

Request to Place an Item on the AgendaName: Amber GantAddress: TCCHSTelephone number: 270-604-9585

Name of school children attend, if applicable: _____

Group represented: TCCHS CheerCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Destrick KinneyDescription of Issue: UCA Cheer Camp in Panama City BeachSpecific Action Requested: Permission to travel to and stay overnight at the UCA Cheer Camp in Panama City Beach, FloridaCheck 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: 1/23/2019 Date of Event: 6/13/2019

Organization: TCCHS Cheerleading School: TCCHS

Number of Passengers: 18-20 Depending on Chaperones

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): UCA Cheer Camp in Panama City Beach, Florida

Planned Stops To and From: N/A

Departing Location: TCCHS Annex Date of Departure: 6/13/2019 Time of Departure: 3:00AM

Returning Location: TCCHS Annex Date of Return: 6/17/2019 Time of Return: 10:30pm

Chaperone/s: Brandy Klees and at least 2 more TBD Chaperone's Phone: 270-604-9585

Special Requests (Check One)

☐ Van

☐ Wheelchair Accessible

☐ 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: Click here to enter text.

Trip Requested By: Amber Gant

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date 1-23-19

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