

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

SCHOOL: TCCHS FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- RAICES Y ALAS, MIGRANT

Organization requesting the Trip / Organization responsible for Payment: Raices y Alas, Migrant

DESTINATION SKYCTC & WKU ADDRESS 1845 LOOP AVE, BOWLING GREEN, KY; 1906 COLLEGE HEIGHTS BLVD, BOWLING GREEN, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP: 04/15/26 DEPARTURE TIME: 8:00 AM RETURN TIME 5:00 PM

DEPARTURE LOCATION: TCCHS COACH CONTACT #(863) 624-1235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311M GRANT

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

NUMBER OF: STUDENTS: 35 FACULTY SPONSORS: 4 TOTAL # OF PARTICIPANTS: 39

EAP: Person contacted at venue to discuss EAP: Mary Simpson, Sarah Vincent Person making contact: Pablo Ramirez

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

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

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Pablo Ramirez Maria Lopez
Laura Voth Flor Gunn

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


Signature of Faculty Sponsor

02/13/26
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 _____

Review/Revised:6/9/2025