

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP H. Lawson / L. Brown
TYPE OF TRIP (CHECK ONE): CB1
ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: SPED

DESTINATION Library, Halcy's Hardware, Food Giant

ADDRESS Elkton, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/13/26 DEPARTURE TIME 9:00 RETURN TIME 11:00

DEPARTURE LOCATION: TCCHS COACH CONTACT # (270) 265-2506

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 27

EAP: Person contacted at venue to discuss EAP: Katina Shanklin Person making contact: H. Lawson

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): Holly Lawson, Lauren Brown, Jessica Johnson, Darnette Campbell, Preston Payer, Jemana Snow, Philip Clemons
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Holly Lawson _____
Signature of Faculty Sponsor Date 3/13/26

Approval of Site Based Council Representative [Signature] Date 3-5-26

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 _____

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP DR. LISA PETRIE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Beta

DESTINATION BEREA COLLEGE BEREA, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP TBD -MARCH DEPARTURE TIME 7:00 AM RETURN TIME 6:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS BETA

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

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 7

EAP: Person contacted at venue to discuss EAP: Admissions Person making contact: Lisa Petrie

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: Through security

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

Lisa Petrie 2 Parents

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

Dr. Lisa Petrie

Signature of Faculty Sponsor

2/24/26

Date

Approval of Site Based Council Representative 

Date 3-5-26

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ O d o m e t e r _____ S t a r t : _____

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 _____

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

SCHOOL ALL SCHOOLS FACULTY MEMBER(S) SPONSORING TRIP DR. LISA PETRIE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCCHS Beta

DESTINATION DISCOVERY PARK OF AMERICA ADDRESS UNION CITY, TENNESSEE

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-18-26 DEPARTURE TIME 7:00 AM RETURN TIME 6:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS BETA AND STUDENT PAYMENT

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

NUMBER OF: STUDENTS 70 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 73

EAP: Person contacted at venue to discuss EAP: Field trip dept. Person making contact: Lisa Petrie

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: Through security

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

Lisa Petrie _____ Other Volunteers _____
Evan Cantarelli _____

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

Dr. Lisa Petrie _____ 2/24/26 _____
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative [Signature] Date 3-5-26

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ O d o m e t e r _____ S t a r t : _____

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 _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 2/24/2026 Date of Event: 3/27/2026

Organization: TCCHS Band School: TCCHS

Number of Passengers: 4

Type of Trip (Check One)

- In-County Instructional In-County Athletic Other: (Explain In Detail)
 Out-of-County Instructional Out-of-County Athletic
 Out-of-State Instructional Out-Of-State Athletic

Destination (Event, City, and State): Kentucky Flute Festival, WKU

Planned Stops To and From: NA

Departing Location: TCCHS Date of Departure: 3/27/2026 3/28/2026 Time of Departure: TBA

Returning Location: TCCHS Date of Return: Daily Time of Return: TBA

Chaperone/s: Heather DiPasquale Chaperone's Phone: 2702933428

Special Requests (Check One)

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Heather DiPasquale

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: SBDM

Approval of Site Based Council Representative

Date 3-5-26

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of 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 _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 2/24/2026

Organization: TCCHS Band

School: TCCHS

Number of Passengers: 3

Type of Trip (Check One)

In-County Instructional

In-County Athletic

Other: (Explain In Detail)

Out-of-County Instructional

Out-of-County Athletic

Out-of-State Instructional

Out-Of-State Athletic

Destination (West Kentucky Percussion Festival, Greenville, KY):

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 3/20/2026 3/21/2026

Time of Departure: AM

Returning Location: TCCHS

Date of Return: daily

Time of Return: evening TBA

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 270.799.3006

Special Requests (Check One)

Van

Wheelchair Accessible

Monitor

Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Mike DiPasquale

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: SBDM

Approval of Site Based Council Representative

Date

3-5-26

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of 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 _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 2/18/2026 Date of Event: KMEA District Large Ensemble Performance Assessment

Organization: Band

School: TCCHS

Number of Passengers: 35

Type of Trip (Check One)

In-County Instructional

In-County Athletic

Other: (Explain In Detail)

Out-of-County Instructional

Out-of-County Athletic

Out-of-State Instructional

Out-Of-State Athletic

Destination (Event, City, and State): KMEA Large Ensemble Performance Assessment, Bowling Green, KY WKU

Planned Stops To and From: Na

Departing Location: TCCHS

Date of Departure: 3/25/2026 or 3/26/2026

Time of Departure: TBA

Returning Location: TCCHS

Date of Return: day of

Time of Return: TBA

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 270.799.3006

Special Requests (Check One)

Van

Wheelchair Accessible

Monitor

Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: SBDM

Approval of Site Based Council Representative



Date

3-5-25

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____

Odometer Start: _____

Date/Time of 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 _____

Need a Van to drive!

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Froque/Dillingham

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FBLA

DESTINATION GALT House/Louisville ADDRESS 140 N Farth St, Louisville, KY 40202

Overnight; give name, address, phone of lodging
GALT House; 140 N 4th St, Louisville, Ky 40202

DATE(S) OF TRIP April 27-29 DEPARTURE TIME 8:00 am RETURN TIME 3:00pm

SOURCE OF FUNDING FOR TRIP Donations through FBLA

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

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 6

EAP: Person contacted at venue to discuss EAP: Roger Tely Person making contact: Madison Froque

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: 1st floor

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 502-589-5200

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

Madison Froque - CPR
Camille Dillingham

(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

Date 3-5-25

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 _____

Request to Place an Item on the Agenda

Name: M. Froque / FBLA

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: FBLA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: permission to travel to Louisville KY for FBLA

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06