

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name: Katherine Cole

Address: TCCHS

Telephone number: 270-604-2874

Name of school children attend, if applicable:

Group represented: TCCHS Dance Team

Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): Jennifer Pope

Description of Issue: Travel & overnight stay for  
KDCO - State competition

Specific Action Requested: Permission for overnight stay  
in Frankfort, KY, on February 16-17, 2018  
for the KDCO - State competition. Transportation  
provided by parents.

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

No Bus-  
Parent Transport

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 11-20-17 Date of Event 2-17-18  
Organization Dance Team School TCHS  
Number of Passengers 11

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) KDCO-State KY State University Frankfort, KY

Planned Stops To and From None

Departing Location Image Date of Departure 2-16-17 Time of Departure 3:00pm

Returning Location Image Date of Return 2-17-17 Time of Return 11:00 pm

Chaperone/s Katherine Cole Chaperone's Phone # 270-604-2874

Special Requests (Check One) LeAnn Russell 270-305-6834

- ☐ 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 \_\_\_\_\_

Organization Responsible for Payment \_\_\_\_\_

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 \_\_\_\_\_