

1 – SPECIAL NEEDS BUS STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School **FACULTY MEMBER(S) SPONSORING TRIP** LAURA BOLEY

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION: TODD COUNTY LIBRARY **ADDRESS:** ELKTON, KY

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

DATE(S) OF TRIP: 2/27 **DEPARTURE TIME:** 8:30 AM **RETURN TIME:** 10:30 AM

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS: 61 **FACULTY SPONSORS:** 8 **TOTAL # OF PARTICIPANTS:** 69

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: X Yes No If yes, how are they contacted: _____

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

- Shelia Woodall Kimberly Sparks
- Donna Williams Kristen McCuiston
- Jackie Leavell Kristina Soares
- Melissa Young Erica Whitaker

(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 _____

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 _____