# 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:** *11/2/2026* **Date of Event:** *12/5/2027*

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

**Number of Passengers:** *35*

**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): Guthrie Christmas Parade*

**Planned Stops To and From: NA**

**Departing Location:** *TCCHS* **Date of Departure:** *12/5/2027* **Time of Departure:** *9:00 AM*

**Returning Location:** *TCCHS* **Date of Return:** *12/5/2027* **Time of Return: 11:00 AM**

**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: Mike DiPasquale** **Trip Requested By:** *Mike DiPasquale*

**Organization Responsible for Payment:** *SBDM*

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

**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:** *11/2/2026* **Date of Event:** *11/21/2026*

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

**Number of Passengers:** *10*

**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): All District Band Auditions, Bowling Green HS*

**Planned Stops To and From: NA**

**Departing Location:** *TCCHS* **Date of Departure:** *11/21/2026* **Time of Departure:** *7:15 AM*

**Returning Location:** *TCCHS* **Date of Return:** *11/21/2026* **Time of Return: 4:00 PM**

**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: Mike DiPasquale** **Trip Requested By:** *Mike DiPasquale*

**Organization Responsible for Payment:** *SBDM*

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

**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 & Event Specific Emergency Action Plan (EAP)**

**SCHOOL:** TCCHS
**FACULTY MEMBER(S) SPONSORING TRIP** Quashawn Quarles, Shayla Berry
**TYPE OF TRIP (CHECK ONE):** Educational
Organization requesting the Trip / Organization responsible for Payment: Ag. dept/ Perkins
**DESTINATION :** Murray State University
**DATE(S) OF TRIP:** March 11,2027
**DEPARTURE TIME** 7:30AM
**RETURN TIME:** 3:00PM
**SOURCE OF FUNDING FOR TRIP :** Ag. Perkins

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

**NUMBER OF: STUDENTS** 45 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 47

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

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

Quashawn Quarles — Oct 10, 2026
*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date _____

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**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**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** Quashawn Quarles, Shayla Berry
**TYPE OF TRIP (CHECK ONE):**
Organization requesting the Trip / Organization responsible for Payment: Educational Ag. dept/ Perkins
**DESTINATION :** Hopkins County Central
**DATE(S) OF TRIP:** December 11, 2026
**DEPARTURE TIME** 7:30AM
**RETURN TIME:** 3:00PM
**SOURCE OF FUNDING FOR TRIP :** Ag. Perkins

***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: Hopkins Sheriff Dept.
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

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

Quashawn Quarles — Oct 10, 2026
*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date _____

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**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**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** Quashawn Quarles, Shayla Berry
**TYPE OF TRIP (CHECK ONE):**
Organization requesting the Trip / Organization responsible for Payment: Ag. dept/ Perkins
**DESTINATION :** Louisville, KY Top Golf
**DATE(S) OF TRIP:** April 15,2027
**DEPARTURE TIME** 7:30AM
**RETURN TIME:** 3:00PM
**SOURCE OF FUNDING FOR TRIP :** Perkins

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

**NUMBER OF: STUDENTS** 22 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 24

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

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

Quashawn Quarles — Oct 10, 2026
*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date _____

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**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**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** Quashawn Quarles, Shayla Berry
**TYPE OF TRIP (CHECK ONE):** Educational
Organization requesting the Trip / Organization responsible for Payment: Ag. dept/ Perkins
**DESTINATION :** Murray State University
**DATE(S) OF TRIP:** November 12, 2026
**DEPARTURE TIME** 7:30AM
**RETURN TIME:** 3:00PM
**SOURCE OF FUNDING FOR TRIP :** Ag. Perkins

***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: ☑ Yes ☐ No If yes, how are they contacted: Murray State PD
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

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

Quashawn Quarles — Oct 10, 2026
*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date _____

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**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**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** Quashawn Quarles, Shayla Berry
**TYPE OF TRIP (CHECK ONE):**
Organization requesting the Trip / Organization responsible for Payment: Educational Ag. dept/ Perkins
**DESTINATION :** Murray State University
**DATE(S) OF TRIP:** November 19-20, 2026
**DEPARTURE TIME** 7:30AM
**RETURN TIME:** 3:00PM
**SOURCE OF FUNDING FOR TRIP :** Ag. Perkins

***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:
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: Murray State PD
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Quashawn Quarles, Shayla Berry
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Quashawn Quarles — Oct 10, 2026
*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date _____

