

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name:

Josh Robins

Address:

TCHS

Telephone number:

270-265-2506

Name of school children attend, if applicable:

Group represented:

TCHS Football

Check if request was submitted to:



Superintendent



Board Chairperson

Conferred with following administrators (names):

*Deitrik Kinney,
Mike Smith, AD*

Description of Issue:

out-of-state football game

Specific Action Requested:

*Permission to attend and
travel to an out-of-state location
(East Robertson High School) for football*

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 3/29/2021 Date of Event 8/13/2021

Organization Football School TCHS

Number of Passengers 50

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)) East Robertson High School TN

Planned Stops to and from _____

Departing location TCHS Date of Departure 8/13 Time of Departure 3:00

Returning location TCHS Date of Return 8/13 Time of Return 700

Chaperone(s) Josh Robins Chaperone's Phone # 8645254548

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 _____ Trip Requested By: Josh Robins

Organization Responsible for Payment Athletics/Football

Approval of Site Based Council Representative [Signature] Date 3-29-21

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 _____