STUDENTS 09.36 AP.21

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

SCHOOL South Todd FACULTY MEMBER(S) SPONSORING TRIP Lindsay Sisco, 2nd Grade MIKKI N. crystal P

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

DESTINATION Customs House Museum ADDRESS 200 S Second St Clarksville, TN 37040

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

DATE(S) OF TRIP 11/20/24 DEPARTURE TIME 8:30 RETURN TIME 2:15

SOURCE OF FUNDING FOR TRIP Students

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

NUMBER OF: STUDENTS 66 FACULTY SPONSORS 7 TOTAL # OF PARTICIPANTS 73

EAP: Person contacted at venue to discuss EAP: Stephanie Stafford Person making contact: Lindsay Sisco

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):
Lindsay Sisco, Amy Thomas (CPR)
Mikki Newsome, Cayce Higgins
Crystal Putty, Shelley Collins
Candie Spencer *
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

*Will need wheelchair accessible bus

Lindsay Sisco 11/2/26
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative Crystal Putty Date 11/3/26

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 South Todd Elem FACULTY MEMBER(S) SPONSORING TRIP Lindsay Sisco

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

DESTINATION Elkton Nursing & Rehab ADDRESS 516 Allensville St Elkton, KY 42220
□ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 12/9/26 DEPARTURE TIME 9:00 RETURN TIME 11:00
SOURCE OF FUNDING FOR TRIP PTO

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

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 23

EAP: Person contacted at venue to discuss EAP: Kay Henderson Person making contact: Lindsay Sisco

Is there an Automated External Defibrillator (AED) on site: ☑ Yes □ No If yes, where: 100 hall 200 hall

Does the venue have an Emergency Response Team: □ Yes ☑ No If yes, how are they contacted: 300 hall

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Lindsay Sisco, Kaylee Buckley

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

Lindsay Sisco 11/3/24
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative Crystal Petty Date 11/3/26

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 _____