

Request to Place an Item on the AgendaName: Laura VothAddress: TCBOE

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: Migrant ProgramCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Detrik KinneyDescription of Issue: out of county/state travel to
Tennessee Career & Technical in Clarksville,
TNSpecific Action Requested: permission to travel (VAN)
out of state w/ Migrant Program to
Clarksville, TN (Tennessee Career &
Technical)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

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Please fill out a separate form for each bus.)

Date of Request 11/11/18 Date of Event 2/21/19

Organization Migrant School MEP TCHS

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 and/or place) TN Career & Technical, CLKS, TN

Planned Stops to and from Lynch

Number of passengers 5 Date and Time of Departure 8:00 am 2/21/19

Departing location TCHS Date and Time of Return 2:45 pm 2/24/19

Returning location TCHS Chaperones J. W. 2:45 pm 2/21/19

Chaperones' Cell Phone # 270-604-5091

Please explain how this trip correlates with the unit of study College Career readiness

Special Requests (Driver, Type Bus, Handicap Access, etc.) VAN

Trip Requested By: J. W.

Driver Assigned _____ Bus # _____

Organization Responsible for Payment migrant

Approval of Site Based Council Representative _____

District Use Only

Section 2

Approval of District Representative District 2 Date _____

Driver – Turn in this Information with Timesheets

Section 3

Date/Time Departure _____ Odometer Start _____

Date/Time Return _____ Odometer Ending _____

Mileage Cost – total miles X \$1.50 per mile = _____

Driver Payment – total hours X \$10.50 per hour (Minimum two hours) = _____

Total Invoiced Amount _____ Invoiced to _____

Invoice Date _____ Payment Amount received _____ Payment Date _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Review/Revised: 9/10/12