

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name: Jolie Hamlet 5th grade ELA teacher, Todd County Middle School

Address: 515 W. Main St. Elton, KY 42220

Telephone number: 270-265-2511

Name of school children attend, if applicable: 175

Group represented: TCMS 5th grade

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

Conferred with following administrators (names): David A. Carmichael, principal

Description of Issue: The sixth grade students at our school will be reading "Miracle on 34th Street" in their ELA classes. The Romy Theater in Clarksville, TN is putting on a live version of this play, and the teacher(s) have requested they be allowed to go see it, and compare/contrast it to the book (which helps with one of their standards, as well).

Specific Action Requested: We request permission to travel with the sixth grade students (and faculty, as chaperones) to attend this event.

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: 9/17/2018 Date of Event: 11/29/2018

Organization: 6<sup>th</sup> grade students School: Todd County Middle School

Number of Passengers: 175 passengers

### Type of Trip (Check One)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> In-County Instructional               | <input type="checkbox"/> In-County Athletic     | <input type="checkbox"/> Other: (Explain In Detail) |
| <input type="checkbox"/> Out-of-County Instructional           | <input type="checkbox"/> Out-of-County Athletic |   |
| <input checked="" type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Roxy Theater in Clarksville, Tn

Planned Stops To and From: no planned stops

Departing Location: TCMS Date of Departure: 11/29/2018 Time of Departure: 8:30 a.m.

Returning Location: TCMS Date of Return: 11/29/2018 Time of Return: 12:30 p.m.

Chaperone/s: Julie Hamlet, Tonya Gregory, Nikl Andrews, Alisha Parrish Chaperone's Phone: 270-839-8290- Julie Hamlet

### Special Requests (Check One)

- |                              |  |                                  |   |
|------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> 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: Click here to enter text.

Trip Requested By: Julie Hamlet

Organization Responsible for Payment: Todd County Middle School

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

### Section 2

#### DISTRICT USE ONLY

Approval of District Representative \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3

#### DRIVER – TURN THIS FORM IN WITH TIMESHEETS

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 \_\_\_\_\_