

**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 7-24-18 Date of Event 10-27-18  
 Organization Band School TCHS  
 Number of Passengers 41

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) State Marching Band Championships Lexington, KY

Planned Stops to and from Elizabethtown, KY

Departing location TCHS Date of Departure 10-26 Time of Departure TBD

Returning location TCHS Date of Return 10-27 Time of Return TBD

Chaperone(s) Mike & Heather Disavala Chaperone's Phone # 270.799.3006

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: Mike Disavala

Organization Responsible for Payment TCHS Band

Approval of Site Based Council Representative Debra Date 7-30-18

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**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

**Request to Place an Item on the Agenda**Name: Mike D. PasavaleAddress: T CCHS

Telephone number: \_\_\_\_\_

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: Marching BandCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Deavrik KinneyDescription of Issue: Band traveling to state competition in Lexington. Due to early start time we need to stay the night before.Specific Action Requested: Request approval for overnight stay October 26th.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