

# 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 7/25/21 Date of Event 9/27/21  
Organization Volleyball School TCMS  
Number of Passengers 17

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) Northeast Clarksville TN.  
Planned Stops to and from eat a few game.  
Departing location TCMS Date of Departure 9/27 Time of Departure 3:30pm  
Returning location TCMS Date of Return 9/27 Time of Return 9:00pm  
Chaperone(s) \_\_\_\_\_ Chaperone's Phone # \_\_\_\_\_

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: \_\_\_\_\_

Organization Responsible for Payment \_\_\_\_\_

Approval of Site Based Council Representative [Signature] Date 8/23/21

**District Use Only**

**Section 2**

Approval of District Representative [Signature] 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