

# 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: 12/2/2019 Date of Event: 1/22/2020

Organization: NTES Jr. Beta

School: NTES

Number of Passengers: 20

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): KY Jr. Beta Convention, Louisville, KY 1/22/2020 – 1/24/2020

Planned Stops To and From: None

Departing Location: NTES Date of Departure: 1/22/2020 Time of Departure: 8:30 AM

Returning Location: NTES Date of Return: 1/24/2020 Time of Return: 12:00PM

Chaperone/s: Brett Carver Chaperone's Phone: (270) 847-3506

Special Requests (Check One)

Van

Wheelchair Accessible

Monitor

Other: (Explain In Detail) **PARENTS TRANSPORTING**

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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative



Date 12/2/19

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 \_\_\_\_\_