

Request to Place an Item on the AgendaName: Lisa PetrieAddress: TCCHSTelephone number: 370-265-3506

Name of school children attend, if applicable: _____

Group represented: TCCHS BETACheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: college visitsSpecific Action Requested: Permission to travel to and stay overnight for a college visit (EKU, Berea, UKY)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 9/26/21 Date of Event November 8TH

Organization Beta School TCCHS

Number of Passengers approximately 6

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): BERA COLLEGE - TOUR OF EKU, BERA AND SHORT UK VISIT

Planned Stops To and From: As needed - Bathroom

Departing Location: TCCHS

Date of Departure: SUNDAY, NOV 7TH, 2021 . Time of Departure: 10:00 AM

Returning Location: TCCHS Date of Return: MONDAY, NOV. 8TH 2021 Time of Return: 7:00 PM. Chaperone/s: Lisa Petrie

Chaperone's Phone # 270-498-0452

Special Requests (Check One)

☒ Van

☐ Handicap Access

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? XYes

☐ No (Check One) - PHYSICAL SCHEDULED

Person Driving Van: LISA PETRIE

Trip Requested By: LISA PETRIE

Organization Responsible for Payment - GT

Approval of Site Based Council Representative

Date Click here to enter a date.

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

Date/Time of Departure: Click here to enter text.

Odometer Start: 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.

Driver Signature

Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature

Date Click here to enter a date.