

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP DIPASQUALE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip , specify BAND Other (athletic, band, if applicable) _____

DESTINATION ADDRESS PHONE

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____ Van Meter, Western Kentucky University 6th Grade Band

DATE(S) OF TRIP 3/25 **DEPARTURE TIME** 8:00AM **RETURN TIME** 2:30PM

PURPOSE/EDUCATIONAL VALUE: STATE CONCERT BAND ASSESSMENT PERFORMANCE

SOURCE OF FUNDING FOR TRIP: SCHOOL

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 1 FACULTY SPONSORS _____ OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 35

MODE OF TRANSPORTATION (BUS)

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

HEATHER DIPASQUALE

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

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: Call 911

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

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

Heather Dipasquale 2/2/26
Signature of Faculty Sponsor Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP DIPASQUALE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify BAND Other (athletic, band, if applicable) _____

DESTINATION ADDRESS PHONE

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____ Van Meter, Western Kentucky University 7th and 8th Grade Band

DATE(S) OF TRIP 3/26 DEPARTURE TIME 8:00AM RETURN TIME 2:30PM

PURPOSE/EDUCATIONAL VALUE: STATE CONCERT BAND ASSESSMENT PERFORMANCE

SOURCE OF FUNDING FOR TRIP: SCHOOL

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

No student shall be denied the trip because of an inability to pay.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 1 FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 55

MODE OF TRANSPORTATION (BUS)

IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

HEATHER DIPASQUALE

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: _____

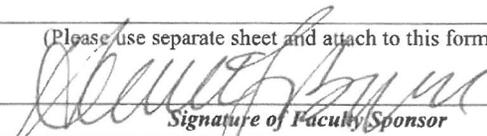
Person making contact: _____

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: Call 911

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

2/2/26
Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YORKE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic band, if applicable) BASBALL

DESTINATION TRIGAN CO PARK ADDRESS COMPLEX RD PHONE 931-561-7785
CAOZLE, KY

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/13/20 DEPARTURE TIME 4:15 PM RETURN TIME 10:30 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 OTHER CHAPERONES 0

TOTAL # OF PARTICIPANTS 23

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: GREG STEPHENS Person making contact: STEVEN MCGHEE

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

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):

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

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YORK

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic) band, if applicable BASEBALL

DESTINATION RUSSELLVILLE HIGH ADDRESS 1101 9TH ST PHONE 931-561-7785

- Out of State Out of County Within County RUSSELLVILLE, KY
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/19/26 DEPARTURE TIME 4:30 PM RETURN TIME 8:30 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

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

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: RYAN DAWSON Person making contact: STEVEN MCGHEE

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

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):

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

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YORKE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other athletic band, if applicable) BASEBALL

DESTINATION PANTHER CREEK PARK ADDRESS 5160 WAYNE BRIDGE PHONE 931-561-7785

- Out of State Out of County Within County DWENSDORO, KY
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/2/26 DEPARTURE TIME 2:45 PM RETURN TIME 10:30PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

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

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: _____ Person making contact: STEVEN MCGHEE

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

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):

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

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YONKE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic) band, if applicable BASEBALL

DESTINATION LOGAN Co HIGH ADDRESS 2200 BG RD PHONE 931-561-7785

- Out of State Out of County Within County RUSSELLVILLE, KY
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/16/20 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 23

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: KELLEY JORDAN Person making contact: STEVEN MCGHEE

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

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):

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

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YORK

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic) band, if applicable) BASEBALL

DESTINATION HOPKINS Co. CENTRAL ADDRESS 6625 HOPKINSVILLE PHONE 931-561-7785
MADISONVILLE, KY

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/23/20 DEPARTURE TIME 8:15 AM RETURN TIME 2:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

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

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: AUSTEN STARKS Person making contact: STEVEN MCGHEE

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

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):

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

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Josh Yorke

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic) band, if applicable) Baseball

