

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name: Quashawn Quarles

Address: TCHS

Telephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: Agriculture/FFA

Check if request was submitted to: ☒ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): Derrick Kinney

Description of Issue: state FFA camp

Specific Action Requested: permission to travel to and attend the Kentucky FFA Camp in Hardinsburg, KY on July 5 & 7 (this is overnight)

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 March 30, 2021 Date of Event July 5-7th, 2021
 Organization TCHS FFA School _____
 Number of Passengers 9 students, 2 advisors

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)) KY FFA Camp Hardinsburg, KY

Planned Stops to and from _____

Departing location TCHS Greenburg Date of Departure July 5th Time of Departure 8 AM

Returning location TCHS Greenburg Date of Return July 7th Time of Return 6 PM

Chaperone(s) Quashaba Quashaba & Sheryl Berry

Chaperone's Phone # 270-200-8813

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 Quashaba Quashaba & Sheryl Berry Trip Requested By: Quashaba Quashaba

Organization Responsible for Payment TCHS FFA

Approval of Site Based Council Representative [Signature] Date 3-30-21

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 _____

Review/Revised: 4/9/2018