

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 9/5/2017 Date of Event 3/29/2018

Organization TCCHS STLP School Todd County Central High School

Number of Passengers 40+

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): State STLP Competition; Lexington, Kentucky; Rupp Arena

Planned Stops To and From: Stop at rest area to and from; dinner in Elizabethtown; overnight stay in Lexington, eat on return home.

Departing Location: TCCHS Date of Departure: 3/28/2018 Time of Departure: 4:00 pm

Returning Location: TCCHS Date of Return: 03/29/2017 Time of Return: TBD – Depending on student showcase awards

Chaperone/s: Ghan Smith, Katrena Smith, Matthew Case

Chaperone's Phone # 270-604-2956; 0537

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: Click here to enter text.

Trip Requested By: Jennifer Pope

Organization Responsible for Payment District – STLP State Competition; All schools will plan to attend – bus will carry all students

Approval of Site Based Council Representative  Date Click here to enter a date.

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date: Click here to enter a date.

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure: Click here to enter text.

Odometer Start: Click here to enter text.

Date/Time of Return: Click here to enter text.

Odometer End: Click here to enter text.

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature _____ Date Click here to enter a date.

Request to Place an Item on the Agenda

Name: _____

Jennifer Pope; Ehan Smith

Address: _____

TCCHS

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: _____

STLP (all schools)

Check if request was submitted to:

☐ Superintendent☐ Board Chairperson

Conferred with following administrators (names): _____

Description of Issue: _____

STLP State competition

Specific Action Requested: _____

Permission for travel and over-night stay (March 28-29, 2018) in Lexington, KY, for the state STLP competition. All schools will be participating.

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