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

SCHOOL TCCHS

FACULTY MEMBER(S) SPONSORING TRIP QUASHAWN QUARLES

TYPE OF TRIP (CHECK ONE):
Organization requesting the Trip / Organization responsible for Payment: FFA

DESTINATION : LOCUST TRACE AGRI-SCIENCE CENTER LEXINGTON, KY

DATE(S) OF TRIP: JUNE 16-17TH

DEPARTURE TIME 2PM

RETURN TIME: 6PM

SOURCE OF FUNDING FOR TRIP : FFA

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

NUMBER OF: STUDENTS ____4____ **FACULTY SPONSORS** ____1____ **TOTAL # OF PARTICIPANTS** ___5___

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: ☐x Yes☐ No If yes, how are they contacted: LPD

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

[redacted] _____ [redacted] _____

(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 6-22-26

District Use Only

Section 2

Approval of District Representative _____ Date 8-6-26

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 _____

Premission to Drive themselves

STUDENTS (seniors only) 09.36 AP.21

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

SCHOOL TCHS **FACULTY MEMBER(S) SPONSORING TRIP** Frogue

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FBLA

DESTINATION Ekton Square **ADDRESS** Welcome Center

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Aug 13 **DEPARTURE TIME** 8:00 **RETURN TIME** 9:45

SOURCE OF FUNDING FOR TRIP FBLA / FREE

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

NUMBER OF: STUDENTS 3 **FACULTY SPONSORS** 0 **TOTAL # OF PARTICIPANTS** 3

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).

Madison Frogue 8-1-26

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date 8-6-26

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 Van Needed Sub Needed

STUDENTS 09.36 AP.21

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

SCHOOL TCCHS **FACULTY MEMBER(S) SPONSORING TRIP** FROGUE/Gillespi

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FBLA

DESTINATION WKU **ADDRESS** _____

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Oct 23, 24 **DEPARTURE TIME** 6:50 **RETURN TIME** 3

SOURCE OF FUNDING FOR TRIP FBLA

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

NUMBER OF: STUDENTS 6 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 8

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):

Madison Frogue — CPR

Maria Gillespie — CPR

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

Madison Frogue _____

Signature of Facility Sponsor *Date*

Approval of Site Based Council Representative _____ Date 8-6-24

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

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

SCHOOL TCHS / TCMS **FACULTY MEMBER(S) SPONSORING TRIP** CW3 FAGAN

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: JROTC

DESTINATION Ft. CAMPBELL **ADDRESS** 6883 Air Assault St Ft. Campbell, Ky 42223

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 18 Sep 2024 **DEPARTURE TIME** 0730 **RETURN TIME** 1:00pm

SOURCE OF FUNDING FOR TRIP JROTC

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

NUMBER OF: STUDENTS 40 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 42

EAP: Person contacted at venue to discuss EAP: Yates, Sutton 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 3 Aug 24 *Date*

Approval of Site Based Council Representative _____ Date 8-6-24

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 _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: *7/27/2026* **Date of Event:** *9/26/2026*

Organization: *TCCHS Band* **School:** *TCCHS*

Number of Passengers: *40*

Type of Trip *(Check One)*

☐ *In-County Instructional* ☐ *In-County Athletic* ☐ *Other: (Explain In Detail)*

☒ *Out-of-County Instructional* ☐ *Out-of-County Athletic*

☐ *Out-of-State Instructional* ☐ *Out-Of-State Athletic*

Destination *(Event, City, and State): Logan County Marching Competition*

Planned Stops To and From: NA

Departing Location: *TCCHS* **Date of Departure:** *9/26/2026* **Time of Departure:** *TBD*

Returning Location: *TCCHS* **Date of Return:** *9/26/2026* **Time of Return: TBD**

Chaperone/s: Mike Dipasquale **Chaperone's Phone: 2707993006**

Special Requests *(Check One)*

☐ *Van* ☐ *Wheelchair Accessible* ☐ *Monitor* ☐ *Other: (Explain In Detail)*

If requesting the Van, has the person driving been certified and approved to drive? ☐ *Yes* ☐ *No (Check One)*

Person Driving Van: Click here to enter text. **Trip Requested By:** *Mike DiPasquale*

Organization Responsible for Payment: *SBDM*

Approval of Site Based Council Representative _____ **Date** 8-6-26

Section 2 **DISTRICT USE ONLY**

Approval of District Representative _____ **Date:** _____

Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS**

Date/Time of Departure: _____ **Odometer Start:** _____

Date/Time of 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

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: *7/27/2026* **Date of Event: 10/31/2026**