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**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**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: TCCHS

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: PTA

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

Conferred with following administrators (names): Lee Guarles

Description of Issue: Travel

Specific Action Requested: permission to travel to MSU

**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** Quashawn Quarles, Shayla Berry
**TYPE OF TRIP (CHECK ONE):** Educational
Organization requesting the Trip / Organization responsible for Payment: Ag. dept/ Perkins
**DESTINATION :** Murray State University
**DATE(S) OF TRIP:** April 14,2027
**DEPARTURE TIME** 7:30AM
**RETURN TIME:** 3:00PM
**SOURCE OF FUNDING FOR TRIP :** Ag. Perkins

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

**NUMBER OF: STUDENTS** 45 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 47

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

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

Quashawn Quarles — Oct 10, 2026
*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date _____

**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 _____

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** TERRANCE WILLIAMS

**TYPE OF TRIP (CHECK ONE):** TCCHS ATHLETICS

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

**DESTINATION** VARIOUS LOCATIONS

**ADDRESS** FLORIDA

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

**DATE(S) OF TRIP** 12/27-31/26 **DEPARTURE TIME** TBA **RETURN TIME** TBA

**DEPARTURE LOCATION:** TCCHS Gym **COACH CONTACT #** (270) 385-5541

**SOURCE OF FUNDING FOR TRIP** TCCHS ATHLETICS

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

**NUMBER OF: STUDENTS** 20 **FACULTY SPONSORS** 3 **TOTAL # OF PARTICIPANTS** 23

**EAP:** Person contacted at venue to discuss EAP: Various ADs 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 Taylor
*Signature of Faculty Sponsor*

10/19/26
*Date*

Approval of Site Based Council Representative [signature] Date 10·19·26

**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 _____

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** MYA HAMPTON

**TYPE OF TRIP (CHECK ONE):** TCCHS ATHLETICS

**ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:** CHEER

**DESTINATION** RUSSELLVILLE HIGH SCHOOL

**ADDRESS** 1101 W. 9TH ST., RUSSELLVILLE

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

**DATE(S) OF TRIP** 12/11/26 **DEPARTURE TIME** 4:45 PM **RETURN TIME** 10:00 PM

**DEPARTURE LOCATION:** TCCHS Annex **COACH CONTACT #** (270) 881-6555

**SOURCE OF FUNDING FOR TRIP** TCCHS ATHLETICS

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

**NUMBER OF: STUDENTS** 25 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 27

**EAP:** Person contacted at venue to discuss EAP: Trent Milby 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 Klyden
*Signature of Faculty Sponsor*

10/19/26
*Date*

Approval of Site Based Council Representative _____ Date 10-19-26

**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 _____

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** MYA HAMPTON

**TYPE OF TRIP (CHECK ONE):** TCCHS ATHLETICS

**ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:** CHEER

**DESTINATION** MONTGOMERY CENTRAL HIGH SCHOOL

**ADDRESS** 3955 HWY 48., CUNNINGHAM, TN

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

**DATE(S) OF TRIP** 12/4/27 **DEPARTURE TIME** 3:45 PM **RETURN TIME** 11:00 PM

**DEPARTURE LOCATION:** TCCHS Annex **COACH CONTACT #** (270) 881-6555

**SOURCE OF FUNDING FOR TRIP** TCCHS ATHLETICS

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

**NUMBER OF: STUDENTS** 25 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 27

**EAP:** Person contacted at venue to discuss EAP: Will Ferrell 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 Taylor 10/19/26

*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date 10-19-26

**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: TCCHS

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: Cheer

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 Montgomery Central High School in Clarksville to cheer at basketball game

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

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 MYA HAMPTON**

**TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS**

**ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: CHEER**

**DESTINATION** FOUNDATION CHRISTIAN ACADEMY

**ADDRESS** 2480 THREE SPRINGS RD., BOWLING GREEN

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

**DATE(S) OF TRIP** 1/19/27 **DEPARTURE TIME** 4:00 PM **RETURN TIME** 10:30 PM

**DEPARTURE LOCATION:** TCCHS Annex **COACH CONTACT #** (270) 881-6555

**SOURCE OF FUNDING FOR TRIP** TCCHS ATHLETICS

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

**NUMBER OF: STUDENTS** 25 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 27

**EAP:** Person contacted at venue to discuss EAP: Derrick Perdue 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 Hayden 10/19/26

