

Request to Place an Item on the AgendaName: Lisa PitrieAddress: TCHS / TC BOETelephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: Gifted & TalentedCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quarles; David CarmichaelDescription of Issue: student attendance to cultural events/instructional activitiesSpecific Action Requested: Permission to travel out-of-state to: Roxy Theatre (Clarksville, TN) for the Freedom Train (October) and It's A Wonderful Life (December); the Discovery Center of America (Union City, TN) in November; and, the Van GoghCheck 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

Interactive Exhibit (Nashville, TN)
in January, 2022

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 October 15, 2021

Organization *GT* School TCCHS/TCMS/NTE/STE

Number of Passengers approximately 50

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

*Freedom Train
(Roxy)*

Destination (Event, City, and State): Roxy Regional Theater

Planned Stops To and From: Dinner at Fazolis

Departing Location: TCCHS

Date of Departure: Friday, October 15 .Time of Departure: 5:00 PM

Returning Location: TCCHS Date of Return: Friday, October 15 Time of Return: 11:00 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?

☐ No (Check One)

Person Driving Van:

Trip Requested By: LISA PETRIE

Organization Responsible for Payment - GT

Approval of Site Based Council Representative

[Signature]

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.

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 9/30/2021.

Date of Event November 13th, 2021

Organization GT School TCCHS/TCMS/STE/NTE

Number of Passengers approximately 50

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): Discovery Center of America

Union City, TN

Planned Stops To and From: Only as needed

Departing Location: TCCHS

Date of Departure: Nov. 13, 2021 Time of Departure: 8:00 AM

Returning Location: TCCHS.

Date of Return: Nov. 13, 2021 Time of Return: 6:00 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? ☐ Yes

☐ No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: *Lisa Petrie*

Organization Responsible for Payment - GT

Approval of Site Based Council Representative

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DISTRICT USE ONLY

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Driver Comments: Click here to enter text.

Coach or School Representative Signature

Date Click here to enter a date.

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 -lAll schools grades 4-12

Number of Passengers approximately no more than 50

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☐ Out-of-County Instructional

☐ Out-of-County Athletic

XOut-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State):Roxy theater - Clarksville, TN

Planned Stops To and From: Dinner at a restaurant in Clarksville

Departing Location: TCCHS

Date of Departure: 12/2/21.Time of Departure: 4:30

Returning Location: TCCHS Date of Return: 12/2/21 Time of Return: 9:45 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? ☐ Yes

☐ 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

Date Click here to enter a date.

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date: Click here to enter a date.

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

Odometer End: Click here to enter text.

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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.

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 January - TBA

Organization *GT* School TCCHS/TCMS

Number of Passengers approximately 20

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): TBA - Location not announced yet

Planned Stops To and From: Opry Mills Mall for dinner

Departing Location: TCCHS

Date of Departure: TBA .Time of Departure: noon

Returning Location: TCCHS Date of Return: TBA Time of Return: TBA. Chaperone/s: Lisa Petrie/Wendy Duvall/Melissa Rose
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?

☐ No (Check One)

Person Driving Van:

Trip Requested By: LISA PETRIE

Organization Responsible for Payment - GT

Approval of Site Based Council Representative

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Driver Comments: Click here to enter text.

Coach or School Representative Signature _____ Date Click here to enter a date.

*Van Gogh Interactive
Exhibit (Nashville)*