Organization: *TCCHS Band* **School:** *TCCHS*

Number of Passengers: *40*

Type of Trip *(Check One)*

☐ *In-County Instructional* ☐ *In-County Athletic* ☐ *Other: (Explain In Detail)*

☒ *Out-of-County Instructional* ☐ *Out-of-County Athletic*

☐ *Out-of-State Instructional* ☐ *Out-Of-State Athletic*

Destination *(Event, City, and State): Kentucky State Marching Band Championships, Campbellsville University Campbellsville, KY*

Planned Stops To and From: food/bathroom stop at Cave City

Departing Location: *TCCHS* **Date of Departure:** *10/30/2026* **Time of Departure:** *afternoon*

Returning Location: *TCCHS* **Date of Return:** *11/1/2026* **Time of Return: Noon**

Chaperone/s: Mike DiPasquale **Chaperone's Phone: 2707993006**

Special Requests *(Check One)*

☐ *Van* ☐ *Wheelchair Accessible* ☐ *Monitor* ☐ *Other: (Explain In Detail)*

If requesting the Van, has the person driving been certified and approved to drive? ☐ *Yes* ☐ *No (Check One)*

Person Driving Van: Click here to enter text. **Trip Requested By:** *Mike DiPasquale*

Organization Responsible for Payment: *SBDM*

Approval of Site Based Council Representative _____ **Date** 8-6-26

Section 2 **DISTRICT USE ONLY**

Approval of District Representative _____ **Date:** _____

Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS**

Date/Time of Departure: _____ **Odometer Start:** _____

Date/Time of 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

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: *7/27/2026* **Date of Event:** *10/17/2026*

Organization: *TCCHS Band* **School:** *TCCHS*

Number of Passengers: *40*

Type of Trip *(Check One)*

☐ *In-County Instructional* ☐ *In-County Athletic* ☐ *Other: (Explain In Detail)*

☒ *Out-of-County Instructional* ☐ *Out-of-County Athletic*

☐ *Out-of-State Instructional* ☐ *Out-Of-State Athletic*

Destination *(Event, City, and State): Christian County Marching Competition*

Planned Stops To and From: NA

Departing Location: *TCCHS* **Date of Departure:** *10/17/2026* **Time of Departure:** *TBD*

Returning Location: *TCCHS* **Date of Return:** *10/17/2026* **Time of Return: TBD**

Chaperone/s: Mike DiPasquale **Chaperone's Phone: 2707993006**

Special Requests *(Check One)*

☐ *Van* ☐ *Wheelchair Accessible* ☐ *Monitor* ☐ *Other: (Explain In Detail)*

If requesting the Van, has the person driving been certified and approved to drive? ☐ *Yes* ☐ *No (Check One)*

Person Driving Van: Click here to enter text. **Trip Requested By:** *Mike DiPasquale*

Organization Responsible for Payment: *SBDM*

Approval of Site Based Council Representative _____ **Date** 8.6.25

Section 2 **DISTRICT USE ONLY**

Approval of District Representative _____ **Date:** _____

Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS**

Date/Time of Departure: _____ **Odometer Start:** _____

Date/Time of 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

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: *7/27/2026* **Date of Event:** *9/12/2026*

Organization: *TCCHS Band* **School:** *TCCHS*

Number of Passengers: *40*

Type of Trip *(Check One)*

☐ *In-County Instructional* ☐ *In-County Athletic* ☐ *Other: (Explain In Detail)*

☒ *Out-of-County Instructional* ☐ *Out-of-County Athletic*

☐ *Out-of-State Instructional* ☐ *Out-Of-State Athletic*

Destination *(Event, City, and State): Franklin-Simpson Marching Competition*

Planned Stops To and From: NA

Departing Location: *TCCHS* **Date of Departure:** *9/12/2026* **Time of Departure:** *TBD*

Returning Location: *TCCHS* **Date of Return:** *9/12/2026* **Time of Return: TBD**

Chaperone/s: Mike DiPasquale **Chaperone's Phone: 2707993006**

Special Requests *(Check One)*

☐ *Van* ☐ *Wheelchair Accessible* ☐ *Monitor* ☐ *Other: (Explain In Detail)*

If requesting the Van, has the person driving been certified and approved to drive? ☐ *Yes* ☐ *No (Check One)*

Person Driving Van: Click here to enter text. **Trip Requested By:** *Mike DiPasquale*

Organization Responsible for Payment: *SBDM*

Approval of Site Based Council Representative _____ **Date** 8-6-26

Section 2 **DISTRICT USE ONLY**

Approval of District Representative _____ **Date:** _____

Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS**

Date/Time of Departure: _____ **Odometer Start:** _____

Date/Time of 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

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: *7/27/2026* **Date of Event:** *KMEA Marching Band Regionals*

