

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 8-30-17 Date of Event November 11, 2017

Organization GT - 21st Century School All District

Type of Trip (Circle One)

- | | | |
|--|---|---|
| <input type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain in detail) |
| <input type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input checked="" type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-of-State Athletic | |

Destination (event and/or place) Discovery Park of America-830 Everett Blvd Union City, TN 38261

Stops to and from NONE Planned

Number of passengers 50 Date and Time of Departure 8:00 AM - Sat., Nov. 11

Departing location TCMS Date and Time of Return 5:00 PM- Nov. 11

Returning location TCMS Chaperones Lisa Petrie/ Marla Gillespie

Please explain how this trip correlates with the unit of study art, history, science, etc.

Special Requests (Driver, _____)

Trip Requested By: Lisa Petrie

Driver Assigned _____ Bus # Charter

Organization Responsible for Payment GT

Approval of Site Based Council Representative *[Signature]*

.....
District Use Only
.....

Section 2

Approval of District Representative _____ Date _____

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Driver – Turn in this Information with Timesheets
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Section 3

Date/Time Departure _____ Odometer Start _____

Date/Time Return _____ Odometer Ending _____

Mileage Cost – total miles X \$1.15 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 and d/do not wish to accept payment for this trip.

Driver Signature _____ Date _____

Driver Comments _____

Request to Place an Item on the Agenda

Name: Lisa Petric

Address: TCCHS

Telephone number: 270 265 2506

Name of school children attend, if applicable: _____

Group represented: GT

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): _____

Description of Issue: Out of state field trip
Discovery Center of America
Union City TN

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