

Request to Place an Item on the AgendaName: Lee QuallsAddress: TCHSTelephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: Girls' & Boys' BasketballCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Detrick KinneyDescription of Issue: basketball games - out-of-stateSpecific Action Requested: permission to travel out-of-state (Jo Byrns HS) for basketball gamesCheck 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

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 11-4-20 Date of Event 12-14-20
 Organization TCC HS Basketball School TCC HS
 Number of Passengers 40

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) Girls/Boys Basketball, Ceder Hill TN (Jo Byrns)

Planned Stops to and from _____

Departing location TCC HS Date of Departure 12/14 Time of Departure 4:30

Returning location TCC HS Date of Return 12/14 Time of Return 10:30

Chaperone(s) _____ Chaperone's Phone # _____

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: [Signature]

Organization Responsible for Payment Athletics

Approval of Site Based Council Representative _____ 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