

STUDENTS

Charter Bus

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Francies

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Class of 2020

DESTINATION Holiday World ADDRESS _____

Overnight; give name/address, phone of lodging _____

DATE(S) OF TRIP May 18, 2020 DEPARTURE TIME 7 AM RETURN TIME 7 PM

SOURCE OF FUNDING FOR TRIP Class of 2020

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

NUMBER OF: STUDENTS 100 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 105

EAP: Person contacted at venue to discuss EAP: Heather Person making contact: Francies

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

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):

Brandi Francies
Alex Carrington - CPR

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

Brandi Francies
Signature of Faculty Sponsor

1/12/20
Date

Approval of Site Based Council Representative [Signature] Date 2-6-20

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 _____

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 JERIANN WHITE

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: DANCE

DESTINATION WESTERN HILLS HIGH SCHOOL

ADDRESS 100 DOCTORS DR., FRANKFORT

Overnight; give name, address, phone of lodging 1310 US 127 S.
Frankfort

DATE(S) OF TRIP 2/21/20 DEPARTURE TIME 7:30 AM RETURN TIME 7:30 PM

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 7 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 9

EAP: Person contacted at venue to discuss EAP: Ginger Stovall 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 [Signature] Date 1-14-20

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 _____

Van request

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **RICK MARTIN**

TYPE OF TRIP (CHECK ONE): **TCCHS ATHLETICS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **TRACK**

DESTINATION UNIVERSITY OF KENTUCKY OUTDOOR TRACK & FIELD FACILITY

ADDRESS 698 SPORTS CENTER DR., LEXINGTON

Overnight; give name, address, phone of lodging TBA

DATE(S) OF TRIP 5/21/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (931) 208-0870

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS ??? FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS ???

EAP: Person contacted at venue to discuss EAP: Julian Tackett 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).

Walt [Signature]
Signature of Faculty Sponsor

1/21/26
Date

Approval of Site Based Council Representative [Signature] Date 1-21-26

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 _____

09.36 AP.21

STUDENTS

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP

Madison Fogue
Michelle Payer

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Murray State Univ. ADDRESS _____

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Mar. 2, 2026 DEPARTURE TIME 7:00 RETURN TIME 4:30

SOURCE OF FUNDING FOR TRIP FBLA Account

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

NUMBER OF: STUDENTS 17 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 20

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: Main Floor

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):

Madison Fogue CPR
Michelle Payer
Marta Lilliespe CPR

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

Madison Fogue 1-27-26
Signature of Faculty Sponsor Date
Approval of Site Based Council Representative [Signature] Date 26-26

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 :

Pennyrile Region FFA Ag Sales & Job Interview Contest – **RESCHEDULED EVENT** from
pervious January 30, 2026 request

Murray, KY

DATE(S) OF TRIP: FEBRUARY 20, 2026

DEPARTURE TIME 8:00 AM

RETURN TIME: 4:00 PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 5 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS
8

EAP: Person contacted at venue to discuss EAP: Front Desk Staff

Person making contact: Shayla Berry

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Various on site, front desk,
Curris Center

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

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

Shayla Berry (formerly CPR trained)

(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

2/2/2026

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL TCCMS FACULTY MEMBER(S) SPONSORING TRIP EBLA

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Rotary Lunch ADDRESS Elkton KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Feb 25, 2020 DEPARTURE TIME 11:30 RETURN TIME 1:30

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 2 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 4

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

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

Madison Froque

(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 [Signature] Date 2-6-20

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 _____