

Request to Place an Item on the AgendaName: Quintawn QuarlesAddress: TCHSTelephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: Agriculture/FFACheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Detrick KinneyDescription of Issue: state FFA conventionSpecific Action Requested: permission to travel to and attend the Kentucky FFA Convention in Lexington, KY on June 8-10 (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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Please fill out a separate form for each bus.)

Date of Request March 30, 2021 Date of Event June 8-10, 2021

Organization KY FFA School TCLHS FFA

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 and/or place) KY FFA Convention Lexington, KY

Planned Stops to and from Elizabeth town

Number of passengers 12 Date and Time of Departure June 8th @ 8 AM

Departing location TCLHS Greenhouse Date and Time of Return June 10th @ 5 PM

Returning location TCLHS Greenhouse Chaperones Quashawn Quashawn

Chaperones' Cell Phone # 270-206-6413

Please explain how this trip correlates with the unit of study Students attending will be allowed to represent region and demonstrate leadership skills gained through classroom

Special Requests (Driver, Type Bus, Handicap Access, etc.)

Trip Requested By: Quashawn Quashawn

Driver Assigned _____ Bus # _____

Organization Responsible for Payment TCLHS FFA

Approval of Site Based Council Representative [Signature]

District Use Only

Section 2

Approval of District Representative _____ Date _____

Driver -- Turn in this Information with Timesheets

Section 3

Date/Time Departure _____ Odometer Start _____

Date/Time Return _____ Odometer Ending _____

Mileage Cost – total miles X \$1.50 per mile = _____

Driver Payment – total hours X \$10.50 per hour (Minimum two hours) = _____

Total Invoiced Amount _____ Invoiced to _____

Invoice Date _____ Payment Amount received _____ Payment Date _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Review/Revised: 9/10/12