

Request to Place an Item on the AgendaName: JEFF WILLIAMSAddress: TCCHSTelephone number: 270 221-1071

Name of school children attend, if applicable: _____

Group represented: BANDCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Mrs. PopeDescription of Issue: Rehearsal ScheduleSpecific Action Requested: Permission to stay overnight during All District weekend in Bowling Green on Thursday, 1/4/18 & Friday, 1/5/18.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 11/21/17 Date of Event 1/4-1/6/18
Organization BAND School TCMS & TCCHS
Number of Passengers 4

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) WKU - Bowling Green

Planned Stops To and From —

Departing Location TCCHS BAND ROOM Date of Departure 1/4/18 Time of Departure 8 AM

Returning Location TCCHS BAND ROOM Date of Return 1/6/18 Time of Return 3 PM

Chaperone/s Williams & Carmichael Chaperone's Phone # 270 221 1071

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 ~~Williams~~ CARMICHAEL Trip Requested By WILLIAMS

Organization Responsible for Payment BAND TRAVEL

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 —