

## 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 5-12-17 Date of Event 8-21-17  
Organization golf School TCHS  
Number of Passengers 7

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) The Legacy Springfield, TN

Planned Stops To and From \_\_\_\_\_

Departing Location TCHS Date of Departure 8-21-17 Time of Departure 3:00

Returning Location TBOE Date of Return 8-21-17 Time of Return 8:00

Chaperone/s Jan Martin Chaperone's Phone # 270-604-7214

Special Requests (Check One)

- ☒ Van ☐ Handicap Access ☐ 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 Jan Martin Trip Requested By Jan Martin

Organization Responsible for Payment golf

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

### DISTRICT USE ONLY

#### Section 2

Approval of District Representative Jan Martin Date \_\_\_\_\_

### DRIVER – TURN THIS FORM IN WITH TIMESHEETS

#### Section 3

Date/Time of Departure 8-21-17 3:00 Odometer Start \_\_\_\_\_

Date/Time of Return 8-21-17 9:00 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 \_\_\_\_\_