DESTINATION FRANKLIN-SIMPSON HIGH ADDRESS 400 S. COLLEGE ST PHONE 931-561-7785

- Out of State Out of County Within County FRANKLIN, KY
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/30/26 DEPARTURE TIME 4:00 PM RETURN TIME 10:30 AM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 23

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: MATTHEW WELSHITE Person making contact: STEVEN MCGHEE

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

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):

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

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YORKE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic band, if applicable) BASEBALL

DESTINATION RIVERSIDE PARK ADDRESS CS-2057 PHONE 931-561-7785

- Out of State Out of County Within County DAWSON SPRINGS, KY
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/4/26 DEPARTURE TIME 4:15 PM RETURN TIME 10:30PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

No student shall be denied the trip because of an inability to pay.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

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

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: MATT FRANGEX Person making contact: STEVEN MCGHOGG

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

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):

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

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YORKE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____
- Other (athletic) band, if applicable) BASBALL

DESTINATION TRIGA Co PARK ADDRESS Complex Rd PHONE 931-561-7785
CAOZZ, KY

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/13/20 DEPARTURE TIME 4:15 PM RETURN TIME 10:30 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 23

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: GREG STEPHENS Person making contact: STEVEN MCGHEE

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

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):

_____	_____
_____	_____
_____	_____

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

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Josh York

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic) band, if applicable) BASEBALL

DESTINATION Russellville High ADDRESS 1101 9th St PHONE 931-561-7785
Russellville, KY

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/19/26 DEPARTURE TIME 4:30 PM RETURN TIME 8:30 AM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 OTHER CHAPERONES 23

TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: Ryan Davenport Person making contact: STEVEN MCGHEE

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

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):

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

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____ PRIOR TO THE TRIP.
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SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YORKE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____
- Other athletic band, if applicable) BASEBALL

DESTINATION PANTHER CREEK PARK ADDRESS 5160 WAYNE BRIDGE PHONE 931-561-7785

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/2/26 DEPARTURE TIME 2:45 PM RETURN TIME 10:30PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 23

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: _____ Person making contact: STEVEN MCGHEE

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

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):

_____	_____
_____	_____
_____	_____

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

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YONKE

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other **(athletic)** band, if applicable) BASEBALL

DESTINATION LOGAN Co HIGH ADDRESS 2200 BG Rd PHONE 931-561-7785

- Out of State Out of County Within County RUSSELLVILLE, KY
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/16/20 DEPARTURE TIME 4:15 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 23

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: KELLEY JORDAN Person making contact: STEVEN MCGHEE

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

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):

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

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JOSH YORK

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) BASEBALL

DESTINATION HOPKINS Co. CENTRAL ADDRESS 6625 HOPKINSVILLE RD PHONE 931-561-7785
MADISONVILLE, KY

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/23/20 DEPARTURE TIME 8:15 AM RETURN TIME 2:00 PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

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

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: AUSTIN STARKS Person making contact: STEVEN MCGHEE

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

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):

_____	_____
_____	_____
_____	_____

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

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Josh Yorke

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other **(athletic)** band, if applicable Baseball

DESTINATION FRANKLIN-SIMPSON HIGH ADDRESS 400 S. COLLEGE ST PHONE 931-561-7785

- Out of State Out of County Within County FRANKLIN, KY
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/30/26 DEPARTURE TIME 4:00 PM RETURN TIME 10:30 AM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

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

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: MATTHEW W. SHURTLE Person making contact: STEVEN MCGAEG

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

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):

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

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Josh Yorke

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____
- Other (athletic band, if applicable) Baseball

DESTINATION REVERSTE PARK ADDRESS CS-2057 PHONE 931-561-7785

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/4/26 DEPARTURE TIME 4:15 PM RETURN TIME 10:30PM

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

No student shall be denied the trip because of an inability to pay.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

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

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: MATT FRAVEX Person making contact: STEVEN MCGHOG

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

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):

_____	_____
_____	_____
_____	_____

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