

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Brown/Lawson

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FMO  
DESTINATION Showbox Theater ADDRESS 4000 Ft. Campbell Blvd

Overnight; give name, address, phone of lodging Hopkinsville, Ky 42240

DATE(S) OF TRIP 4/1/26 DEPARTURE TIME 9:00 RETURN TIME 12:00

SOURCE OF FUNDING FOR TRIP Students, SPED funds

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

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 8 TOTAL # OF PARTICIPANTS 26

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):

Lauren Brown  
Holly Lawson  
Danette Campbell

Jemaria Shaw Philip Demons  
Reston Rager Marla Gillespie  
Jessica Johnson

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

Lauren Brown  
*Signature of Faculty Sponsor*

3/16/26  
*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 \_\_\_\_\_

STUDENTS

09.36 AP.21

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

SCHOOL TECHS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

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

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION NES ADDRESS 7300 Greenville Rd, Elkton

Overnight; give name, address, phone of lodging NA

DATE(S) OF TRIP 1 Apr 2026 DEPARTURE TIME 1:00pm RETURN TIME 2:30 pm

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 21

EAP: Person contacted at venue to discuss EAP: Emily Smith Person making contact: CW3 FAGAN

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):

CW3 FAGAN (CPR)

(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 3-23-26

**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 \_\_\_\_\_

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

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

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION NYES ADDRESS 7300 Greenville Rd, E. Ktn

Overnight; give name, address, phone of lodging NA

DATE(S) OF TRIP 2 Apr 2026 DEPARTURE TIME 0800 RETURN TIME 1:15

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 21

EAP: Person contacted at venue to discuss EAP: Emily Smith Person making contact: CW3 FAGAN

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):

CW3 FAGAN (CPR)

(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 3-23-26

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

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Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_