Organization: *TCCHS Band* **School:** *TCCHS*

Number of Passengers: *40*

Type of Trip *(Check One)*

☐ *In-County Instructional* ☐ *In-County Athletic* ☐ *Other: (Explain In Detail)*

☒ *Out-of-County Instructional* ☐ *Out-of-County Athletic*

☐ *Out-of-State Instructional* ☐ *Out-Of-State Athletic*

Destination *(Event, City, and State): Franklin-Simpson OR Christian County*

Planned Stops To and From: NA

Departing Location: *TCCHS* **Date of Departure:** *10/24/2026* **Time of Departure:** *TBD*

Returning Location: *TCCHS* **Date of Return:** *10/24/2026* **Time of Return: TBD**

Chaperone/s: Mike DiPasquale **Chaperone's Phone: 2707993006**

Special Requests *(Check One)*

☐ *Van* ☐ *Wheelchair Accessible* ☐ *Monitor* ☐ *Other: (Explain In Detail)*

If requesting the Van, has the person driving been certified and approved to drive? ☐ *Yes* ☐ *No (Check One)*

Person Driving Van: Click here to enter text. **Trip Requested By:** *Mike DiPasquale*

Organization Responsible for Payment: *SBDM*

Approval of Site Based Council Representative _____ **Date** 8-6-26

Section 2 **DISTRICT USE ONLY**

Approval of District Representative _____ **Date:** _____

Section 3 **DRIVER – TURN THIS FORM IN WITH TIMESHEETS**

Date/Time of Departure: _____ **Odometer Start:** _____

Date/Time of 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 Grades 4 and up 09.36 AP.21

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

SCHOOL TCMS / TCCHS / NTE / STE FACULTY MEMBER(S) SPONSORING TRIP Dr. Lisa Petrie

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Beta (TCCHS)

DESTINATION Alhambra Hopkinsville ADDRESS Hopkinsville

☐ Overnight; give name, address, phone of lodging NA - We will Stop for DINNER

DATE(S) OF TRIP September 16 DEPARTURE TIME 4:30 RETURN TIME 10:00pm

SOURCE OF FUNDING FOR TRIP TCCHS BETA

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

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 3 TOTAL # OF PARTICIPANTS 53

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: Call 911

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

Lisa Petrie others announced upon volunteering

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

Dr. Lisa Petrie 9-27-26

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date 8-6-25

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 TCCHS **FACULTY MEMBER(S) SPONSORING TRIP** Dr. Lisa Petrie

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Beta

DESTINATION Berea College **ADDRESS** Berea KY

☐ Overnight; give name, address, phone of lodging Stuart Cottage - ON Campus

DATE(S) OF TRIP September tBA **DEPARTURE TIME** 8:00 **RETURN TIME** 3:00

SOURCE OF FUNDING FOR TRIP Beta - OVERNIGHT - USE VAN

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: _____ Person making contact: Ust Petrie

Is there an Automated External Defibrillator (AED) on site: ☑ Yes ☐ No If yes, where: SEVERAL SITES

Does the venue have an Emergency Response Team: ☐ Yes ☑ No If yes, how are they contacted: CALL 911 or campus Security

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

Lisa Petrie

(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 8-6-25

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 TCCHS FACULTY MEMBER(S) SPONSORING TRIP GEORGE RIDDICK

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: FOOTBALL

DESTINATION DAVIESS COUNTY HIGH SCHOOL

ADDRESS 4255 NEW HARTFORD RD., OWENSBORO

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 8/7/26 DEPARTURE TIME 3:30 P.M. RETURN TIME 11:00 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (270) 305-2782

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

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

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 37

EAP: Person contacted at venue to discuss EAP: David Sandifer 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 of Faculty Sponsor *Date* 7/27/26

Approval of Site Based Council Representative _____ Date 7-27-26

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 _____

Request to Place an Item on the Agenda

Name: Terrance Wilkins, Lee Quates, Mike Smith

Address: PO65 S. Main St. Elkton, KY 42220

Telephone number: 270 265 2506

Name of school children attend, if applicable: TCHS

Group represented: Boys Basketball

Check if request was submitted to: ☑ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): Lee Quates & Mike Smith

Description of Issue: Participating in the Inn's Free Hotels / Pensacola Beach Basketball Tournament on Dec 28th, 29th, & 30th, 2026 They will spend 3 nights and will self-transport

Specific Action Requested: out-of-state and oversight reports

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 ***TCCHS.***

FACULTY MEMBER(S) SPONSORING TRIP ***SHAYLA BERRY***

TYPE OF TRIP (CHECK ONE):
Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

Regional FFA Land Judging – Elkton, KY

DATE(S) OF TRIP: OCTOBER 15, 2026

DEPARTURE TIME 10:00 A.M.

