Request to Place an Item on the Agenda

Name: STES Archery (Ashly Wofford, Asst. Coach)

Address: _____

Telephone number: _____

Name of school children attend, if applicable: South Todd

Group represented: Archery

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

Conferred with following administrators (names): Mr. Doug Cotton

Description of Issue: STES Archery would like to travel to Myrtle Beach, SC for the World Archery Tournament (pending qualification at the National Tournament. Parents will transport students to and from the destination.

Specific Action Requested: Permission to attend out-of-state tournament

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

Section 1 (To be completed by requesting organization – Please fill out a separate form for each bus.)

Date of Request 3/23/16 Date of Event 6/24 or 6/25 or 6/26

Organization STES Archery School STES

Type of Trip (Circle 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 and/or place) Myrtle Beach, SC → World Archery Tournament

Planned Stops to and from n/a parents will transport

Number of passengers n/a Date and Time of Departure n/a

Departing location n/a Date and Time of Return n/a

Returning location n/a Chaperones Angie Craig, Ashly Wofford, Perry Stokes

Chaperones' Cell Phone # _____

Please explain how this trip correlates with the unit of study _____

Special Requests (Driver, Type Bus, Handicap Access, etc.) n/a parents will transport

Trip Requested By: Ashly Wofford

Driver Assigned _____ Bus # _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

Driver – Turn in this Information with Timesheets

Section 3

Date/Time Departure _____ Odometer Start _____

Date/Time Return _____ Odometer Ending _____

Mileage Cost – total miles X $1.50 per mile = _____

Driver Payment – total hours X $10.50 per hour (Minimum two hours) = _____

Total Invoiced Amount _____ Invoiced to _____

Invoice Date _____ Payment Amount received _____ Payment Date _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Review/Revised: 9/10/12