

**Request to Place an Item on the Agenda**

Name: Mike DePasquale

Address: TCCHS

Telephone number: 270-265-2506

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

Group represented: TCCHS Band

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Lee Overlin

\_\_\_\_\_

\_\_\_\_\_

Description of Issue: All-District Band (overnight)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Action Requested: permission to travel to Bowling Green and stay overnight

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: 11/19/2021      Date of Event: 1/6/2008

Organization: Band      School: TCCHS

Number of Passengers: 5

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): All-District Band. Bowling Green, KY

Planned Stops To and From: NA

Departing Location: TCCHS      Date of Departure: 1/6/2021      Time of Departure: 3:00

Returning Location: TCCHS      Date of Return: 1/8/2021      Time of Return: afternoon

Chaperone/s: Mike DiPasquale      Chaperone's Phone: 2707993006

Special Requests (Check One)

- Van       Wheelchair Accessible       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: Heather DiPasquale

Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: Band

Approval of Site Based Council Representative

Date 11-29-21

*Van Request*

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 \_\_\_\_\_