes No If yes, where:	
Does the	venue have an Em	ergency Response Team: 🗆 Yo	No If yes, how are they	contacted: Call 911
Heather 1	Key, Kim McCorm	ick, Belinda Garrett, Nancy T		
(Plé	ease use separate shee	and attach to this form if more	space is needed to list school emplo	oyees attending).
	al of Site Based C	of Faculty Sponsor Council Representative	m CROs	Date 11/24/25
• • • • • •		Distric	t Use Only	
Section	2			
Approv	al of District Rep	resentative		Date
• • • • •		TAKEN TO THE TOTAL PRINTED TO	OOM IN WITH TIMESUF	· · · · · · · · · · · · · · · · · · ·
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			Odometer	Start:
Date/Ti	me Return:		Odometer E	end:
I hereby	certify that the a	bove information is correct	to the best of my knowledge	e.
	Signature Comments:			Date
Coach c	or School Renrese	entative Signature		Date

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL __TCMS FACULTY MEMBER(S) SPONSORING TRIP __LISA PETRIE- EVAN CANTARELLI_ TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCMS ACADEMIC TEAM DESTINATION TBD □ Overnight; give name, address, phone of lodging DATE(S) OF TRIP SAT. FEB 14, 2026 DEPARTURE TIME 7:00 AM RETURN TIME @3:30 PM SOURCE OF FUNDING FOR TRIP ____TCMS ACADEMIC TEAM_ NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students __20__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: Divided Yes Does the venue have an Emergency Response Team: West Does the venue have an Emergency Response Team: Divided Yes Does the venue have an Emergency Response Team: Divided Yes Does the venue have an Emergency Response Team: Divided Yes Does the venue have an Emergency Response Team: Divided Yes Does the venue have an Emergency Response Team: Divided Yes Does the Venue have an Emergency Response Team: Divided Yes Does the Venue have an Emergency Response Team: Divided Yes Does the Venue have a response Team: Divided Yes Does the Venue have a response Team Yes Does Tea 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 Signature of Faculty Sponsor Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 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 of my knowledge. Driver Signature _____ Date____ **Driver Comments:** Coach or School Representative Signature ______ Date

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE- EVAN CANTARELLI TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCMS ACADEMIC TEAM_ DESTINATION TBD □ Overnight; give name, address, phone of lodging DATE(S) OF TRIP_WED. FEB 4, 2026_ DEPARTURE TIME TBD RETURN TIME TBD SOURCE OF FUNDING FOR TRIP TCMS ACADEMIC TEAM NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 6 faculty sponsors 1 Total # of Participants 7 Van Request **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: The Yes on If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): 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 Approval of Site Based Council Representative 1 **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 ____

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP __LISA PETRIE- EVAN CANTARELLI_ Type of Trip (check one): Organization requesting the Trip / Organization responsible for Payment: TCMS ACADEMIC TEAM DESTINATION TBD □ Overnight; give name, address, phone of lodging DATE(S) OF TRIP_TUES. JAN. 13, 2026_ DEPARTURE TIME __TBD___ RETURN TIME __TBD SOURCE OF FUNDING FOR TRIP TCMS ACADEMIC TEAM NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students __6__faculty sponsors _1___Total # of Participants __7_Van Request **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: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): 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 Approval of Site Based Council Representative **District Use Only** Section 2 Approval of District Representative _____ -----DRIVER: TURN THIS FORM IN WITH TIMESHEETS Date/Time Departure: Od om et er Date/Time Return: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature **Driver Comments:** Coach or School Representative Signature Date

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP) SCHOOL __TCMS FACULTY MEMBER(S) SPONSORING TRIP __LISA PETRIE- EVAN CANTARELLI_ TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: TCMS ACADEMIC TEAM **DESTINATION** TBD Overnight; give name, address, phone of lodging DATE(S) OF TRIP SAT. JAN. 17, 2026 DEPARTURE TIME 7:00 AM RETURN TIME @3:30 PM SOURCE OF FUNDING FOR TRIP TCMS ACADEMIC TEAM NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Number of: students 20 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 (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 Approval of Site Based Council Representative. **District Use Only** Section 2 Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: O d o m e t e r Date/Time Return: Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature Driver Comments:

