

Request to Place an Item on the Agenda

Name: Mike DePasquale

Address: TCHS

Telephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: Band

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Overlin

Description of Issue: out-of-state Marching Band competition

Specific Action Requested: permission to travel to Austin Peay State University (out-of-state) for a marching band competition

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: 8/20/2021 Date of Event: 10/30/2021

Organization: TCCHS Band School: TCCHS

Number of Passengers: 46

Type of Trip (Check 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): Mid South Marching Invitational, Austin Peay State University

Planned Stops To and From: NA

Departing Location: TCCHS Date of Departure: 10/30/2021 Time of Departure: TBD

Returning Location: TCCHS Date of Return: 10/30/2021 Time of Return: TBD

Chaperone/s: Mike DiPasquale Chaperone's Phone: 270.799.3006

Special Requests (Check One)

- Van Wheelchair Accessible 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: Click here to enter text.

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: TCCHS Band

Approval of Site Based Council Representative

Date

8-26-21

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of 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 _____