

Request to Place an Item on the AgendaName: Lane, JoshAddress: BOETelephone number: 2706045091Name of school children attend, if applicable: NAGroup represented: MEPCheck if request was submitted to: ☒ Superintendent ☐ Board Chairperson

Conferred with following administrators (names):

J. RoseDescription of Issue: Summer Learning PlanSpecific Action Requested: Approve Plan / Field TripsCheck 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

## **Todd/Muhlenberg Migrant Education Summer Plan Narrative 2022**

Our current enrollment includes 164 students, 145 of whom will be eligible for summer learning services. These include ten out of school youth, nineteen preschool aged children and 116 who are rising K – 12<sup>th</sup> grade students. We intend to serve all these students in addition to the others we locate between now and the first day of school in August.

We will encourage and facilitate participation in any applicable summer programming that will be offered by both Todd and Muhlenberg County Schools. We intend to supplement these offerings as outlined below.

Parents continue to advise us that they are concerned about their children's learning loss as well as their physical and mental wellness. In response to these concerns, we seek to address both academic learning loss and the physical and mental health issues that have presented themselves in our students. Students will explore various topics including:

- Reading Comprehension strategies (K-12)
- Vocabulary Development (K-12)
- Nutrition/Cooking/Healthy Eating/Food Safety (K-12)
- Physical Fitness (K-12)
- Self-Care Strategies/Managing Stress and Anxiety (K-12)
- Friendship/Social Skills Development/Team Building (K-12)
- Water Safety/Swimming Lessons (K-12)
- Career Exploration (6-12)
- Post Secondary Education (6-12)
- STEAM Application (6-12)
- Career Readiness – Applications, Interviews, Public Speaking (9-12)
- Home Based Instruction Designed to Maintain Math& ELA Skills (K-12 as needed)
- Home Activities for Kindergarten Readiness (PreK)
- Home Based English as a Second Language/Practical Living Skills (Out of School Youth)

Transportation will be provided to all our K-12 Todd and Muhlenberg students.

Services will be provided in a variety of ways including in-person day camps, overnight camps for middle and high schoolers and home-based study. We have secured the POPS facility at Petrie Memorial UMC in Elkton as our home base for in-district activities provided by the MEP and have plans to collaborate with Todd County Extension Services and the Todd County Library to provide services locally. This program will focus on rising K-8 students while our high school students will have an opportunity to serve as volunteer tutors.

We have likewise secured the facilities at the West KY 4-H Camp for our overnight camp for middle and high school students July 2-4. We are working with Bluegrass Community College to offer our high school students an opportunity to attend the Latinx Leadership and College Experience Camp July 24-29.

Our regional staff are also offering the Student Leadership Institute for high school students in person at Murray State June 5-11 and a Middle School Camp June 28 – July 1. The region is covering all costs associated with their camps except for basic supplies students might need for full participation.

## **Todd/Muhlenberg Migrant Education Summer Plan Narrative 2022**

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We will encourage and facilitate participation in any applicable summer programming that will be offered by both Todd and Muhlenberg County Schools. We intend to supplement these offerings as outlined below.

Parents continue to advise us that they are concerned about their children's learning loss as well as their physical and mental wellness. In response to these concerns, we seek to address both academic learning loss and the physical and mental health issues that have presented themselves in our students. Students will explore various topics including:

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- Water Safety/Swimming Lessons (K-12)
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- Post Secondary Education (6-12)
- STEAM Application (6-12)
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Our regional staff are also offering the Student Leadership Institute for high school students in person at Murray State June 5-11 and a Middle School Camp June 28 – July 1. The region is covering all costs associated with their camps except for basic supplies students might need for full participation.

Our high school students are planning to begin their service learning project in earnest in July (dates TBA). They will be facilitating small groups of parents and community leaders learning basic conversational English and Spanish respectively. The students will serve as expert guides for these small groups during this six-week mini-course.

Students who need additional support in math and reading will receive individualized instruction in their homes in addition to the site offerings. Students who travel during our formal scheduled activities and new arrivals will likewise be served in the home. We will teach math and ELA skills while addressing physical and mental health concerns.

Three and four-year-old students will be served in their homes. Readiness skills will be addressed (e.g., concepts, language, self-help). Summer Learning kits are available for preschoolers as well and will focus on kindergarten readiness. Out of school students will be offered adult education referrals, English as a Second Language classes, life skills and/or parenting for school readiness services in their homes. We are maintaining relationships with our community partners and will promote other learning opportunities available to all students in both counties.

