

Request to Place an Item on the AgendaName: Jason Gibson

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: TCCHS - PBISCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Jennifer Pope; Matt Baker

Description of Issue: The PBIS committee would like to take students to Holiday World, Santa Claus, IN. The students must meet eligibility requirements of behavior, attendance, and grades. The trip is scheduled for Friday, May 13.

Specific Action Requested: _____

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

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

Date of Request April 11, 2016 Date of Event May 13, 2016
Organization TCHS - PBIS School TCHS

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

out-of-state
school reward

Destination (event and/or place) Holiday World, Santa Claus, IN

Planned Stops to and from going & coming - Beaver Dam Rest area

Number of passengers 200 Date and Time of Departure May 13 - 7:30

Departing location TCHS Date and Time of Return May 13 - 6:00

Returning location TCHS Chaperones Jason Gibson, Kelli Tompleman,

Chaperones' Cell Phone # _____ Matt Baker

Please explain how this trip correlates with the unit of study The trip is a culminating
reward for appropriate behavior, grades, and
attendance.

Special Requests (Driver, Type Bus, Handicap Access, etc.) _____

Trip Requested By: Jason Gibson

Driver Assigned _____ Bus # _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative Janet P.

District Use Only

Section 2

Approval of District Representative Ed Egl

Date 4-13-16

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