

Request to Place an Item on the Agenda

Name: Mike DePasquale
Address: TCHS
Telephone number: 270-265-2506
Name of school children attend, if applicable: _____
Group represented: TCHS Band
Check if request was submitted to: ☒ Superintendent ☐ Board Chairperson
Conferred with following administrators (names): Derrick Kinney

Description of Issue: Travel out-of-state

Specific Action Requested: The band would like to travel to the Music City Invitational at McQuinn HS in Nashville, Tennessee on October 19, 2019.

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 2-20-2019 Date of Event 10-19-2019
 Organization TCCHS Band School TCCHS
 Number of Passengers TBD 45?

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)) MUSIC CITY Invitational McGovoe HS Nashville, TN

Planned Stops to and from NA

Departing location TCCHS Date of Departure 10-19 Time of Departure TBD

Returning location TCCHS Date of Return 10-19 Time of Return TBD

Chaperone(s) Mike DiPasquale 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 DiPasquale

Organization Responsible for Payment TCCHS Band

Approval of Site Based Council Representative Wentz Date _____

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District Use Only

Section 2

Approval of District Representative _____ Date _____

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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