

Request to Place an Item on the Agenda

Name: Casey Williams

Address: 800 S. Main St. Feltton KY 40220

Telephone number: 270 847-6591

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): Casey Williams, Kevin McPherson, Walt Haden

Description of Issue: Overnight stay in Murray KY for a softball tournament on April 9-10 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 4/9-10/21  
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) Murray H.S. - Tournament  
Planned Stops to and from TBA

Departing location TCHS Annex Date of Departure 4/9/21 Time of Departure TBA  
Returning location TCHS Annex Date of Return 4/10/21 Time of Return TBA

Chaperone(s) Coach Chaperone's Phone # 2708476591

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 Williams  
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 \_\_\_\_\_