

STUDENTS

09.36 AP.21

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

SCHOOL SOUTH TODD ELEMENTARY SCHOOL FACULTY MEMBER(S) SPONSORING TRIP 5TH GRADE/TCMS

TYPE OF TRIP (CHECK ONE):

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

DESTINATION TCMS ADDRESS 515 W MAIN ST ELKTON

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

DATE(S) OF TRIP 5-11-26 DEPARTURE TIME 12:45 (ARRIVE AT TCMS BY 1:00) RETURN TIME 2:30?

SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 76 FACULTY SPONSORS 6 TOTAL # OF PARTICIPANTS 82

EAP: Person contacted at venue to discuss EAP: K Davis Person making contact: J Oyler

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: Admin

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

Rachel Meyer Brad Balmer  
Krista Stratton Ashly Wofford  
Karly Byler Taylor Wilson

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

Jennifer Oyle 4-28-26  
Signature of Faculty Sponsor Date  
Approval of Site Based Council Representative Carrie Tolber Date 4-28-26

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