

Request to Place an Item on the AgendaName: Katherine ColeAddress: TCCHSTelephone number: 270-604-2874

Name of school children attend, if applicable:

Group represented: TCCHS Dance TeamCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Jennifer PopeDescription of Issue: travel & overnight stay  
for KHSAA State Dance CompetitionSpecific Action Requested: Permission for overnight  
stay in Lexington, KY, on December  
14 & 15 for the KHSAA State Dance  
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

No Bus  
Parent Transport

## 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 11-20-17 Date of Event 12-15-17  
Organization Dance Team School TCCHS  
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) KHSAA State Dance Competition Lexington, KY

Planned Stops To and From None

Departing Location Image

Date of Departure 12-14-17

Time of Departure 3:00pm

Returning Location Image

Date of Return 12-15-17

Time of Return 10:00 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 \_\_\_\_\_