

Request to Place an Item on the Agenda

Name: Laura Voth

Address: BOE

Telephone number: 2706045091

Name of school children attend, if applicable: _____

Group represented: MEP

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Pope

Description of Issue: MEP students to visit ~~FA~~
Center for Applied Technology & Austin
Peay - meet w/ dept heads, admissions,
& Latino Student organization

Specific Action Requested: Approve trip request

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 2/25/21 Date of Event 4/21/21
Organization MEP School district
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) ~~TCCAT~~ APSU, Clarksville

Planned Stops To and From None

Departing Location TCCHS Date of Departure 4/14/21 Time of Departure 8:15 AM

Returning Location TCCHS Date of Return 4/14/21 Time of Return 3:00 PM

Chaperone/s L. Voth P. Ramirez Chaperone's Phone # 2706045091

Special Requests (Check One) N/A

- 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 _____ Trip Requested By _____

Organization Responsible for Payment MEP

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 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 _____