

Request to Place an Item on the Agenda

Name: Jan Martin

Address: TCCHS

Telephone number: 270-265-2506

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: TCCHS Project Graduation

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Detric Kinney

Description of Issue: transportation out-of-state

Specific Action Requested: Permission for TCCHS to shuttle to the City Forum in Clarksville, TN for Project Graduation on Friday, May 14<sup>th</sup>

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

**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 2-4-21 Date of Event 5-14-21  
Organization Project Grad School TCCHS  
Number of Passengers 150

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)) The City Forum, Clarksville, TN  
Planned Stops to and from -

Departing location TCCHS Date of Departure 5-14-21 Time of Departure 10:00 pm  
Returning location TCCHS Date of Return 5-14-21 Time of Return 5:00 am

Chaperone(s) Jan Martin Chaperone's Phone # 270 604 7214

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: Monitor
- Other (Explain in Detail) Busses

If requesting the van, has the person driving been certified and approved to drive?  Yes  No (Check one)

Person Driving Van \_\_\_\_\_ Trip Requested By: ja mart  
Organization Responsible for Payment Project Grad

Approval of Site Based Council Representative [Signature] Date 2-4-21

**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 \_\_\_\_\_