

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name: Julie Gilliam; Brooke White

Address: TCHS

Telephone number: 270-265-2506

Name of school children attend, if applicable:

Group represented: TCHS Agriculture Dept.

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

Conferred with following administrators (names): Destrik Kinney

Description of Issue: student trip to the state convention in Lexington, KY

Specific Action Requested: permission for travel to AND overnight stay in Lexington, KY for the state convention 6-11 thru 6-13-19

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

STUDENTS

09.36 AP.21

van

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 8/1/18 Date of Event 6/11/19 - 6/13/19
Organization CCCHS School CCCHS
Number of Passengers _____

Type of Trip (Circle 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)) Lexington State Conv
Planned Stops to and from _____

Departing location CCCHS Date of Departure 6/11 Time of Departure 7:00
Returning location CCCHS Date of Return 6/13 Time of Return 4:00
Chaperone(s) J. Gilliam Chaperone's Phone # 994-0683

Special Requests (Check One)

- ☒ Van ☐ Wheelchair Accessible ☐ Other: Monitor ☐ 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 _____ Trip Requested By: B. White

Organization Responsible for Payment _____

Approval of Site Based Council Representative W. Smith Date 8-6-18

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____
Date/Time 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 _____

Review/Revised: 4/9/2018