

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 2/6/2020 Date of Event 05/22/2020

Organization Project Graduation School TCCHS

Number of Passengers 223

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): The City Forum, Clarksville TN

Planned Stops To and From: none

Departing Location: TCCHS Date of Departure: 5/22/2020 Time of Departure: 10:30pm (Friday evening)

Returning Location: TCCHS Date of Return: 05/22/2020 Time of Return: 4:30am (Saturday morning)

Chaperone/s: Tiffany Wood

Chaperone's Phone # 931-801-0751

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ 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: Tiffany Wood

Organization Responsible for Payment Project Graduation

Approval of Site Based Council Representative  Date Click here to enter a date.

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date: Click here to enter a date.

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure: Click here to enter text.

Odometer Start: Click here to enter text.

Date/Time of Return: Click here to enter text.

Odometer End: Click here to enter text.

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature _____ Date Click here to enter a date.

Request to Place an Item on the AgendaName: Liffany WoodAddress: TCHSTelephone number: 270-265-2306

Name of school children attend, if applicable: _____

Group represented: TCHS Project GraduationCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Deatrik KinneyDescription of Issue: Transportation to the CityForum, Clarksville TNSpecific Action Requested: permission to travel to theCity Forum in Clarksville TN forProject GraduationCheck 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