

STUDENTS

09.36 AP.21

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

SCHOOL South Todd FACULTY MEMBER(S) SPONSORING TRIP 2nd grade

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:
2nd grade / Site Base

DESTINATION Alhambra Theatre ADDRESS 507 S. Main St., Hopkinsville, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP April 16, 2026 DEPARTURE TIME 8:30 am RETURN TIME 2:00 pm

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 89 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 96

EAP: Person contacted at venue to discuss EAP: Kelly Selfe Person making contact: Sarah Ballard

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:
on site - walkie talkie

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

Lindsey Sison _____ Sarah Ballard Coyce Higgins
Crystal Puffy _____ Lindsay Quarks
Nicki Newson _____ Carrie Tobac

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

Sarah Ballard
Signature of Faculty Sponsor

4/20/2026
Date

Approval of Site Based Council Representative Adrienne Lawrence Date 2/23/26

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 _____