

Request to Place an Item on the Agenda

Name:

Julie Gilliam

Address:

TCCHS

Telephone number:

270-265-2506

Name of school children attend, if applicable:

Group represented:

9-12

Check if request was submitted to:



Superintendent



Board Chairperson

Conferred with following administrators (names):

Jennifer Pope

Description of Issue:

*FFA students to attend the
National Convention in Indianapolis, Indiana.*

Specific Action Requested:

*transportation request for out-of-
state, overnight to National FFA Convention*

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 - Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 9/7/17 Date of Event 10-25-17
Organization National FFA School TCHS
Number of Passengers 21

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) Indianapolis Indiana

Planned Stops To and From lunch to and lunch home

Departing Location TCHS Ag Date of Departure 10/25/17 Time of Departure 8AM

Returning Location TCHS Ag Date of Return 10/28/17 Time of Return 2:30PM

Chaperone/s Julie Williams / Arthur Green Chaperone's Phone # 270-994-0683

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 _____ Trip Requested By Julie Williams

Organization Responsible for Payment Perkins

Approval of Site Based Council Representative [Signature] Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

DRIVER - TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ 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 _____