

STUDENTS

09.36 AP.21

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

SCHOOL North Todd FACULTY MEMBER(S) SPONSORING TRIP Brett Carver, Kaitlyn Morris, Tracey Hancock
TYPE OF TRIP (CHECK ONE):
Organization requesting the Trip / Organization responsible for Payment:
DESTINATION Ky Down Under ADDRESS 3700 LSA Turnpike Rd. Horse Cave, Ky 42749
 Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 3/31/26 DEPARTURE TIME 8:00 RETURN TIME 2:30
SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 56 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 100
EAP: Person contacted at venue to discuss EAP: Ann Fletcher Person making contact: Brett Carver

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):
Brett Carver _____ Trish Knepper _____
Kaitlyn Morris _____
Tracey Hancock _____

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

Brett Carver _____
Signature of Faculty Sponsor _____ Date 2/10/26
Approval of Site Based Council Representative [Signature] Date 2/10/26

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 _____

No SPED
bus Needed

Request Joey Jones
to drive a bus

STUDENTS

09.36 AP.21

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

SCHOOL North Tadd FACULTY MEMBER(S) SPONSORING TRIP Jones 5th

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: 5th

DESTINATION Bluegrass Museum ADDRESS 311 W 2nd st, Owensboro, KY 42301

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4.1-26 DEPARTURE TIME 8:10 RETURN TIME 2:30

SOURCE OF FUNDING FOR TRIP 5th students

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

NUMBER OF: STUDENTS 53 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 58

EAP: Person contacted at venue to discuss EAP: Sally Pickens Person making contact: Jones

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):

JOE JONES Lisa Chester (CPR)
Keribeth Farian Patricia Knepper
Chuck Sudder

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

Signature of Faculty Sponsor _____ Date 9-21-2021

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 _____

STUDENTS

09.36 AP.21

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

SCHOOL : NTES FACULTY MEMBER(S) SPONSORING TRIP KAITLYN DAWSON

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: 2nd Grade/PTO/Field Trip Funds/Students

DESTINATION: NASHVILLE ZOO ADDRESS: 3777 NOLENSVILLE PK, NASHVILLE, TN 37211

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

DATE(S) OF TRIP: MARCH 31, 2026 DEPARTURE TIME: 8:15 AM RETURN TIME: 2:45 PM

SOURCE OF FUNDING FOR TRIP PTO/FIELD TRIP FUNDS/STUDENTS

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

NUMBER OF: STUDENTS: 60 FACULTY SPONSORS: 6 TOTAL # OF PARTICIPANTS: 66

EAP: Person contacted at venue to discuss EAP: Kendra Bormann Person making contact: Kaitlyn Dawson

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: multiple throughout the park

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: park employee to use a radio system

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

Kaitlyn Dawson Cindy Williams Jeri Lyn Henderson

Sierra Smith Beth Craig Brandi Paddy

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

Kaitlyn Dawson 2-9-26
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative D. Williams 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 _____

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 KINDERGARTEN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: NTES

DESTINATION: CHRISTIAN WAY FARMS ADDRESS: 19590 LINVILLE ROAD, HOPKINSVILLE, KY 42240

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

DATE(S) OF TRIP: APRIL 22, 2026 DEPARTURE TIME: 8:30 AM RETURN TIME: 1:30-2:00 PM

SOURCE OF FUNDING FOR TRIP NTES FIELD TRIP FUNDS

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

NUMBER OF: STUDENTS: 61 FACULTY SPONSORS: 9 TOTAL # OF PARTICIPANTS: 70

EAP: Person contacted at venue to discuss EAP: Janie Corley Person making contact: Sheila Woodall

Is there an Automated External Defibrillator (AED) on site: Yes =X No If yes, where: _____

Does the venue have an Emergency Response Team: Yes X No If yes, how are they contacted: _____

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

- Sheila Woodall
- Donna Jo Williams
- Kimberly Sparks
- Jackie Leavell
- Melissa Young
- Erica Whitaker
- Kristina Soares
- Kristin McCuiston
- Sarah Stuard

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

Sheila Woodall _____ 2-9-26 _____
Signature of Faculty Sponsor *Date*
 Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

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Section 3

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 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 _____