

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 Freedom Train Date of Event Saturday, October 16th

Organization GT School Middle/High School

Number of Passengers approximately 50 max

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): Roxy Regional Theater

Planned Stops To and From: Supper: Fazoli's in Clarksville

Departing Location: TCCHS

Date of Departure: October 16th Time of Departure: 5:30 pm

Returning Location: TCCHS Date of Return: October 16th. Time of Return: 11PM

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. 9/27/21

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 9/2/21 Date of Event Wednesday, October 20, 2021

Organization GT School All schools

Number of Passengers approximately

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

X Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State): Alhambra Theater

Planned Stops To and From: None

Departing Location: TCCHS

Date of Departure: October 20, 2021 .Time of Departure: 5:45PM

Returning Location: TCCHS Date of Return: Oct 20,2021 Time of Return: 9:45

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.

9/27/21

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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 9/8/2021. Date of Event Van Gogh Art Exhibit

Organization GT School TCCHS/TCMS

Number of Passengers approximately 40

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): Nashville, TN location TBA

Planned Stops To and From: The Opry Mills Mall Food Court for dinner

Departing Location: TCCHS

Date of Departure: TBA possible Nov. 16 Time of Departure: 12:00 TCCHS

Returning Location: TCCHS. Date of Return: Nov. 16 Time of Return: 9:00 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: Click here to enter text.

Organization Responsible for Payment - GT

Approval of Site Based Council Representative



9/27/21
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: 9/24/21 Date of Event: Thursday, October 14, 2021

Organization: Middle School SPED School: TCMS

Number of Passengers: 10 (6 students, 4 adults)

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): Christian Way Farm 19590 Linville Rd. Hopkinsville, KY

Planned Stops To and From: N/A

Departing Location: TCMS Date of Departure: Thursday, Oct. 14th Time of Departure: 8:30 am

Returning Location: TCMS Date of Return: Thursday, Oct. 14th Time of Return: 2:00 pm

Chaperone/s: Heather Key Chaperone's Phone: 270-604-3697

Special Requests (Check One)

☐ Van

☐ Wheelchair Accessible

☐ Monitor

☒ Other: (Explain In Detail) Special Needs Bus

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: Heather Key

Organization Responsible for Payment: Special Education

Approval of Site Based Council Representative

Date

9-27-21

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

Section 3

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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

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: 9/24/21 Date of Event: Thursday, November 4, 2021

Organization: Middle School SPED School: TCMS

Number of Passengers: 10 (6 students, 4 adults)

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): Elkton- Todd Co. Animal Clinic, Food Giant, Hardware Store, Dairy Queen, Todd Co. Park

Planned Stops To and From: N/A

Departing Location: TCMS Date of Departure: Thursday, Nov. 4th Time of Departure: 9:00

Returning Location: TCMS Date of Return: Thursday, Nov. 4th Time of Return: 2:00

Chaperone/s: Heather Key Chaperone's Phone: 270-604-3697

Special Requests (Check One)

☐ Van

☐ Wheelchair Accessible

☐ Monitor

☒ Other: (Explain In Detail) Special Needs Bus

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: Heather Key

Organization Responsible for Payment: Special Education

Approval of Site Based Council Representative DLA Date 9-27-21

Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3

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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 _____

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 9/2/21 Date of Event 12/2/21

Organization GT Schoo -All 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

☒ Out-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

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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: 9/24/21 Date of Event: Thursday, December 2nd, 2021

Organization: Middle School Sped School: TCMS

Number of Passengers: 10 (6 students, 4 adults)

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): Russellville, KY: Dollar Tree, Captain D's

Planned Stops To and From: N/A

Departing Location: TCMS Date of Departure: Thursday, Dec. 2nd Time of Departure: 9:00

Returning Location: TCMS Date of Return: Thursday, Dec. 2nd Time of Return: 2:00

Chaperone/s: Heather Key Chaperone's Phone: 270-604-3697

Special Requests (Check One)

☐ Van

☐ Wheelchair Accessible

☐ Monitor

☒ Other: (Explain In Detail) Special Needs Bus

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: Heather Key

Organization Responsible for Payment: Special Education

Approval of Site Based Council Representative: 

Date 9-27-21

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Date: _____

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Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ 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 9/23/21 Date of Event January 12-14

Organization Beta School TCMS

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): Louisville, KY The Galt House

Planned Stops To and From: As needed - Bathroom

Departing Location: TCCHS

Date of Departure: Jan. 12, 2022 Time of Departure: 10:00 AM

Returning Location: TCCHS Date of Return: January 14, 2022 Time of Return: 2:00 PM. Chaperone/s: Lisa Petrie - Kassity Boor
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 TCMS Beta Club

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Driver Comments: Click here to enter text.

Coach or School Representative Signature

Date Click here to enter a date.