

Request to Place an Item on the Agenda

Name: Carey Williams

Address: 800 S. Main St. Elkhart KY 42226

Telephone number: 270847-9561

Name of school children attend, if applicable: TCCHS

Group represented: Softball

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Carey Williams, Kevin McPherson
Walt Hilden

Description of Issue: Out-of-state softball games at
Jo Byrns High School in Cedar Hill, TN. on Apr. 12 2021

Specific Action Requested: _____

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 3/8/21

Date of Event 4/12/21

Organization TCHS Softball

School TCHS

Number of Passengers 25

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)) To Byrns HS. Cedar Hill TN

Planned Stops to and from TBA

Departing location TCHS Annex Date of Departure 4/12/21 Time of Departure 4:00

Returning location TCHS Annex Date of Return 4/12/21 Time of Return TBA

Chaperone(s) Coach

Chaperone's Phone # 2708479561

Special Requests (Check One)

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

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

Person Driving Van _____ Trip Requested By: Carey W. Hiett

Organization Responsible for Payment TCHS Athletics

Approval of Site Based Council Representative [Signature] Date 3-8-21

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 _____