

Request to Place an Item on the AgendaName: Lisa Chester ; Steve Lyne (Volleyball coaches)Address: 1242 Baylor Ct Clarksville, 1220 Russellville Rd Attensville, KyTelephone number: 2706042985 ; 2707256752

Name of school children attend, if applicable: _____

Group represented: TCC HS VolleyballCheck if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): _____

Description of Issue: Varsity players only - July 30, 31, Aug 1

We are requesting permission to travel to Lexington, Ky to participate in a scrimmage tournament which will be held at different locations. We are asking for bus transport to drop off only. Parents and players will stay overnight together for two nights with parents transporting their own player home

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

STUDENTS

09.36 AP.21

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 5.27.21 Date of Event July 30, 31, Aug. 1
Organization TCC HS Volleyball School TCC HS
Number of Passengers approx 13

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) Lexington, KY Volleyball Tournament Schmitts

Planned Stops to and from TBA

Departing location TCC HS Date of Departure 7.30.21 Time of Departure TBA

Returning location _____ Date of Return _____ Time of Return Dropoff only

Chaperone(s) USA Chester, Steve Lyne Chaperone's Phone # 270-604-2985 Lisa

Special Requests (Check One) 270-725-6752 Steve

- ☐ 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: USA Chester

Organization Responsible for Payment TCC HS Athletics

Approval of Site Based Council Representative [Signature] Date 5-27-21

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