*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date 10-19-26

**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 _____

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** MYA HAMPTON
**TYPE OF TRIP (CHECK ONE):** TCCHS ATHLETICS
**ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:** CHEER

**DESTINATION** FRANKLIN-SIMPSON HIGH SCHOOL

**ADDRESS** 400 S. COLLEGE ST., FRANKLIN

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

**DATE(S) OF TRIP** 1/15/27 **DEPARTURE TIME** 4:00 PM **RETURN TIME** 10:30 PM
**DEPARTURE LOCATION:** TCCHS Annex **COACH CONTACT #** (270) 881-6555

**SOURCE OF FUNDING FOR TRIP** TCCHS ATHLETICS

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

**NUMBER OF: STUDENTS** 25 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 27

**EAP:** Person contacted at venue to discuss EAP: Matthew Wilhite 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 Hyde 10/19/26
*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date 10-19-26

**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 _____

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** MYA HAMPTON
**TYPE OF TRIP (CHECK ONE):** TCCHS ATHLETICS
**ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:** CHEER

**DESTINATION** LOGAN COUNTY HIGH SCHOOL

**ADDRESS** 2200 BOWLING GREEN RD., RUSSELLVILLE

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

**DATE(S) OF TRIP** 2/12/27 **DEPARTURE TIME** 4:30 PM **RETURN TIME** 10:00 PM
**DEPARTURE LOCATION:** TCCHS Annex **COACH CONTACT #** (270) 881-6555

**SOURCE OF FUNDING FOR TRIP** TCCHS ATHLETICS

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

**NUMBER OF: STUDENTS** 25 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 27

**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 Hyde
***Signature of Faculty Sponsor***

10/19/26
***Date***

Approval of Site Based Council Representative _____ Date 10·19·26

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**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 _____

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** MYA HAMPTON
**TYPE OF TRIP (CHECK ONE):** TCCHS ATHLETICS
**ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:** CHEER

**DESTINATION** CLARKSVILLE NORTHEAST HIGH SCHOOL

**ADDRESS** 3701 TRENTON RD., CLARKSVILLE, TN

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

**DATE(S) OF TRIP** 2/1/27 **DEPARTURE TIME** 4:30 PM **RETURN TIME** 10:30 PM
**DEPARTURE LOCATION:** TCCHS Annex **COACH CONTACT #** (270) 881-6555

**SOURCE OF FUNDING FOR TRIP** TCCHS ATHLETICS

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

**NUMBER OF: STUDENTS** 25 **FACULTY SPONSORS** 2 **TOTAL # OF PARTICIPANTS** 27

**EAP:** Person contacted at venue to discuss EAP: Andrew Knowles 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).

Walter Myth 10/19/26
***Signature of Faculty Sponsor*** ***Date***

Approval of Site Based Council Representative _____ Date 10·19·26

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**Section 3**

Date/Time Departure: _____ Odometer Start: _____
Date/Time Return: _____ Odometer End: _____

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Driver Signature _____ Date _____
Driver Comments:

Coach or School Representative Signature _____ Date _____

POWERS AND DUTIES OF THE BOARD OF EDUCATION 01.45 AP.2

**Request to Place an Item on the Agenda**

Name: TCCHS

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: Cheer

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

Conferred with following administrators (names): L Quarles

Description of Issue: travel

Specific Action Requested: permission to travel to Clarksville Northeast High school to Cheer at basketball

**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

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** BROOK WAGONER

**TYPE OF TRIP (CHECK ONE):** TCCHS ATHLETICS

**ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:** VOLLEYBALL

**DESTINATION** BOWLING GREEN HIGH SCHOOL

**ADDRESS** 1801 ROCKINGHAM AVE., BOWLING GREEN

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

**DATE(S) OF TRIP** 10/24-28/26 **DEPARTURE TIME** TBA **RETURN TIME** TBA

**DEPARTURE LOCATION:** TCCHS Gym **COACH CONTACT #** (270) 604-3345

**SOURCE OF FUNDING FOR TRIP** TCCHS ATHLETICS

***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: Calvin Head 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).

