

Request to Place an Item on the AgendaName: Julie Gilliam

Address: _____

Telephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: TCHS FFACheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Danuk KinneyDescription of Issue: Overnight stay for the Rising Sun ConferenceSpecific Action Requested: permission to stay overnight in Harborsburg, KY for the Rising Sun ConferenceCheck 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 – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request August 15, 2019 Date of Event Sept. 13-14
Organization FFH School TCHS
Number of Passengers 2

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)) Rising Sun Conference Hardinsburg, KY
Planned Stops to and from dinner on the way
Departing location TCHS Ag Date of Departure 9/13 Time of Departure 3PM
Returning location TCHS Ag Date of Return 9/14 Time of Return 3PM
Chaperone(s) Quanes/Gilliam Chaperone's Phone # 270-994-0683
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 Quanes/Gilliam Trip Requested By: Julie Gilliam
Organization Responsible for Payment FFH
Approval of Site Based Council Representative [Signature] Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

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