

Request to Place an Item on the AgendaName: Lisa PetrusAddress: TCBEETelephone number: 270-265-2436

Name of school children attend, if applicable _____

Group represented: TCBEE BETACheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): See RemarksDescription of Issue: out-of-state travelSpecific Action Requested: permission to travel to and stay overnight at Ophrys Hotel (Rushville, IN) for the National BETA convention, July 1-4, 2005Check 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 2/22/22 Date of Event July 1-4, 2022

Organization: BETA Club School TCCHS

Number of Passengers approximately 20-25

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- Gaylord Hotel

Planned Stops To and From: NONE

Departing Location: TCCHS

Date of Departure: 7/1

Time of Departure: TBA

Returning Location: TCCHS Date of Return: 7/4 Time of Return: TBA

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: Lisa Petrie

Trip Requested By: Lisa Petrie

Organization Responsible for Payment BETA

Approval of Site Based Council Representative

 Date Click here to enter a date. 2-22-22

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.