RETURN TIME: 3:30 PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS ___4_____ **FACULTY SPONSORS** ___1_____ **TOTAL # OF PARTICIPANTS** ____5___

EAP: Person contacted at venue to discuss EAP: Victoria Mohon
Person making contact: Shayla Berry

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

Does the venue have an Emergency Response Team: ☐ Yes ☐x No If yes, how are they contacted: *911*

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 8/4/26
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date 8-6-26

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 *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 :

Pennyrile Region FFA Ag Sales & Job Interview Contest –

Madisonville, KY

DATE(S) OF TRIP: DECEMBER 11, 2026

DEPARTURE TIME 8:00 AM

RETURN TIME: 4:00 PM

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS __5__ FACULTY SPONSORS __3__ TOTAL # OF PARTICIPANTS __8__

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:

Does the venue have an Emergency Response Team: ☐x Yes ☐ No If yes, how are they contacted: *Madisonville 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).

Signature of Faculty Sponsor *Date* 8/14/26

Approval of Site Based Council Representative _____ Date 8-6-26

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

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

SCHOOL TCCHS **FACULTY MEMBER(S) SPONSORING TRIP** Westerman

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION WKU- Diddle Arena **ADDRESS** 1005 Champions Way, Bowling Green, KY

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 9/23/2026 **DEPARTURE TIME** 8:15 **RETURN TIME** 2:30

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 100 **FACULTY SPONSORS** 4 **TOTAL # OF PARTICIPANTS** 104

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):

Lelani Campbell — Rachel Westerman

Maria Gillespie

Stephanie Schmidt

(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 8-6-26

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: Berry/Quarles

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: FFA

Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: Travel

Specific Action Requested: KY State Vet Science & Horse Evaluation.

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

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

SCHOOL ***TCCHS.***

FACULTY MEMBER(S) SPONSORING TRIP ***SHAYLA BERRY, OUASHAWN OUARLES***

TYPE OF TRIP (CHECK ONE):
Organization requesting the Trip / Organization responsible for Payment: Ag Dept/ Perkins Funding

DESTINATION :

Kentucky State Veterinary Science & Horse Evaluation Contest

Murray, KY

DATE(S) OF TRIP: NOVEMBER 19-20, 2026

DEPARTURE TIME 4:00 P.M. (NOVEMBER 19)

RETURN TIME: 4:30 PM (NOVEMBER 20)

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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

NUMBER OF: STUDENTS ___8_____FACULTY SPONSORS ___2____TOTAL # OF PARTICIPANTS ____10___

EAP: Person contacted at venue to discuss EAP: Christy Watkins
Person making contact: Shayla Berry

Is there an Automated External Defibrillator (AED) on site: ☐x Yes ☐ No If yes, where: Central Office

Does the venue have an Emergency Response Team: ☐x Yes ☐ No If yes, how are they contacted: *Murray 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).

Signature of Faculty Sponsor *Date* 8/4/26

Approval of Site Based Council Representative Date 8-6-26

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: Berry Quarles

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: FFA

Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: FFA convention in Indianapolis IN

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

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 :

National FFA Convention – Indianapolis, IN

DATE(S) OF TRIP: OCTOBER 21-24, 2026

DEPARTURE TIME 6:00 A.M. (OCTOBER 21)

RETURN TIME: 3:00 PM (OCTOBER 24)

SOURCE OF FUNDING FOR TRIP : PERKINS FUNDING

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: Matt Chaliff
Person making contact: Shayla Berry

Is there an Automated External Defibrillator (AED) on site: ☐x Yes ☐ No If yes, where: Multiple, located and labeled on walls

Does the venue have an Emergency Response Team: x☐ Yes ☐ No If yes, how are they contacted: *317-927-7520*

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

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

Shayla Berry 8/4/26
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative [signature] Date 8-6-26

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: L. Petric

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: Beta

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 Bowling Green KY Thursday return over night

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

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

SCHOOL TCMS/TCHS **FACULTY MEMBER(S) SPONSORING TRIP** Dr. Lisa Petrie

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: TCBETA

DESTINATION BowlingGreen **ADDRESS** KNICELY CENTER

☐ Overnight; give name, address, phone of lodging Holiday Inn 1021 Wilkerson TRACE Bowling Green, KY - Hotel is walking DISTANCE to KNICELY CENTER

DATE(S) OF TRIP Oct. 12-13 **DEPARTURE TIME** 8:00AM **RETURN TIME** 3:00PM

SOURCE OF FUNDING FOR TRIP BETA CLUB - HS BETA / TCMS BETA

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

NUMBER OF: STUDENTS 40 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 42

EAP: Person contacted at venue to discuss EAP: ~~[illegible]~~ FRONT DESK 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: Call 911

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

Dr. Lisa Petrie

Other Staff pending Approval

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

Dr. Lisa Petrie 7-27-26

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date 8-6-25

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: FBLA - M. Froque

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: FBLA

Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: permission to travel Nissan Stadium in Nashville TN

Specific Action Requested: Travel

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

Request School Van Sub Needed.

