

STUDENTS

09.36 AP.21

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

SCHOOL: TODD COUNTY CENTRAL HIGH SCHOOL

FACULTY MEMBER(S) SPONSORING TRIP: CHRIS SKIPWORTH

TYPE OF TRIP (CHECK ONE): COMPETITION

Organization requesting the Trip / Organization responsible for Payment: TSA

DESTINATION : MURRAY STATE UNIVERSITY

DATE(S) OF TRIP: FEBRUARY 26TH, 2026

DEPARTURE TIME: 6:00 AM

RETURN TIME: 3:30 PM

SOURCE OF FUNDING FOR TRIP : PERKINS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Rudy Ottway

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: 911 or (270) 809-2222

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

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative _____ Date _____

Section 2

District Use Only

Approval of District Representative _____

Date 1-8-25

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

TCCHS

FACULTY MEMBER(S) SPONSORING TRIP

Alex Carrington

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION

City Forum

ADDRESS

2231 Madison Street

Overnight; give name, address, phone of outing

DATE(S) OF TRIP

3/27/25

DEPARTURE TIME

8:15am

RETURN TIME

7:30pm

SOURCE OF FUNDING FOR TRIP

General

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

NUMBER OF: STUDENTS

84

FACULTY SPONSORS

TOTAL # OF PARTICIPANTS

88

EAP: Person contacted at venue to discuss EAP:

Charlie Mostey

Person making contact:

Alex Carrington

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):

Alex Carrington
Brandi Frances
Leilani Campbell

Camille Dillingham

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

Alex Carrington
Signature of Faculty Sponsor

12/8/25
Date

Approval of Site Based Council Representative

Date

District Use Only

Section 2

Approval of District Representative

In CB
Date 1-8-25

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 _____

Request to Place an Item on the AgendaName: A. Carrington / B. Francis

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: Superintendent Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: permission to travel to City Forum for a reward to proficient & distinguished students from State testing 2024-2025 School yearCheck 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: 3/13/06

Self-Transport

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP MYA HAMPTON

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: CHEER

DESTINATION CLARKSVILLE NORTHEAST HIGH SCHOOL

ADDRESS 3701 TRENTON RD, CLARKSVILLE, TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/2/26 DEPARTURE TIME 4:30 P.M. RETURN TIME 10:30 P.M.

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 881-6555

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Andrew Knowles Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

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

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


Signature of Faculty Sponsor


Date

Approval of Site Based Council Representative  Date 12-18-25

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 TCCHS

FACULTY MEMBER(S) SPONSORING TRIP Kelleher

TYPE OF TRIP (CHECK ONE): Field Trip

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION South Todd Lomeli's ADDRESS 4115 Guthrie Rd, Guthrie, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/16/25

DEPARTURE TIME 8:00 am

RETURN TIME 2:40 pm

SOURCE OF FUNDING FOR TRIP Students will pay

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

NUMBER OF: STUDENTS 14 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 15

EAP: Person contacted at venue to discuss EAP: Semiferyer Person making contact: Kelleher

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Office

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: phone

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

Charlie Kelleher

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

Signature of Faculty Sponsor

12/18/25

Date

Approval of Site Based Council Representative lu Q Date 1-8-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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 _____

Plan: Depart from TCCHS @ 8:00am
arrive to STES by 8:15am

Depart from STES @ 11:30am

arrive at Lomeli's Mexican Grill: 650 N. Main St, Russellville, KY 42276

Page 1 of 1 by 12:00 pm

Depart from Lomeli's @ 2:00pm, arrive @ TCCHS by 2:40 for dismissal

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SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP NICK SUTTLE

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: ~~DANCE~~ 6/15/BB

DESTINATION CLARKSVILLE NORTHEAST HIGH SCHOOL

ADDRESS 3701 TRENTON RD, CLARKSVILLE, TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/19/25 DEPARTURE TIME 3:30 P.M. RETURN TIME 6:00 P.M.

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (270) 820-8440

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

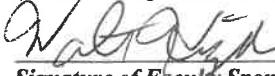
EAP: Person contacted at venue to discuss EAP: Andrew Knowles Person making contact: Mike Smith

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: On site

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: On site

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

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


Signature of Faculty Sponsor


Date 12/18/25

Approval of Site Based Council Representative



Date 12-18-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

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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 : TCCHS

FACULTY MEMBER(S) SPONSORING TRIP: QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE): ALL IN FOR AG-ED WEEK @ NTES&STES

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION : NTES &STES

DATE(S) OF TRIP: MARCH 18,2026

DEPARTURE TIME: 8AM

RETURN TIME: 2PM

SOURCE OF FUNDING FOR TRIP : PERKINS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS
22

EAP: Person contacted at venue to discuss EAP: Todd County Sheriff Office/ Elton PD

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): Quashawn Quarles; Shayla Berry

(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

Date

Date 1-8-25

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 TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY, QUASHAWN QUARLES, JILLIAN PLUNKETT (STUDENT TEACHER)

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding
DESTINATION :

Fairview Produce Auction – US HWY 68, Pembroke, KY

DATE(S) OF TRIP: FEBRUARY 5, 2026

DEPARTURE TIME 8:00 A.M.

RETURN TIME: 3:00 P.M.

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 7 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 10

EAP: Person contacted at venue to discuss EAP: Levi
Person making contact: Shayla Berry

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):

Shayla Berry (formerly CPR trained)

Quashawn Quarles

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

Shayla Berry
Signature of Faculty Sponsor

1/2/26
Date

Approval of Site Based Council Representative

Jan C
Date 1-8-25

District Use Only

Section 2

Approval of District Representative

Date

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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 TCCHS.

**FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY, QUASHAWN QUARLES, JILLIAN PLUNKETT
(STUDENT TEACHER)**

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

Fairview Produce Auction – US HWY 68, Pembroke, KY

DATE(S) OF TRIP: FEBRUARY 19, 2026

DEPARTURE TIME 8:00 A.M.

RETURN TIME: 3:00 P.M.

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

**NUMBER OF: STUDENTS 7 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS
10**

EAP: Person contacted at venue to discuss EAP: Levi
Person making contact: Shayla Berry

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):

Shayla Berry (formerly CPR trained)

Quashawn Quarles

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

Shayla Berry
Signature of Faculty Sponsor

Jan. 2, 2026
Date

Approval of Site Based Council Representative

Quashawn Quarles
Date *1-8-25*

District Use Only

Section 2

Approval of District Representative _____ Date _____

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Driver Comments:

Coach or School Representative Signature _____ Date _____

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

SCHOOL Tech / TCMS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: @ JROTC
DESTINATION Kentucky Dream ADDRESS 4705 Winkler Rd, Philpot, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 13 Jan 2026 DEPARTURE TIME 0830 RETURN TIME 03 PM

SOURCE OF FUNDING FOR TRIP Jeanc

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

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 45

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: CW3 FAGAN

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 - CPR Trained

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

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-7-26

District Use Only

Section 2

Approval of District Representative _____ Date _____

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Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

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Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____