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: 10/30/2026 **Date of Event:** 11/10/2026

Organization: TCMS **School:** TCMS

Number of Passengers: 398

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): Todd County Central High School Gym

Planned Stops To and From:

Departing Location: TCMS Elkton,KY Date of Departure: 11/10/2026 Time of Departure: 8:20 AM

Returning Location: TCMS Elkton, KY Date of Return: 11/10/2026 Time of Return: 10:00 AM

Chaperone/s: All TCMS Staff Chaperone's Phone: Ms. Kim Davis 270-705-6255 Mr. Steven McGhee 270-878-0808

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:** TCMS 6th Grade Team

Organization Responsible for Payment: TCMS

Approval of Site Based Council Representative _____ **Date** 10/26/26

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: 10/26/2026 **Date of Event:** 12/15/2026

Organization: 6th Grade **School:** TCMS

Number of Passengers: 14

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 Youth Assembly, Crowne Plaza Louisville Airport 830 Phillips Ln, Louisville Ky 40209

Planned Stops To and From: Click here to enter text.

Departing Location: TCMS Elkton,KY Date of Departure: 12/13/2026 Time of Departure: 10:00 AM

Returning Location: TCMS Elkton, KY Date of Return: 12/15/2026 Time of Return: 3:00 PM

Chaperone/s: Kimberly Stevenson, Sarah Penick

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:** TCMS

Organization Responsible for Payment: KYA Grant

Approval of Site Based Council Representative _____ **Date** 10/26/26

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: 10/1/2026 Date of Event: 11/23/2026

Organization: Band **School:** TCMS

Number of Passengers: 12

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): Murray State Quad State Middle School Honor Band, Murray State University Lovett Auditorium, Murray, Ky

Planned Stops To and From: Click here to enter text.

Departing Location: TCMS Elkton,KY Date of Departure: 11/23/2026 Time of Departure: 6:45 AM

Returning Location: TCMS Elkton, KY Date of Return: 11/23/2026 Time of Return: 10:00 PM

Chaperone/s: Heather Dipasquale

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:** TCMS

Organization Responsible for Payment: TCMS

Approval of Site Based Council Representative _____ **Date** 10/1/26

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** _____

* Need a van, not a bus!

STUDENTS 09.36 AP.21

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

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Leah Thomas

TYPE OF TRIP (CHECK ONE): Ag Science / FFA

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:

DESTINATION Connect Conference at WKU

ADDRESS 1906 College Heights Blvd. Bowling Green, KY 42101

☑ Overnight; give name, address, phone of lodging Staybridge Suites Bowling Green 1080 Campbell Lane, Bowling Green, KY 42101

DATE(S) OF TRIP 12/15-12/16 DEPARTURE TIME 10:00 am RETURN TIME 3:00 pm

DEPARTURE LOCATION: TCMS COACH CONTACT # (270)604-3670

SOURCE OF FUNDING FOR TRIP Ag Science Acct. / FFA

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: WKU Website Person making contact: ~~Steven McGhee~~ Leah Thomas

Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ No If yes, where: ~~CONCESSIONS~~ Ag Expo Center

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):

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

Leah Thomas 10/26/2026

Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative [signature] Date 10/26/26

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 _____