

Request to Place an Item on the Agenda

Name: Natassja Clark

Address: _____

Telephone number: 615-856-3130

Name of school children attend, if applicable: Hannah Reed, Hannah Coill,

Group represented: TCHS Journalism Mikayla Settle

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Mrs. Pope

Description of Issue: The TCHS Journalism Yearbook editors would like to attend an overnight camp sponsored by Jostens. The camp is held at Belmont University in Nashville, TN on June 7th to the 8th.

Specific Action Requested: We would like approval to attend this out of state camp.

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 April 21, 2016 Date of Event June 7-8

Organization Yearbook Journalism School TCCHS

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) Belmont University Nashville TN

Planned Stops to and from NO BUS NEEDED

Number of passengers _____ Date and Time of Departure _____

Departing location TCCHS Date and Time of Return _____

Returning location TCCHS Chaperones Natassja Clark and Tina Gill

Chaperones' Cell Phone # 615-856-3130

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

Special Requests (Driver, Type Bus, Handicap Access, etc.) NO BUS NEEDED

Trip Requested By: _____

Driver Assigned _____ Bus # _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative [Signature]

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 _____

TODD COUNTY SCHOOLS
"Transportation Through Safety"

804 South Main Street
Elkton, Kentucky 42220
Carroll P. Moseley
Transportation Director

Telephone (270)265-2436
(270)265-9426
Fax (270)265-5414

School-Related Student Trips

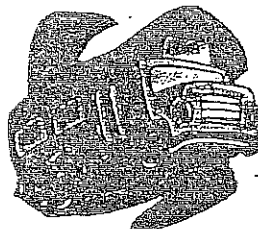
Short Notice Requests Approval Form

Todd County Board of Education Policy 09.36 AP.1, provides for consideration and approval on an individual basis of *short notice* out of county School-Related Student Trips Requests in Section I, A., 3.

Short notice out of county School-Related Student Trip Requests include those requests submitted and/or received by the District Transportation Director after the most recent preceding Todd County Board of Education meeting with the event requested occurring before the next Todd County Board of Education meeting.

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Date Request Received _____ Date of Event June 7-8, 2016
Organization Journalism School Todd County Central High
Trip Requested By Natassja Clark
Destination (Event and/or Place) Belmont University, Nashville TN
Short Notice Approval _____
(Transportation Director)
Short Notice Approval _____
(Superintendent)
Date of Communication to Board Chairperson _____



PLEASE COMPLETE BOTH SIDES!