

Van only

09.36 AP.21

STUDENTS

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Emily Conner

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FCS Department

DESTINATION Idemia ADDRESS 244 Main St Cadiz Ky 42211

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/15/2025 DEPARTURE TIME 8:00am RETURN TIME 1:00pm

SOURCE OF FUNDING FOR TRIP TCHS

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 16

EAP: Person contacted at venue to discuss EAP: no Person making contact: Emily Conner

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):

Emily Conner

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

Emily Conner
Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

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 _____