

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY & QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

KY FFA State Convention

Hyatt Regency

401 W High St. Lexington, KY 40511

DATE(S) OF TRIP: JUNE 9-11, 2026

DEPARTURE TIME 5:30 A.M. (JUNE 9)

RETURN TIME: 3:00 P.M. (JUNE 11)

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Front Desk Staff
Person making contact: Shayla Berry

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

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

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

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

Shayla Berry

Signature of Faculty Sponsor

5/4/2026

Date

Approval of Site Based Council Representative

Date 5-6-26

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 _____

Request to Place an Item on the Agenda

Name: FFA / Betsy / Quashawon

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: TCCHS FFA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: Travel

Specific Action Requested: permission to travel
KY FFA State Convention overnight
June 9-11, 2026

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS.

FACULTY MEMBER(S) SPONSORING TRIP SHAYLA BERRY & QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

KY FFA Leadership Training Center

111 FFA Camp Rd.

Hardinsburg, KY 40143

DATE(S) OF TRIP: JULY 6-10, 2026

DEPARTURE TIME 8:00 AM (JULY 6)

RETURN TIME: 1:00 PM (JULY 10)

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 17

EAP: Person contacted at venue to discuss EAP: Front Desk Staff
Person making contact: Shayla Berry

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

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

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

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

Shayla Berry

Signature of Faculty Sponsor

5/5/2026

Date

Approval of Site Based Council Representative *[Signature]*

Date 5-6-26

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:

Request to Place an Item on the Agenda

Name: FFA / Berni / Quashawn

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: TCHS FFA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: permission to travel to KY FFA Leadership training Center overnight July 4-10, 2026

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

Van?

STUDENTS

09.36 AP.21

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

SCHOOL TCCUS FACULTY MEMBER(S) SPONSORING TRIP CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION Wendell Ford ADDRESS 4675 State Route 181 N,

Overnight; give name, address, phone of lodging Greenville, Ky 42345

DATE(S) OF TRIP 27 May 2026 DEPARTURE TIME 0800 RETURN TIME 31 May 26

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 7

EAP: Person contacted at venue to discuss EAP: Gavin Hill 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 5-6-26

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 TCHS ADDRESS 515 W. Main St, Ellettsville, KY

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12 May 2026 DEPARTURE TIME 3:00 pm RETURN TIME None

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 19

EAP: Person contacted at venue to discuss EAP: Kim Davis 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 Cert)

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

[Signature] 5 May 2026
Signature of Faculty Sponsor Date
Approval of Site Based Council Representative [Signature] Date 5-6-26

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 _____

Van Only?

09.36 AP.21

STUDENTS

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: JEOTC

DESTINATION Guthrie Freedom Park ADDRESS 218 S Ewing St

Overnight; give name, address, phone of lodging Guthrie, KY

DATE(S) OF TRIP 16 May 2026 DEPARTURE TIME 3:30pm RETURN TIME 6pm

SOURCE OF FUNDING FOR TRIP JEOTC

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

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 7

EAP: Person contacted at venue to discuss EAP: Connie Weller Person making contact: CW3 FAGAN

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

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):

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

5 May 2026

Date

Approval of Site Based Council Representative

Date 5-6-26

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

FACULTY MEMBER(S) SPONSORING TRIP

TYPE OF TRIP (CHECK ONE):

National FBLA Convention

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION

San Antonio, TX

ADDRESS

Henry B. Gonzalez Convention Center

Overnight; give name, address, phone of lodging

DATE(S) OF TRIP Jun 28-Jul 2 DEPARTURE TIME

RETURN TIME

DEPARTURE LOCATION: TCC HS

COACH CONTACT # Madison Froque
210-878-0105

SOURCE OF FUNDING FOR TRIP Perkins

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

NUMBER OF: STUDENTS 2

FACULTY SPONSORS 3

TOTAL # OF PARTICIPANTS 45

EAP: Person contacted at venue to discuss EAP: Sheena Searcy 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): Madison Froque

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

Madison Froque
Signature of Faculty Sponsor

4-30-26
Date

Approval of Site Based Council Representative

[Signature]

Date 5-6-26

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

Request to Place an Item on the Agenda

Name: Madison Froque

Address: Henry B. Gonzalez Convention Center

Telephone number: 270-878-0105

Name of school children attend, if applicable: Todd County Central HS

Group represented: TCCHS FBLA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: Travel

Specific Action Requested: Permission to Travel to National FBLA Convention @ San Antonio, Texas

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Ashley Thomas

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Project Graduation

DESTINATION City Forum ADDRESS Clarksville TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP May 15, 2026 DEPARTURE TIME 11:00 RETURN TIME 4:00

SOURCE OF FUNDING FOR TRIP Board of Education

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

NUMBER OF: STUDENTS 250 FACULTY SPONSORS 10 TOTAL # OF PARTICIPANTS 260

EAP: Person contacted at venue to discuss EAP: Carlie Moseley Person making contact: Event Manager

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):

Ashley Thomas - not trained _____

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

Ashley Thomas Signature of Faculty Sponsor Date 4/15/26

Approval of Site Based Council Representative _____ Date 4-29-26

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 _____

Request to Place an Item on the Agenda

Name: Project Graduation / A. Thomas

Address: TCCHS

Telephone number: 270 210 2506

Name of school children attend, if applicable: TCCHS

Group represented: Seniors

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: permission to travel to City Forum for project grad.

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP L. Quarles

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Todd County Park ADDRESS _____

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP May 15th DEPARTURE TIME _____ RETURN TIME _____

SOURCE OF FUNDING FOR TRIP _____

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

2 buses

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ 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

Approval of Site Based Council Representative _____

Date

Date 4-30-26

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 _____