

Request to Place an Item on the AgendaName: JEFF WILLIAMSAddress: TCCHS

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: TCCHS BandCheck if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): _____

Mrs Pope

Description of Issue: _____

Specific Action Requested: permission to take a small group (less than 10) of students to participate in the UTM Chamber Music Festival on Thursday (3/22) - SATURDAY (3/24)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 3/5/18 Date of Event 3/22 - 3/24/18

Organization BAND School TCHS

Number of Passengers less than 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) UT MARTIN MARTIN, TN

Planned Stops To and From -

Departing Location TCHS Band Room Date of Departure 3/22/18 Time of Departure 8:00 a.m.

Returning Location TCHS B Room Date of Return 3/24/18 Time of Return 6:00 pm

Chaperone/s Jeff Williams & David 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 J. Williams & D. Carmichael Trip Requested By Jeff Williams

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 _____