

VAN ONLY

09.36 AP.21

STUDENTS

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP Emily Conner

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Idemix

ADDRESS 244 Main St (adiz ky 42211)

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

DATE(S) OF TRIP 11/15/2025

DEPARTURE TIME 8:00 am

RETURN TIME 1:00 pm

SOURCE OF FUNDING FOR TRIP TCCHS

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

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

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

11/18/2025  
Date

Approval of Site Based Council Representative

Signature 11/18/2025  
Date 11/18/2025

**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 \_\_\_\_\_