

3286

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 8/25/16 Date of Event 10-15-16  
Organization GT - 21<sup>st</sup> Century School All district schools

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

*Saturday  
Union City  
TN.*

Destination (event and/or place) Discovery Park of America

Planned Stops to and from NONE

Number of passengers 50 Date and Time of Departure 7:00 AM 10/15

Departing location TCCHS Date and Time of Return 6:00 PM 10/15

Returning location TCCHS Chaperones Lisa Petrie / MARLA Gillespie

Chaperones' Cell Phone # 270 498-0452

Please explain how this trip correlates with the unit of study All areas - hands on learning

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

Trip Requested By: Lisa Petrie

Driver Assigned \_\_\_\_\_ Bus # \_\_\_\_\_

Organization Responsible for Payment 21<sup>st</sup> Century / GT

Approval of Site Based Council Representative [Signature]

**District Use Only**

**Section 2**

Approval of District Representative [Signature] Date 8/31/16

**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

3292  
19.36 AP.21

STUDENTS

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 8/25/16 Date of Event Dec. 8  
Organization GT - 21st Century School All schools in District

Type of Trip (Circle One)

In-County Instructional In-County Athletic Other: (Explain in detail)  
Out-of-County Instructional Out-of-County Athletic before Clarksville, TN  
Out-of-State Instructional Out-of-State Athletic

Destination (event and/or place) Boxy Theater - The Happy Elf

Planned Stops to and from DINNER AT a Clarksville establishment

Number of passengers 50 Date and Time of Departure Dec 8 - 4:00 pm

Departing location TCHS Date and Time of Return Dec 8 - 4:30 pm

Returning location TCHS Chaperones \_\_\_\_\_

Chaperones' Cell Phone # 270 498-0452

Please explain how this trip correlates with the unit of study Literature / Theater

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

Trip Requested By: Lisa Petrie

Driver Assigned \_\_\_\_\_ Bus # \_\_\_\_\_

Organization Responsible for Payment 21st century / GT

Approval of Site Based Council Representative Jerald Po

District Use Only

Section 2  
Approval of District Representative [Signature] Date 8/31/16

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

3294  
09.36 AP.21

STUDENTS

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 8/25/16 Date of Event March 2

Organization GT - 21st Century School All Schools

Type of Trip (Circle One)

In-County Instructional

In-County Athletic

Out-of-County Instructional

Out-of-County Athletic

Out-of-State Instructional

Out-of-State Athletic

Other: (Explain in detail)

*Clarksville (Anne Frank) Museum*

Destination (event and/or place) Boxy Regional Theater

Planned Stops to and from Dinner before at a local establishment

Number of passengers 50 Date and Time of Departure March 2 - 4:00

Departing location TCCHS Date and Time of Return March 2 - 9:30

Returning location TCCHS Chaperones \_\_\_\_\_

Chaperones' Cell Phone # 498-0452

Please explain how this trip correlates with the unit of study Literature / Theater / History

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

Trip Requested By: USA Petrie

Driver Assigned \_\_\_\_\_ Bus # \_\_\_\_\_

Organization Responsible for Payment 21st Century / GT

Approval of Site Based Council Representative Gene P.

District Use Only

**Section 2**

Approval of District Representative [Signature] Date 8/31/16

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