STUDENTS 09.36 AP.21

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

SCHOOL TCCHS **FACULTY MEMBER(S) SPONSORING TRIP** Frogue / Gillespie

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: FBLA

DESTINATION Nashville, TN **ADDRESS** Nissan Stadium

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Oct. 13, 2026 **DEPARTURE TIME** 8:00 **RETURN TIME** 3:00

SOURCE OF FUNDING FOR TRIP Students pay $35/ea.

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

NUMBER OF: STUDENTS 5 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 7

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):

Marla Gillespie — CPR

Madison Frogue — CPR

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

Madison Frogue 8-1-26

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date 8-6-26

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):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Sports Plex

ADDRESS 100 Tilley Way, Hopkinsville KY

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/22/27 **DEPARTURE TIME** 8:30 **RETURN TIME** 11:30

DEPARTURE LOCATION: TCCHS **COACH CONTACT #** _____

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS TBD **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).

Jennifer Wallace

Signature of Faculty Sponsor ***Date***

Approval of Site Based Council Representative _____ Date 8-6-26

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

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

SCHOOL TCHS **FACULTY MEMBER(S) SPONSORING TRIP** Westerman

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION Novelis **ADDRESS** 8155 Old Railroad Lane, Guyton

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/3/2026 **DEPARTURE TIME** _____ **RETURN TIME** ____

SOURCE OF FUNDING FOR TRIP _____

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: _____ 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):

R. Westerman _____

M. Billespie _____

_____

_____

_____

_____

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

Richard Westerman 8/6/26

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date 8-6-26

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 TCCHS **FACULTY MEMBER(S) SPONSORING TRIP** Rachel Wolfson

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Martin Till

ADDRESS 201 Elk Fork Road, Elkton, KY 42220

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/0 **DEPARTURE TIME** 8:30 **RETURN TIME** 10:30-11

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 15 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 17

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: T. Primm

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).

Rachel L Wolfson/ca 8/6/2024

Signature of Faculty Sponsor ***Date***

Approval of Site Based Council Representative _____ Date 8-6-24

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 _____

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

SCHOOL **FACULTY MEMBER(S) SPONSORING TRIP**

TYPE OF TRIP (CHECK ONE):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Cisaplast

ADDRESS 101 Industrial Drive, Elkton, KY

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 1/14/27 **DEPARTURE TIME** 8:30 **RETURN TIME** 10:30

DEPARTURE LOCATION: TCCHS **COACH CONTACT #** [redacted]

SOURCE OF FUNDING FOR TRIP _____

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: _____ 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).

Russell Watterson 8/6/2024

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date 8-6-25

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):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION TRAD

ADDRESS 750 Front Jost Lane, Hopkinsville, KY

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/9/27 **DEPARTURE TIME** 8:15 **RETURN TIME** 2pm

DEPARTURE LOCATION: TCCHS **COACH CONTACT #** [redacted]

SOURCE OF FUNDING FOR TRIP _____

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: _____ Person making contact: T. Penn

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*** 8/20/2026

Approval of Site Based Council Representative _____ Date 8-6-26

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):

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Martinrea

ADDRESS 1500 Frank Yost Lane, Hopkinsville

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/4/27 **DEPARTURE TIME** 8:15 **RETURN TIME** _____

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 15 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 17

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: T. Primm

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).

Rachel Whitaker

Signature of Faculty Sponsor ***Date*** 8/6/24

Approval of Site Based Council Representative _____ Date 8-6-26

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

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

SCHOOL Tccths FACULTY MEMBER(S) SPONSORING TRIP Westerman

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Tcc Hs

DESTINATION DelVan Agplamps ADDRESS 701 West Main Street, Elkton, Ky

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 9/10/26 DEPARTURE TIME 8:30 RETURN TIME 11am

SOURCE OF FUNDING FOR TRIP _____

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: T. Prim Person making contact: R. Westerman

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):

R. Westerman

M. Gillespie

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

Jared R. Westerman 8/6/26

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative _____ Date 8-6-26

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 _____