## POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP 2

## Request to Place an Item on the Agenda

Name: VEFF WILLIAMS
Address: TCCHS
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: Peraya & Schaule
76.14
Specific Action Requested: Drykins in to stay over right during the
WKUHOT Band weepend in Rowling Bleen on Thursday
January, 18 & Friday, January, 19 2018
가는 보고 있는 어느 아니다. 그래요 그는 사람들은 사람들은 그래요 그는 사람들은 사람들이 되었다. 그는 그런 그리고 있는 것도 되었다. 그는 그는 것은 그래요 그는 것은 것은 것이다. 하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
Check if you are:
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

n I. d Da	* Late of Charles Trip Dogwood	FORM HHR
	<del>lated Stu</del> den <del>t Trip Request</del>	
Section 1 (To be completed by requesting organizatio for the event)  Date of Request	12/4//7 Date of Event //	18/18-1,20-118
Organization TCCHS P		<u>.</u>
N	umber of Passengers ~ /O	
Type of Trip (Check One)		
□In-County Instructional	☐ In-County Athletic	☑Other: (Explain In Detail)
☐Out-of-County Instructional	☐ Out-of-County Athletic	
Destination (Event, City, and State) WKU Hu	Out-Of-State Athletic	
Planned Stops To and From	1.7.7	
Departing Location TCCHS Band Room	Date of Departure 4/18/18	Time of Departure 12:00pm
Returning Location TCC+15 Barol Room	Date of Return 1/20//8	Time of Return 5:00 pm
Chaperone/s Williams & Carmichal.	Chaperone's Pho	ne# <u>170 -221-1071</u>
Special Requests (Check One)		
ØVan · □Han	dicap Access	⊡Other: (Explain In Detail)
If requesting the Van, has the person driving been certifice.  Person Driving Van William (RAN)	Trip Requested By	INO (Check One)
Organization Responsible for Payment BAND	,, ,, ,	Date
Approval of Site Based Council Representative		та и и и и и и и и и и и и и и и и и и и
Section 2	DISTRICT USE ONLY	, Poto
Approval of District Representative		•
	TURN THIS FORM IN WITH TIME	<u>SHEETS</u>
Section 3	. Odome	eter Start
Date/Time of Departure	,	eter End
Date/Time of Return  I hereby certify that the above information is correct to the		
Driver Signature		Date
Driver Comments	,	•
Dlivet Comments		The state of the s

Coach or School Representative Signature \_\_

Caba	al Balatad Studen	Trin Roqu	oct Form VOA	
	ol-Related Studen			,
Section 1 (To be completed by requesting org- for the event)	anization – incomplete for equest $12/4/7$	ms will be returned by Date of Event	ned, causing a delay in schedulin $\frac{1}{3}$	g transportation
Organization BNN	D	School TCC	1	
, Organization <u>con</u>	Number of Passenge	~ N/O	,	
	idelinat of Laggaride	10		
Type of Trip (Check One)			Hother (Funtain to Datall)	
□ In-County Instructional	☐ In-County Athi	etic	Other: (Explain In Detall)	
☐Out-of-County Instructional	□ Out-of-County	Athletic		
☐Out-of-State Instructional	□ Out-Of-State /	Athletic		
Destination (Event, City, and State) WKU	Henr Bard			
Planned Stops To and From		17		
Departing Location TCCHS Band Kron	Date of Departur     Date of Departur	0//18/18	Time of Departure	
Returning Location TCCHS Band Know	Date of Return 1	/20://8	· Time of Return	5:00pm
Chaperone's William & Carmiche		Chaperone's	Phone # 270 221 /0	7 (
Special Requests (Check One)				
□Van	□Handicap Access		EfOther: (Explain In Detail)	HHIC
If requesting the Van, has the person driving bee	en certified and approved to	drive? □Yes	☐No (Check One)	
Person Driving Van Chrychard	-	rip Requested B	y I fewilliams	
Organization Responsible for Payment Sand	TRAVEL	•		
Approval of Site Based Council Representative	/\ //	<b>ANSER REPRE</b>	Date	-
•	DISTRICT L	JSE ONLY	,	· 3•
Section 2		· t.		
Approval of District Representative	医医乳压性医尿性 医红斑 医红斑 医红斑 医红斑		Date Date нимимимимимими	1 医异氯苯苯基苯苯基苯基
	VER - TURN THIS FOR		•	
Section 3		i.		
Date/Time of Departure			lometer Start	
Date/Time of Return	·	Od	lometer End	<del></del>

Date\_

Date\_

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

Coach or School Representative Signature

Driver Signature \_

Driver Comments \_\_\_