

## Todd/Muhlenberg Migrant Education Summer Plan Narrative 2026

Our current enrollment include 187 students, most of whom will be eligible for summer learning services. These include 14 out of school youth, 16 preschool aged students, and 157 who are rising K-12<sup>th</sup> grade students. We intend to serve all these students in addition to the others we locate between now and the first day of school in August.

We will encourage and facilitate participation in any applicable summer programming that will be offered by local schools and community organizations. We intend to supplement these offerings as outlined below. We will continue to serve preschoolers after a successful program last year when we received the preschool Incentive Grant from KDE. It was well received by parents and students alike and we would like to continue it as long as possible.

Learning loss and physical/mental wellness continues to be a big concern for our parents. In response to these concerns, we seek to address both academic learning loss and the physical and mental health issues that have presented themselves in our students. Students will explore various topics including:

- Reading Comprehension Strategies (K-12)
- Vocabulary Development (PreK-12)
- Site Based Activities for Kindergarten Readiness (PreK)
- Nutrition/Cooking/Healthy Eating/Food Safety (PreK-12)
- Physical Fitness (PreK-12)
- Self-Care Strategies/Managing Stress and Anxiety (PreK-12)
- Friendship/Social Skills Development/Team Building (PreK-12)
- Water Safety/Swimming Lessons (1-12)
- STEAM Application (PreK-8)
- Career Readiness- Applications, Interviews, Public Speaking (9-12)
- Home Based Instruction Designed to Maintain Math & ELA Skills (K-12 as needed)
- Home Based English as a Second Language/Practical Living Skills (Out of School Youth)
- Parenting Strategies/Mental Health Awareness (Parents)

Transportation will be provided to all our PreK-12 Todd and Muhlenberg students.

Services will be provided in a variety of ways including in-person day camps for PreK-12, overnight camps for middle and high schoolers, and home based study. We have secured North Todd Elementary as our home base for in-district activities provided by the MEP and have plans to collaborate with Bowling Green Parks and Recreation, Todd County Extension Services, Todd County Library, and Todd County AXIS to provide services.

We have also secured the facilities at the West KY 4-H Camp for our overnight camp for 4th-12th graders on June 19-21 and for a family day to include our PreK-3rd graders and parents of students of all ages.

Our regional staff are also offering the Student Leadership Institute for high school students in person at Murray State University on June 7-13 and a Middle School Camp at KY Dam Village on June 30-July 3. The region is covering all costs associated with their camps except for basic supplies students might need for full participation

Students who travel during our formal scheduled activities, those who need additional help, and new arrivals will be served in the home. We will teach math and ELA skills while addressing physical and mental health concerns.

Out of school students will be offered adult education referrals, English as a Second Language classes, life skills and/or parenting for school readiness services in their homes. We are maintaining relationships with our community partners and will promote other learning opportunities available to all students in both counties.

**Calendar of Events**

May 26-August 1: Home Based Services for OSY, PreK, Struggling Learners K-12

May 26-June 17: Site based programming @ NTES. Programming will include fishing with Todd Co. 4-H and Community Learning with the Todd Co. Library, Todd Co. Extension Office, and Todd Co. AXIS.

June 7-13: Student Leadership Institute sponsored by the West Regional MEP Program at Murray State University for grades 9-12 (College/Career Readiness)

June 18: Experiential Learning/Swimming and Water Safety with Bowling Green Parks and Rec.

June 19-21: Overnight Wellness Camp for 4th-12th graders @ West KY 4-H Camp. June 21 will include a parent involvement/family engagement event.

June 30-July 3: Middle School Camp sponsored by the West Regional MEP at KY Dam Village grades 6-8 (literacy, physical health, survival)

All expenses beyond what is provided by the districts to all students will be covered by MEP.

<b>Required Expenses</b>	<b>Cost Estimate</b>
Diesel	4500 miles @ 1.50 per mile= \$6,750
Personnel- 11 certified teachers (total of approximately 1300 hours). Includes two teachers who will drive routes.	\$27/per hour x 1300 hours + 25% Fringe= \$43,875
Personnel- Three bus drivers (approximately 290 hours)	\$18/hour x 290 hours + 35% Fringe= \$7,047
Personnel- Aide/Monitor (approximately 80 hours)	\$12/hour x 80 hours + 35% Fringe= \$1,296
Fees/Admissions	\$10,000
Instructional Materials	\$500
Supplies	\$1,500
Total Estimate	\$70,968
311L Reallocation Amount	(-\$32,250)
Total Cost to Local MEP	\$38,718

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WKRMEP COLLEGE/CAREER CAMP STUDENT DROP OFF ADDRESS MURRAY STATE UNIVERSITY

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

DATE(S) OF TRIP: 06/07/26 DEPARTURE TIME: 10:00 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 11

EAP: Person contacted at venue to discuss EAP: Sherrill Tanner Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez

Laura Voth

Flor Gun

(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 \_\_\_\_\_

.....  
**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WKRMEP COLLEGE/CAREER CAMP STUDENT PICKUP ADDRESS MURRAY STATE UNIVERSITY

