

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name: Julie Williams

Address: _____

Telephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: TCHS FFA

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

Conferred with following administrators (names): District Kinney

Description of Issue: attend the National FFA
Convention in Indianapolis, IN

Specific Action Requested: permission for out-of-state
travel and overnight stay in Indianapolis,
IN for the National FFA convention

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 – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Date of Request Aug 5, 2019 Date of Event Oct 30 - Nov 2
Organization FFA School TCC HS
Number of Passengers 15-20

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)) Indianapolis IN. National FFA Convention

Planned Stops to and from Fast Food TBA

Departing location TCC HS Ag Date of Departure _____ Time of Departure TBA

Returning location TCC HS Ag Date of Return _____ Time of Return TBA

Chaperone(s) William / Quares Chaperone's Phone # 276-994-0683

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 _____ Trip Requested By: Julia Gilliam

Organization Responsible for Payment Ag

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