## 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 9/2/21cDate of Event 12/2/21 Organization GT Schoo -IAII schools grades 4-12 Number of Passengers approximately no more than 50 Type of Trip (Check One) ☐ Other: (Explain In Detail) □ In-County Instructional □ In-County Athletic □ Out-of-County Instructional ☐ Out-of-County Athletic ☐ Out-Of-State Athletic XOut-of-State Instructional Destination (Event, City, and State):Roxy theater - Clarksville, TN Planned Stops To and From: Dinner at a restaurant in Clarksville Date of Departure: 12/2/21. Time of Departure: 4:30 Departing Location: TCCHS Returning Location: TCCHS Date of Return: 12/2/21 Time of Return: 9:45 PM Chaperone's Phone # 270-498-0452 Chaperone/s: Lisa Petrie Special Requests (Check One) □ Handicap Access □ Other: (Explain In Detail) □Van If requesting the Van, has the person driving been certified and approved to drive? □ No (Check One) Person Driving Van: Click here to enter text. Trip Requested By: Click here to enter text. Organization Responsible for Payment TC Athletics Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 Approval of District Representative Date: Click here to enter a date. DRIVER - TURN THIS FORM IN WITH TIMESHEETS Section 3 Odometer Start: Click here to enter text. Date/Time of Departure: Click here to enter text. Date/Time of Return: Click here to enter text. Odometer End: Click here to enter text. I hereby certify that the above information is correct to the best of my knowledge. Date Click here to enter a date. Driver Signature Driver Comments: Click here to enter text. Date Click here to enter a date. Coach or School Representative Signature