

Request to Place an Item on the AgendaName: Jeff WilliamsAddress: TCHSTelephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: TCHS BandCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Jennifer PopeDescription of Issue: band members to Murray State
University for Quad-State BandSpecific Action Requested: permission to travel to and stay
overnight for Quad-State Band* use of the van AND HHR requestedCheck 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 1/3/18 Date of Event Feb 22-24
Organization BAND School TCHS
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

QUAD STATE BAND

☐ Out-of-State Instructional

☐ Out-of-State Athletic

Destination (Event, City, and State) Murray State

Planned Stops To and From _____

Departing Location TCHS Band

Date of Departure 2/22/18

Time of Departure 8:00 am

Returning Location Same

Date of Return 2/24/18

Time of Return 3:00pm

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 Williams & Carmichael

Trip Requested By [Signature]

Organization Responsible for Payment BAND

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 _____