

Request to Place an Item on the AgendaName: Casey WilliamsAddress: TCCHSTelephone number: 270-265-2506

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: TCCHS SoftballCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: softball tournamentSpecific Action Requested: Permission to travel to and stay overnight in Ft. Walton Beach, FL for the purpose of participating in a softball tournamentCheck 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: 9/29/21 Date of Event: 4/3/2022

Organization: Softball School: TCCHS

Number of Passengers: 20

Type of Trip (Check One)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> In-County Instructional     | <input type="checkbox"/> In-County Athletic               | <input type="checkbox"/> Other: (Explain In Detail) |
| <input type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic           |   |
| <input type="checkbox"/> Out-of-State Instructional  | <input checked="" type="checkbox"/> Out-Of-State Athletic |   |

Destination (Event, City, and State): Ft. Walton Beach, Florida

Planned Stops To and From: No

Departing Location: TCCHS Date of Departure: 4/3/2022 Time of Departure: N/A

Returning Location: TCCHS Date of Return: 4/9/2022 Time of Return: N/A

Chaperone/s: N/A Chaperone's Phone: 270-847-6591

Special Requests (Check One)

- |                              |  |                                  |   |
|------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> 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: Casey Williams

Organization Responsible for Payment: TCCHS

Approval of Site Based Council Representative

Date

10-1-21

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