

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

SCHOOL TCMS

FACULTY MEMBER(S) SPONSORING TRIP Wen Deal

TYPE OF TRIP (CHECK ONE): Boys Soccer

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION UHA

ADDRESS 1300 ACADEMY DRIVE, HOPKINSVILLE, KY 42230

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/1/26 DEPARTURE TIME 4:15 PM RETURN TIME 7:30 PM

DEPARTURE LOCATION: _____ COACH CONTACT # _____

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Michael Parker Person making contact: McGhee

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

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

4/24/26
Date

Approval of Site Based Council Representative [Signature] Date 4/27/24

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 TCMS

FACULTY MEMBER(S) SPONSORING TRIP TONY CARACCIOLO

TYPE OF TRIP (CHECK ONE): Girls Soccer

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION

UHA

ADDRESS

1300 ACADEMY DRIVE, HOPKINSVILLE, KY 42230

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/27/26 DEPARTURE TIME 4:15 PM RETURN TIME 7:30 PM

DEPARTURE LOCATION:

COACH CONTACT #

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 22

EAP: Person contacted at venue to discuss EAP: Michael Paves Person making contact: Meber

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

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

4/24/26
Date

Approval of Site Based Council Representative [Signature] Date 4/27/26

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCMS 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 23-27 DEPARTURE TIME APPROX. 12:00 PM RETURN TIME 2:00 PM

SOURCE OF FUNDING FOR TRIP TCMS BETA

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 18

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
Amber McCuiston

(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 _____ Date _____

District Use Only

Section 2

Approval of District Representative [Signature] Date 4/27/20

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP : HEATHER DIPASQUALE

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

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

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

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP: MAY 7, 2026 DEPARTURE TIME 8:20 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 32 BUS 1 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS ?

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 of Faculty Sponsor _____ *Date* _____
Approval of Site Based Council Representative *Heather Dipasquale* Date 4/27/21

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 _____