

STUDENTS

09.36 AP.21

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

SCHOOL **TCCHS** FACULTY MEMBER(S) SPONSORING TRIP **CHRIS DRISKILL**

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

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **BASEBALL**

DESTINATION HERITAGE CHRISTIAN ACADEMY

ADDRESS 8349 HOPKINSVILLE BYPASS., HOPKINSVILLE

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/30/26 DEPARTURE TIME 4:00 PM RETURN TIME 8:30 PM

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 516-591

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Candy Hayes Person making contact: Mike Smith

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

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

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

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

Walt [Signature]
Signature of Faculty Sponsor

3/30/26
Date

Approval of Site Based Council Representative [Signature] Date 3-30-26

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 Braun/Lawson

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MSD

DESTINATION 4H Day Camp ADDRESS 7000 4H Camp Rd.

Overnight; give name, address, phone of lodging Dawson Springs, KY 42408

DATE(S) OF TRIP 5/5/26 DEPARTURE TIME ~~9:00~~ 9:00 RETURN TIME 1:00

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 11 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 18

EAP: Person contacted at venue to discuss EAP: Lee Ann McCuiston Person making contact: Lauren Braun

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

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 Braun
Holly Lawson
Danette Campbell

Jemana Shaw
Preston Rager
Jessica Johnson

Philip Clemons

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

Lauren Braun Signature of Faculty Sponsor Date 3/16/26

Approval of Site Based Council Representative [Signature] Date 4-3-26

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 TCHS FACULTY MEMBER(S) SPONSORING TRIP Lauren Brown

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Sped-FMD

DESTINATION TC Library ADDRESS 507 S Main Elkton, Ky.

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/17/26 DEPARTURE TIME 12:00 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP No funding needed - walking

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

NUMBER OF: STUDENTS 5 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 8

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 _____

Jemaria Shaw _____

Preston Rager _____

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

Signature of Faculty Sponsor

3/24/26
Date

Approval of Site Based Council Representative [Signature] Date 3-2-26

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 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

Jemaria Shaw

Philip Clemons

Holly Lawson

Preston Rager

Marla Gillespie

Danette Campbell

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 [Signature] Date 3-2-26

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 Brown/Lawson

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FMD class

DESTINATION Bowling Green Hot Rods ADDRESS E 8th Ave Bowling Green, Ky

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/22/26 DEPARTURE TIME 9:00 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP ~~School Employee(s) Attending Trip~~ TCCHS

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

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 25

EAP: Person contacted at venue to discuss EAP: Griffin Sahli Person making contact: Lauren Brown

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

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

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

Lauren Brown _____ Danette Campbell _____
Holly Lawson _____ Preston Rager _____ Phillip Clemmer _____
Jessica Johnson _____ Jemaria Shaw _____

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

Lauren Brown _____ 3/11/26 _____
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative [Signature] Date 4-3-26

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 TCHS 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 2022 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

Date 3-23-22

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 NJES ADDRESS 7300 Greenville Rd, Elkton

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

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 _____

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE

TYPE OF TRIP (CHECK ONE):

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

DESTINATION NATIONAL BETA CONVENTION ADDRESS NASHVILLE, TN

Overnight; give name, address, phone of lodging Gaylord Opryland Hotel
Nashville, TN

DATE(S) OF TRIP JUNE 16-20 DEPARTURE TIME APPROX. 12:00 PM RETURN TIME 2:00 PM

SOURCE OF FUNDING FOR TRIP TCCHS BETA

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: sales 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: 911/security

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

Lisa Petrie possibly Evan Cantarelli

Carrie Tobar

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

Lisa Petrie March 23rd, 2026

Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative [Signature] Date 4-3-26

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 & 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 ① Frist Art Museum + ② Tennessee Museum

ADDRESS ① 919 Broadway, Nash. TN 37203 / ② 1000 Rossal Parks Blvd Nash. TN, 37208

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/8/26 DEPARTURE TIME 8:00am RETURN TIME 4:00 pm

DEPARTURE LOCATION: TCCHS COACH CONTACT # 615-561-6987

SOURCE OF FUNDING FOR TRIP Students will pay

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: Notice 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: phone

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).

[Signature] Signature of Faculty Sponsor Date 3/17/26

Approval of Site Based Council Representative [Signature] Date 4-3-26

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 _____

Itinerary:
8:00 - Leave school
9:00 - Arrive @ McDonalds - 3300 Dickerson Pk.
10:00 - Arrive @ Frist
10:55 - Leave
11:00 - Arrive @ TN state Museum
continued →

STUDENTS

09.36 AP.21

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

SCHOOL ICCHS FACULTY MEMBER(S) SPONSORING TRIP Natassja Clark

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Techs Yearbook

DESTINATION Chilis ADDRESS 2127 Lowes Dr, Clarksville, TN

Overnight; give name, address, phone of lodging _____

April 16th

DATE(S) OF TRIP ~~April 16-17, 2016~~ DEPARTURE TIME ~~10:00~~ 11:00 RETURN TIME 2:00

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 24 FACULTY SPONSORS 2 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):

Natassja Clark
Leliani Campbell

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

[Signature] *Signature of Faculty Sponsor* Date 3-12-26

Approval of Site Based Council Representative [Signature] Date 4-3-26

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 _____

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

SCHOOL TCHS

FACULTY MEMBER(S) SPONSORING TRIP

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Sports Plex Hopkinsville - Jobfest

ADDRESS 155 Tilley Way Hopkinsville, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/23 DEPARTURE TIME TBA RETURN TIME _____

DEPARTURE LOCATION: TCHS COACH CONTACT # _____

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 24

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): _____

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

[Signature]
Signature of Faculty Sponsor

3/9/20
Date

Approval of Site Based Council Representative [Signature] Date 4-3-20

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 _____

Regionals

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP RICK MARTIN

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: ARCHERY

DESTINATION CAMPBELLSVILLE ELEMENTARY SCHOOL

ADDRESS 315 ROBERT'S RD., CAMPBELLSVILLE

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/16/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (931) 206-0870

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 32

EAP: Person contacted at venue to discuss EAP: Steve Doss Person making contact: Mike Smith

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

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

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

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

Val Doss
Signature of Faculty Sponsor

3/11/20
Date

Approval of Site Based Council Representative [Signature] Date 3-12-26

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 _____