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

DATE(S) OF TRIP: 06/13/26 DEPARTURE TIME: 10:00 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 11

EAP: Person contacted at venue to discuss EAP: Sherrill Tanner Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez

Laura Voth

Flor Gun

(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 \_\_\_\_\_

.....  
**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: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): **ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT**

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 05/26/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez Laura Voth

Maria Lopez Flor Gun

(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 \_\_\_\_\_

.....  
**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 05/27/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez \_\_\_\_\_ Laura Voth \_\_\_\_\_

Maria Lopez \_\_\_\_\_ Flor Gun \_\_\_\_\_

(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 \_\_\_\_\_

.....  
**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 05/28/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez Laura Voth

Maria Lopez Flor Gun

(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 \_\_\_\_\_

**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: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 06/02/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez Laura Voth

Maria Lopez Flor Gun

(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 \_\_\_\_\_

.....  
**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 06/03/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez Laura Voth

Maria Lopez Flor Gun

(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 \_\_\_\_\_

.....  
**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 06/04/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez Laura Voth

Maria Lopez Flor Gun

(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 \_\_\_\_\_

.....  
**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 06/09/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez \_\_\_\_\_ Laura Voth \_\_\_\_\_

Maria Lopez \_\_\_\_\_ Flor Gun \_\_\_\_\_

(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 \_\_\_\_\_

.....  
**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 06/10/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez Laura Voth

Maria Lopez Flor Gun

(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 \_\_\_\_\_

**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: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 06/11/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez Laura Voth

Maria Lopez Flor Gun

(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 \_\_\_\_\_

**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 06/16/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez \_\_\_\_\_ Laura Voth \_\_\_\_\_

Maria Lopez \_\_\_\_\_ Flor Gun \_\_\_\_\_

(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 \_\_\_\_\_

**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY- SITE PROGRAM ADDRESS ELKTON

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

DATE(S) OF TRIP: 06/17/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez \_\_\_\_\_ Laura Voth \_\_\_\_\_

Maria Lopez \_\_\_\_\_ Flor Gun \_\_\_\_\_

(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 \_\_\_\_\_

.....  
**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: NORTH TODD ELEMENTARY/SIMS AQUATIC CENTER ADDRESS ELKTON/BOWLING GREEN

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

DATE(S) OF TRIP: 06/18/26 DEPARTURE TIME: 6:30 AM RETURN TIME: 4:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 110 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 114

EAP: Person contacted at venue to discuss EAP: Laura Boley Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez \_\_\_\_\_ Laura Voth \_\_\_\_\_

Maria Lopez \_\_\_\_\_ Flor Gun \_\_\_\_\_

(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 \_\_\_\_\_

**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

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

SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WEST KY 4H CAMP ADDRESS DAWSON SPRINGS, KY

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

DATE(S) OF TRIP: 06/19/26-06/21/26 DEPARTURE TIME: 2:00 PM 06/19 RETURN TIME: 3:00 PM 06/21

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 6 TOTAL # OF PARTICIPANTS 46

EAP: Person contacted at venue to discuss EAP: Sherrill Tanner Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez \_\_\_\_\_ Laura Voth \_\_\_\_\_

Maria Lopez \_\_\_\_\_ Flor Gun \_\_\_\_\_

(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 \_\_\_\_\_

**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: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ

TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: WKRMEP MIDDLE SCHOOL CAMP DROP OFF ADDRESS KY DAM VILLAGE

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

DATE(S) OF TRIP: 06/30/26 DEPARTURE TIME: 6:00 AM RETURN TIME: 12:30 PM

DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235

SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 11

EAP: Person contacted at venue to discuss EAP: Sherrill Tanner Person making contact: Pablo Ramirez

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

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

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

Pablo Ramirez

Laura Voth

Flor Gun

(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 \_\_\_\_\_

.....  
**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

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

**SCHOOL: TODD COUNTY MIGRANT PROGRAM FACULTY MEMBER(S) SPONSORING TRIP: PABLO RAMIREZ**

**TYPE OF TRIP (CHECK ONE): ORGANIZATION/CLUB TRIP- TODD COUNTY MIGRANT**

Organization requesting the Trip / Organization responsible for Payment: MEP

**DESTINATION: WKRMEP MIDDLE SCHOOL CAMP PICK UP ADDRESS KY DAM VILLAGE**

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

**DATE(S) OF TRIP: 07/03/26 DEPARTURE TIME: 6:00 AM RETURN TIME: 12:30 PM**

**DEPARTURE LOCATION: TCBOE COACH CONTACT # 8636241235**

**SOURCE OF FUNDING FOR TRIP: MIGRANT 311 M GRANT**

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

**NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 11**

**EAP: Person contacted at venue to discuss EAP: Sherrill Tanner Person making contact: Pablo Ramirez**

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

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

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

Pablo Ramirez

Laura Voth

Flor Gun

(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 \_\_\_\_\_

**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