Walter Vick 10/20/26

*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date 10/22/26

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**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**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 request

STUDENTS 09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP RICK MARTIN

TYPE OF TRIP (CHECK ONE): TCCHS ATHLETICS

ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT: CROSS COUNTRY

DESTINATION GREENWOOD HIGH SCHOOL

ADDRESS 5065 SCOTTSVILLE RD., BOWLING GREEN

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

DATE(S) OF TRIP 10/24/26 DEPARTURE TIME 1:00 PM RETURN TIME 5:00 P.M.

DEPARTURE LOCATION: TCCHS Annex COACH CONTACT # (931) 206-0870

SOURCE OF FUNDING FOR TRIP TCCHS ATHLETICS

*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: Alex Holder 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* 10/19/26

Approval of Site Based Council Representative _____ Date 10-19-26

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**Section 3**

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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 _____

if win on 10/19 Pep bus

STUDENTS 09.36 AP.21

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

**SCHOOL** TCCHS **FACULTY MEMBER(S) SPONSORING TRIP** LEE QUARLES

**TYPE OF TRIP (CHECK ONE):** TCCHS ATHLETICS

**ORGANIZATION REQUESTING THE TRIP/ ORGANIZATION RESPONSIBLE FOR PAYMENT:** GENERAL

**DESTINATION** RUSSELLVILLE HIGH SCHOOL

**ADDRESS** 1101 W. 9TH ST., RUSSELLVILLE

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

**DATE(S) OF TRIP** 10/20/26 **DEPARTURE TIME** TBA **RETURN TIME** TBA

**DEPARTURE LOCATION:** TCCHS Gym **COACH CONTACT #** (931) 220-2450

**SOURCE OF FUNDING FOR TRIP** GENERAL

***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: Trent Milby 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 Taylor 10/19/26

***Signature of Faculty Sponsor*** ***Date***

Approval of Site Based Council Representative _____ Date 10-19-26

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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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** Lisa Petrie

**TYPE OF TRIP (CHECK ONE):**

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

**DESTINATION** State Convention **ADDRESS** Lexington, KY 42220

☒ Overnight; give name, address, phone of lodging Hilton 369 West Vine Street Lexington, KY 40507

**DATE(S) OF TRIP** Jan 24-26 **DEPARTURE TIME** 9:00AM **RETURN TIME** 3:00

**SOURCE OF FUNDING FOR TRIP** 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: Yes Person making contact: Petrie

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

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):

Lisa Petrie

Lydia Encanation

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

Lisa Petrie 11-2-26

***Signature of Faculty Sponsor*** ***Date***

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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**Section 3**

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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: TCCHS

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): L. Quarles

Description of Issue: travel

Specific Action Requested: permission to travel to Lexington KY for Beta Convention

**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/TCMS **FACULTY MEMBER(S) SPONSORING TRIP** CW3 Fagan

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: JROTC

**DESTINATION** Veterans Nursing Home **ADDRESS** 926 Veteran's Dr, Hansen, KY

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

**DATE(S) OF TRIP** 8Dec26 **DEPARTURE TIME** _____ **RETURN TIME** 1:30pm

**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** 1 **TOTAL # OF PARTICIPANTS** 41

**EAP:** Person contacted at venue to discuss EAP: Jonda Cavanah Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: ☑ Yes ☐ No If yes, where: At the Nurses Stations

Does the venue have an Emergency Response Team: ☑ Yes ☐ No If yes, how are they contacted: Jonda Cavanah

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).

CW3 FAGAN _____

*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date _____

**District Use Only**

**Section 2**

Approval of District Representative _____ Date _____

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Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

Van

STUDENTS 09.36 AP.21

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

**SCHOOL** TCC HS **FACULTY MEMBER(S) SPONSORING TRIP** CW3 FAGAN

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: JROTC

**DESTINATION** Russellville American Legion **ADDRESS** 450 Farmers Dr, Russellville, KY

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

**DATE(S) OF TRIP** 11 NOV 26 **DEPARTURE TIME** 0930 **RETURN TIME** 2pm

**SOURCE OF FUNDING FOR TRIP** JROTC

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

**NUMBER OF: STUDENTS** 5 **FACULTY SPONSORS** 1 **TOTAL # OF PARTICIPANTS** 6

**EAP:** Person contacted at venue to discuss EAP: Rich Zeinert 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).

CW3 FAGAN 3 NOV 26

*Signature of Faculty Sponsor* *Date*

Approval of Site Based Council Representative _____ Date _____

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**Section 2**

Approval of District Representative _____ Date _____

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Coach or School Representative Signature _____ Date _____