We will continue to monitor guidance and respond as needed to any changes in guidance related to Covid-19 <https://education.ky.gov/comm/Documents/COVID%20Guidance%20-%20School-Related%20Travel.pdf>

## **Calendar of Events**

TBA – Todd County Credit recovery grades 6-12

TBA – Muhlenberg Credit recovery/Programming grades K-12

June 7, June 14, June 21, June 28 – Site based programming @ POPs (STEM, ELA, and enrichment programming) for K-8

June 8, 15, 22, 29 – Home based instruction/remediation grades K-8

June 9, June 18, June 23, June 30– Educational field trips grades K-8

June 5-11 – Student Leadership Institute sponsored by West Regional MEP Program at Murray State grades 9-12

June 28 -July 1 – Middle School Camp sponsored by West Regional MEP at KY Dam Village grades 6-8

July 2– July 4 – Todd/Muhlenberg Middle/High School Overnight STEAM Camp at West KY 4-H Camp grades 6-12

July 24 - 29 – Latinx Leadership and College Experience Camp at BCTC Newtown Campus, Lexington grades 10-12

June 8 – August 5 – Book Club Study – The Color Purple grades 9-12

August 6 – Field Trip Roxy Theatre for The Color Purple musical grades 9-12

All expenses beyond what is provided by the districts to all students will be covered by MEP.

<b>Required Expenses</b>	<b>Cost Estimate</b>
Diesel	5500 miles @ 1.50 per mile = \$8250
Personnel – Four Certified Teachers for 200 hours each	\$27/hour x 800 hours + 25% Fringe = \$27000
Personnel – Teacher/Driver	\$27/hour x 50 hours + 25% Fringe = \$1687.50
Personnel – Bus Driver	\$15/hour x 120 hours + 35% Fringe = \$2430
Fees/Admissions	\$5900
Instructional Materials	\$500
Supplies	\$500
Total Estimate	\$46267.50

## 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: 2/28/2022 Date of Event: 6/5/2022

Organization: Todd/Muhlenberg MEP School: MEP 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 checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Murray State

Planned Stops To and From: Only one bus needed – Pick students up at home and drop off at Murray for HS Camp

Departing Location: Date of Departure: 6/5/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/5/2022 Time of Return: by 1:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

### 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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_

## 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: 2/28/2022 Date of Event: 6/7/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40

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): Summer Learning Site @ POPs (June 7, 14, 21, 28)

Planned Stops To and From: None planned – home to site to home. One bus Muhlenberg/North Todd; One bus Elkton/South Todd

Departing Location: Date of Departure: 6/7/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/7/2022 Time of Return: by 5:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

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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: 2/28/2022 Date of Event: 6/7/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40

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): Summer Learning Site @ POPs (June 7, 14, 21,28)

Planned Stops To and From: None planned – home to site to home. One bus Muhlenberg/North Todd; One bus Elkton/South Todd

Departing Location: Date of Departure: 6/7/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/7/2022 Time of Return: by 5:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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: 2/28/2022 Date of Event: 6/9/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 60

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 Zoo

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to Nashville

Departing Location: Date of Departure: 6/9/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/9/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_

## 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: 2/28/2022 Date of Event: 6/9/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 60

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 Zoo

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to Nashville

Departing Location:

Date of Departure: 6/9/2022 Time of Departure: 6:00 AM

Returning Location:

Date of Return: 6/9/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn

Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date

### 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: 2/28/2022 Date of Event: 6/11/2022

Organization: Todd/Muhlenberg MEP School: MEP 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 checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Murray State

Planned Stops To and From: Only one bus needed – Pick students up at Murray from HS Camp and drop off at home

Departing Location: Date of Departure: 6/11/2022 Time of Departure: 9:00 AM

Returning Location: Date of Return: 6/11/2022 Time of Return: by 5:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

### 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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

### Section 2

#### DISTRICT USE ONLY

Approval of District Representative \_\_\_\_\_ Date: \_\_\_\_\_

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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: 2/28/2022 Date of Event: 6/14/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40

Type of Trip (Check One)

- |   |   |   |
|---|---|---|
| <input checked="" 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 type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Summer Learning Site @ POPs (June 7, 14, 21,28)

Planned Stops To and From: None planned – home to site to home. One bus Muhlenberg/North Todd; One bus Elkton/South Todd

Departing Location: Date of Departure: 6/14/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/14/2022 Time of Return: by 5:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

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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 \_\_\_\_\_

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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: 2/28/2022 Date of Event: 6/14/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40

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): Summer Learning Site @ POPs (June 7, 14, 21,28)

Planned Stops To and From: None planned – home to site to home. One bus Muhlenberg/North Todd; One bus Elkton/South Todd

Departing Location:

Date of Departure: 6/14/2022 Time of Departure: 6:00 AM

Returning Location:

Date of Return: 6/14/2022 Time of Return: by 5:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

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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: 2/28/2022 Date of Event: 6/18/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 60

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 checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Day Camp, West KY 4-H Camp

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to 4-H Camp

Departing Location: Date of Departure: 6/18/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/18/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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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: 2/28/2022 Date of Event: 6/18/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 60

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): Day Camp, West KY 4-H Camp

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to 4-H Camp

Departing Location: Date of Departure: 6/18/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/18/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_

# 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: 2/28/2022 Date of Event: 6/21/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40

