

self-transport

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP CHARLIE BROOKS

TYPE OF TRIP (CHECK ONE): TCCHS BASKETBALL CAMPS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: BOYS BASKETBALL

DESTINATION GEORGE ROGERS CLARK HIGH SCHOOL

ADDRESS 2745 BOONESBORO RD., WINCHESTER

Overnight; give name, address, phone of lodging TBA

DATE(S) OF TRIP 6/18-20/26 DEPARTURE TIME TBA RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (931) 206-5377

SOURCE OF FUNDING FOR TRIP TCCHS GIRLS BASKETBALL

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Terry Yeast 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).

[Signature]  
Signature of Faculty Sponsor

5/19/26  
Date

Approval of Site Based Council Representative [Signature] Date 5-19-26

**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: Charlie Brooks, Lee Weaver, + Mike Smith

Address: 506 S. Main St. Elletts, KY 42220

Telephone number: 270 265-2806

Name of school children attend, if applicable: TCMS

Group represented: Girls Basketball

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Lee Weaver + Mike Smith

Description of Issue: Participating in a summer camp at George Roger Clark HS on June 18-20, 2006. Will be staying in a hotel on June 18-19. Girls Basketball will compensate the board for expenses if needed. Also they will be self-transporting.

Specific Action Requested: overnight trip

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

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **TERRENCE WILLIAMS**

TYPE OF TRIP (CHECK ONE): **TCCHS BASKETBALL CAMPS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **BOYS BASKETBALL**

DESTINATION LOGAN COUNTY HIGH SCHOOL

ADDRESS 2200 BOWLING GREEN RD., RUSSELLVILLE

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

DATE(S) OF TRIP 6/16/26 DEPARTURE TIME 1:30 PM RETURN TIME TBA

DEPARTURE LOCATION: TCCHS Gym COACH CONTACT # (786) 385-5541

SOURCE OF FUNDING FOR TRIP TCCHS BOYS BASKETBALL

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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 TOTAL # OF PARTICIPANTS 24

EAP: Person contacted at venue to discuss EAP: Todd Adler 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 Dyer

Signature of Faculty Sponsor

5/19/26

Date

Approval of Site Based Council Representative [Signature] Date 5-19-26

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09.36 AP.21

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

SCHOOL **TCCHS**

FACULTY MEMBER(S) SPONSORING TRIP **TERRENCE WILLIAMS**

TYPE OF TRIP (CHECK ONE): **TCCHS BASKETBALL CAMPS**

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: **BOYS BASKETBALL**

DESTINATION **RUSSELLVILLE HIGH SCHOOL**

ADDRESS **1101 W. 9<sup>TH</sup> ST., RUSSELLVILLE**

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

DATE(S) OF TRIP **6/2/26** DEPARTURE TIME **TBA** RETURN TIME **TBA**

DEPARTURE LOCATION: **TCCHS Gym** COACH CONTACT # **(786) 385-5541**

SOURCE OF FUNDING FOR TRIP **TCCHS ATHLETICS Boys Basketball**

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

NUMBER OF: STUDENTS **20** FACULTY SPONSORS **4** TOTAL # OF PARTICIPANTS **24**

EAP: Person contacted at venue to discuss EAP: **???** 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 Oshy*  
Signature of Faculty Sponsor

**5/19/26**  
Date

Approval of Site Based Council Representative *[Signature]* Date **5-19-26**

**District Use Only**

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