

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name: JEFF WILLIAMS

Address: TCHS

Telephone number: 270-221-1071

Name of school children attend, if applicable: _____

Group represented: BAND

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

Conferred with following administrators (names): MRS POPE

Description of Issue: Rehearsal schedule

Specific Action Requested: permission to stay overnight during the WKU Honor Band weekend in Bowling Green on Thursday, January 18 & Friday, January 19, 2018

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

HHR

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 12/4/17 Date of Event 1/18/18 - 1/20/18
 Organization TCCHS Band School TCCHS
 Number of Passengers ~ 10

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 Honor Band

Planned Stops To and From

Departing Location TCCHS Band Room

Date of Departure 1/18/18

Time of Departure 12:00pm

Returning Location TCCHS Band Room

Date of Return 1/20/18

Time of Return 5:00pm

Chaperone/s William E. 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 William

Trip Requested By Jeff 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

School-Related Student Trip Request Form

Van

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Planned Stops To and From

Departing Location TCHS Band Room

Date of Departure 1/18/18

Time of Departure 12:00pm

Returning Location TCHS Band Room

Date of Return 1/20/18

Time of Return 5:00pm

Chaperone/s Williams & Carmichael

Chaperone's Phone # 270 221 1071

Special Requests (Check One)

☐ Van

☐ Handicap Access

☒ Other: (Explain in Detail)

HHR

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes

☐ No (Check One)

Person Driving Van Carmichael

Trip Requested By J 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

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