## Type of Trip (Check One)

- |   |   |   |
|---|---|---|
| <input checked="" 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 type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Summer Learning Site @ POPs (June 7, 14, 21, 28)

Planned Stops To and From: None planned – home to site to home. One bus Muhlenberg/North Todd; One bus Elkton/South Todd

Departing Location: Date of Departure: 6/21/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/21/2022 Time of Return: by 5:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

## 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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_



# 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: 2/28/2022 Date of Event: 6/21/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40

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): Summer Learning Site @ POPs (June 7, 14, 21,28)

Planned Stops To and From: None planned – home to site to home. One bus Muhlenberg/North Todd; One bus Elkton/South Todd

Departing Location: Date of Departure: 6/21/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/21/2022 Time of Return: by 5:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_

## 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: 2/28/2022 Date of Event: 6/23/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 60

### 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 checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Day Camp, Pennyrile Forest State Park

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to Pennyrile

Departing Location: Date of Departure: 6/23/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/23/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

### 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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_

# 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: 2/28/2022 Date of Event: 6/23/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 60

## 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 checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Day Camp, Pennyrile Forest State Park

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to Pennyrile

Departing Location: Date of Departure: 6/23/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/23/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

## 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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_

## 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: 2/28/2022 Date of Event: 6/28/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 20

Type of Trip (Check One)

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

Destination (Event, City, and State): Day Camp @ POPs, Elkton (K-5); 6-8 will continue to KY Dam Village

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to KY Dam Village to drop students

Departing Location: Date of Departure: 6/30/2022 Time of Departure: 6:00 AM (both)

Returning Location: Date of Return: 6/30/2022 Time of Return: by 5:00 PM (elementary)

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_

# 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: 2/28/2022 Date of Event: 6/28/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 20

## Type of Trip (Check One)

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

Destination (Event, City, and State): Day Camp @ POPs, Elkton (K-5); 6-8 will continue to KY Dam Village

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to KY Dam Village to drop students

Departing Location: Date of Departure: 6/30/2022 Time of Departure: 6:00 AM (both)

Returning Location: Date of Return: 6/30/2022 Time of Return: by 5:00 PM (elementary)

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

## 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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_

# 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: 2/28/2022 Date of Event: 6/30/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 60

## 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 checked="" type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Day Camp, Adventure Science Center, Nashville

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to ~~Elkton~~ Nashville

Departing Location: Date of Departure: 6/30/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/30/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

## 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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_

# 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: 2/28/2022 Date of Event: 6/30/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 20-40; 60

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): Day Camp, Adventure Science Center, Nashville

Planned Stops To and From: NA. One bus Muhlenberg/North Todd and One bus Elkton/South Todd needed to pick up/Drop off – One bus to ~~Elkton~~ Nashville *2 buses*

Departing Location: Date of Departure: 6/30/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 6/30/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_

# 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: 2/28/2022 Date of Event: 7/1/2022

Organization: Todd/Muhlenberg MEP School: MEP 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 checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): KY Dam Village

Planned Stops To and From: Only one bus needed – Pick students up at KY Dam and drop off at home

Departing Location: Date of Departure: 6/11/2022 Time of Departure: 9:00 AM

Returning Location: Date of Return: 6/11/2022 Time of Return: by 5:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_



## 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: 2/28/2022 Date of Event: 7/2/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 40

### 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 checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): West KY 4-H Camp

Planned Stops To and From: Only one bus needed – Pick students up and take to 4-H Camp ~~(only one bus)~~ 1 bus

Departing Location: Date of Departure: 7/2/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 7/4/2022 Time of Return: by 5:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

### 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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_

# 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: 2/28/2022 Date of Event: 7/24/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 15

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 checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): BCTC Newtown Campus, Lexington

Planned Stops To and From: Only one bus needed – Pick students up and take to Latino Leadership College Experience Camp

Departing Location: Date of Departure: 7/24/2022 Time of Departure: 6:00 AM

Returning Location: Date of Return: 7/24/2022 Time of Return: by 3:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_

# 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: 2/28/2022 Date of Event: 7/29/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 15

## 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 checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): BCTC Newtown Campus, Lexington

Planned Stops To and From: Only one bus needed – Pick students up at Latino Leadership College Experience Camp and take home

Departing Location: Date of Departure: 7/29/2022 Time of Departure: 10:00 AM

Returning Location: Date of Return: 7/29/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

## 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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_

# 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: 2/28/2022 Date of Event: 8/6/2022

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 15

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 checked="" type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Roxy Regional Theatre, Clarksville, TN *one bus*

Planned Stops To and From: Riverfront park (picnic lunch)

Departing Location: Date of Departure: 8/6/2022 Time of Departure: 10:00 AM

Returning Location: Date of Return: 8/6/2022 Time of Return: by 7:00 PM

Chaperone/s: L Voth; P Ramirez; F Gunn Chaperone's Phone: 270-604-5091; 863-624-1235; 270-543-6832

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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_