Coach or School Representative Signature ______ Date____

STUDENTS

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School-Related Student Trip Request Form & Event	Specific Emergency Action Plan (EAF)
SCHOOL TCC HS FACULTY MEMBE	R(S) SPONSORING TRIP CW3 FACAL
TYPE OF TRIP (CHECK ONE):	C Book To To To
Organization requesting the Trip / Organization responsible	for Payment:
Organization requesting the Trip / Organization responsible DESTINATION TC ADDRESS 5	15 W. Main 37., 12.12.
Overnight; give name, address, phone of lodging	
	DETTION TIME 2:%CO
DATE(S) OF TRIP 4 Feb 2026 DEPARTURE TI	ME TORN TIME
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECA	AUSE OF AN INABILITY TO PAY.
Number of: students 20 faculty sponsors	TOTAL # OF PARTICIPANTS
NUMBER OF: STUDENTS 2 P FACULTY SPONSORS EAP: Person contacted at venue to discuss EAP:	Person making contact:
Is there an Automated External Defibrillator (AED) on site: 12 Yes	LI NO II 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 emp	ployee is CPR trained):
CW3 FAGAN-CPR Celt	
(Please use separate sheet and attach to this form if more space is nee	ded to list school employees attending).
7- 7-	25 NOV 2025
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date D. 11/25/25
Approval of Site Based Council Representative	Date ((12)
Approval of Site Based Council Representation	
District Use Onl	
Section 2	
Approval of District Representative	Date
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DRIVER: TURN THIS FORM IN V	WITH INVESTIGETS
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Date/Time Return:	Odometer End;
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Driver Signature	July
Diver Comments.	
Coach or School Representative Signature	Date
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School-Related Student Trip Request Form & E	vent Specific Emergency Action Plan (EAP)
SCHOOL TCMS FACULTY ME	MBER(S) SPONSORING TRIP CW3 FAGAR
The second secon	
a this wife a Thin / Openization respons	sible for Payment: JROTC
ADDRESS	SOL SMAIN ST CITIONS
Overnight; give name, address, phone of lodging	4222
DATE(S) OF TRIP 29 Jan 2024 DEPARTUR	E TIME 083 © RETURN TIME
SOURCE OF FUNDING FOR TRIP JEGG	
NO STUDENT SHALL BE DENIED THE TRIP	BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS ZO FACULTY SPONSORS	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: 2 Yes	No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name i	f employee is CPR trained):
CW3 FAGAN - CPR Cert	
(Please use separate sheet and attach to this form if more space i	is needed to list school employees attending).
Signature of Faculty Sponsor Approval of Site Based Council Representative	Date ((2465

District Use	Only
Section 2	_
Approval of District Representative	Date
DRIVER: TURN THIS FORM Section 3	IN WITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	
I hereby certify that the above information is correct to the	e best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

Request to Place an Item on the Agenda

Name: Kimberly Davis TCHS
Address: 515 W. Main St
Telephone number: 270-265-25()
Name of school children attend, if applicable:
Group represented: TCHS JROTC
Check if request was submitted to: Superintendent Board Chairperson
Conferred with following administrators (names):
Description of Issue: Out of State trip to Camp
Atterbury this will also be an overnight
Stay on Jan 13-14, 2026
Out of State trip to Kenwood High School on Feb 28, 2026
Cust or start they to herwood they school on telodo, way
Specific Action Requested: Approve the out of State trips
specific rection requested. Topping the coat of a care to the
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

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School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EA	<u> </u>
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	ia coles
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Wernight: give name, address, phone of lodging	1,100
46124 812-526-1128 DETUDN TIME 9	a
DATE(S) OF TRIP JAN 13-14 2024 DEPARTURE TIME 0866 RETURN THIS	<u>a</u> 6
SOURCE OF FUNDING FOR TRIP JROT C	*
NO STEEDENT CHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO FAI.	
TOTAL # OF PARTICIPANTS 1	-
E A De Demon contacted at venue to discuss EAP: 7: Hand No. Person making contact.).D)
Yes Line and Automated External Defibrillator (AED) on site: Wes Li No It yes, where:	
Does the venue have an Emergency Response Team: Tyes \(\Omega\$\) No If yes, how are they contacted:	
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):	
CW3 FAGAN - CPR Certified	
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).	
(Please use separate sheet and attach to this form it more space is needed to his source of the space is needed to his space is n	
	100
Approval of Site Based Council Representative Date Date Date	20
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District Use Only	
Section 2	
Section 2 Approval of District Representative Date	
Approval of District Representative	
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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	arraid-haddainte
Driver Comments:	
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Coach or School Representative Signature Date	a strictlemanum.

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School-Related Student Trip Request Form & I	event Specific Emergency Action Plan (EAF)
SCHOOL TECHS & Tems FACULTY MI	EMBER(S) SPONSORING TRIP CW3 FAGEN
Tyme OF TOPO (CUECK ONE):	
o ! ! Ab Thin / Openigation regnot	isible for Payment: JROTC
DESTINATION Kenned His Abdress, hone of lodging	8 215 E Pine mountain Rd
Overnight: give name, address, hone of lodging	clarksville, TN
DATE(S) OF TRIP 28 Feb 2024 DEPARTU	RETIME OGO RETURN TIME 1:00
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRI	P BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS FACULTY SPONSOR	S \ 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):
CW3 FAGAN - CP C(+	if only to be of the manager
	· · · · · · · · · · · · · · · · · · ·
(Please use separate sheet and attach to this form if more space	is needed to list school employees attenuing. 25 Nov 2-025
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date 11/25/25
District Use Section 2	СШУ
Approval of District Representative	Data
Approval of District Representative	Date
DRIVER: TURN THIS FORM	IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
hereby certify that the above information is correct to the	e best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signature	Date

09.36 AP.21 STUDENTS School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP) FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN SCHOOL TECHS & TEMS TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: DESTINATION NO the west High Schanders 800 Lafangette Rd Clarksville Overnight; give name, address, phone of lodging DATE(S) OF TRIP 14 FR 222 DEPARTURE TIME 2622 RETURN TIME 2011 SOURCE OF FUNDING FOR TRIP JROTC NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NUMBER OF: STUDENTS \ S FACULTY SPONSORS \ TOTAL # OF PARTICIPANTS \ C EAP: Person contacted at venue to discuss EAP: Quy Perez Person making contact: Qui 3 Forges Is there an Automated External Defibrillator (AED) on site:
Yes I No If yes, where: Does the venue have an Emergency Response Team: 2 Yes \(\square\) No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): CH3 Fagan - CPR Celt (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 District Use Only Section 2 Date ____ Approval of District Representative DRIVER: TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time Departure: Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge.

Coach or School Representative Signature

Date

Date