

Request to Place an Item on the Agenda

Name: **Bruce Voth**

Address: **7300 Greenville Rd. Elkton, KY 42220**

Telephone number: **270-277-6800**

Name of school children attend, if applicable: **North Todd Elementary School**

Group represented: **North Todd Elementary School 2nd Grade**

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

Conferred with following administrators (names): _____

Description of Issue: **Field Trip to Nashville Zoo (out of state)**

Specific Action Requested: **Request approval for out of state trip to Nashville Zoo.**

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.

4-23-19

Review/Revised:3/13/2006

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: 3/4/2019 Date of Event: 4/23/2019

Organization: 2nd Grade School: NTES

Number of Passengers: 72

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): Nashville Zoo, 3777 Nolensville Pike, Nashville, TN 37211

Planned Stops To and From: NONE

Departing Location: NTES Date of Departure: 4/23/2019 Time of Departure: 8:30 AM

Returning Location: NTES Date of Return: 4/23/2019 Time of Return: 2:50 PM

Chaperone/s: Sierra Smith, Joanie Bedwell, Michaela Boisseau Chaperone's Phone: (270) 619-2126

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: Sierra Smith

Organization Responsible for Payment: NTES SBDM 005 0894

Approval of Site Based Council Representative



Date: 3/5/19

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