

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP JENNIFER OYLER

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: SBDM

DESTINATION STES ADDRESS GUTHRIE, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4-30-26 DEPARTURE TIME 9:10 RETURN TIME 10:15

SOURCE OF FUNDING FOR TRIP OTHER STUDENT ACTIVITIES (ACADEMIC BANQUET) 0679

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

NUMBER OF: STUDENTS 46 FACULTY SPONSORS 0 TOTAL # OF PARTICIPANTS 46

EAP: Person contacted at venue to discuss EAP: Oyler Person making contact: N/A

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: outside gym door

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

Jennifer Oyler  
*Signature of Faculty Sponsor* 2-26-26  
Date

Approval of Site Based Council Representative Carrie Tolson Date 3-23-26

**District Use Only**

**Section 2**

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

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**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 TCMS FACULTY MEMBER(S) SPONSORING TRIP TCMS ADMIN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS/TCMS

DESTINATION Holiday World ADDRESS 452 E. Christmas Blvd, Santa Clause, In

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 05/14/2024 DEPARTURE TIME 8:00 AM RETURN TIME 6:00 PM

SOURCE OF FUNDING FOR TRIP 8th Grade class

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

NUMBER OF: STUDENTS 131 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 150

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: Main Office

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 9-1-1

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

Mary Skipworth, LeAnne Russell,  
Kelli Shemak, Kim Stevenson,  
Evan Canterelli, Shawna Fowler

Nick Hildalbrand, Maysie Kuleszc,  
Kim Davis,

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

[Signature]  
Signature of Faculty Sponsor

3/23/24  
Date

Approval of Site Based Council Representative [Signature]

Date 3/23/24

**District Use Only**

**Section 2**

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

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

Driver Comments:

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

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP TCMS ADMIN

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

Organization requesting the Trip / Organization responsible for Payment: TCMS/TCMS

DESTINATION Hot Rods Ball Game ADDRESS 300 E. 8th Ave, Bowling Green, Ky

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 04/22/2026 DEPARTURE TIME 9:00 AM RETURN TIME 2:30 PM

SOURCE OF FUNDING FOR TRIP TCMS

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

NUMBER OF: STUDENTS 202 FACULTY SPONSORS 12 TOTAL # OF PARTICIPANTS 214

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: Main Office

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):

Steven Meghee, Mary Shipworth,  
Ellie Plance Ft, Sarah Penick, Letame  
Russell, Aric Skemwell, Josh York

Shawna Fowler, Missy Cherry,  
Kassity Brun, Steve Higgins

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

[Signature]  
Signature of Faculty Sponsor

3/23/26  
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 \_\_\_\_\_

STUDENTS

09.36 AP.21

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

SCHOOL: TCMS

FACULTY MEMBER(S) SPONSORING TRIP : HEATHER KEY

TYPE OF TRIP (CHECK ONE): CBI COMMUNITY BASED INSTRUCTION

Organization requesting the Trip / Organization responsible for Payment: SPED TCBOE

DESTINATION: MUHLENBERG CO. OPPORTUNITY CENTER ADDRESS: 615 OPPORTUNITYWAY GREENVILLE, KY  
PIZZA HUT, PARK

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP: THURSDAY, APRIL 16TH, 2026 DEPARTURE TIME: 8:00 RETURN TIME: 2:00

SOURCE OF FUNDING FOR TRIP: SPED TCBOE

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 15

EAP: Person contacted at venue to discuss EAP: Person making contact: Heather Key


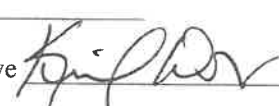
Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where:

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):

Heather Key, Kim McCormick, Nancy Tucker, Jennifer Mumford, Substitute

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

 \_\_\_\_\_ Date 3/23/26  
Signature of Faculty Sponsor  
Approval of Site Based Council Representative  \_\_\_\_\_ Date 3/23/26

**District Use Only**

**Section 2**

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

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**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: TCMS FACULTY MEMBER(S) SPONSORING TRIP : HEATHER KEY

TYPE OF TRIP (CHECK ONE): CBI COMMUNITY BASED INSTRUCTION

Organization requesting the Trip / Organization responsible for Payment: SPED TCBOE

DESTINATION: FREDDY'S, SOUTHERN LANES ADDRESS: 3001 CANTON ST. HOPKINSVILLE, KY

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP: FRIDAY, MARCH 27TH DEPARTURE TIME: 10:00 RETURN TIME: 2:00

SOURCE OF FUNDING FOR TRIP: SPED TCBOE

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 15

EAP: Person contacted at venue to discuss EAP: Patrick Ringland Person making contact: Heather Key

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: behind the front counter

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):

Heather Key, Kim McCormick, Nancy Tucker, Jennifer Mumford, Substitute

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

Signature of Faculty Sponsor

3/23/20  
Date

Approval of Site Based Council Representative

*[Handwritten Signature]*

Date 3/23/20

**District Use Only**

**Section 2**

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

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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: TCMS FACULTY MEMBER(S) SPONSORING TRIP : HEATHER KEY

TYPE OF TRIP (CHECK ONE): CBI COMMUNITY BASED INSTRUCTION

Organization requesting the Trip / Organization responsible for Payment: SPED TCBOE

DESTINATION: CHANEY'S DAIRY BARN ADDRESS: 9191 NASHVILLE RD. BOWLING GREEN, KY 42101

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP: APRIL 1ST, 2026 DEPARTURE TIME: 8:30 RETURN TIME: 2:00

SOURCE OF FUNDING FOR TRIP: SPED TCBOE

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 5 TOTAL # OF PARTICIPANTS 15

EAP: Person contacted at venue to discuss EAP: Person making contact: Heather Key

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: by phone

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

Heather Key, Kim McCormick, Nancy Tucker, Jennifer Mumford, Substitute

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

Signature of Faculty Sponsor \_\_\_\_\_ Date 3/23/26  
Approval of Site Based Council Representative \_\_\_\_\_ Date 3/23/26

**District Use Only**

**Section 2**

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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

FACULTY MEMBER(S) SPONSORING TRIP

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Billy Goat Hill Farm & Todd County Extension Services

ADDRESS 1028 E Jeff Davis Hwy Elkton Ky 42220 240 Pon River Rd Elkton Ky 42220

Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 5/8 DEPARTURE TIME 8:00 RETURN TIME 2:15

DEPARTURE LOCATION: \_\_\_\_\_ COACH CONTACT # \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP Billy Goat Hill

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

NUMBER OF: STUDENTS 60 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 64

*\* may need 2 buses depending on how many students sign up for highschool*

EAP: Person contacted at venue to discuss EAP: Robbie Weather Person making contact: Ag

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):

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

Robert W...  
Signature of Faculty Sponsor

3-13-26  
Date

Approval of Site Based Council Representative [Signature]

Date 3/13/26

**District Use Only**

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

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Driver Comments:

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

STUDENTS

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

SCHOOL Wesley/TCMS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION NETS ADDRESS \_\_\_\_\_

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 1 Apr 2026 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

NUMBER OF: STUDENTS 19 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 20

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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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_  
Driver Comments: \_\_\_\_\_

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

STUDENTS

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

SCHOOL WCHS/TCMS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

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

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION NTES ADDRESS 7300 Greenville Rd, Elkton

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 2 Apr 2026 DEPARTURE TIME 8:00 AM RETURN TIME 1:00 PM

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 19 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 20

EAP: Person contacted at venue to discuss EAP: Emil 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

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