

TO: JASON GIBSON

STUDENTS

09.36 AP.21

**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 3/1/2022

Date of Event MARCH 11-12, 2022

Organization TCHS JROTC

School TCHS

Number of Passengers 12

Type of Trip (Circle 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)) Miss Tennessee USA, APSU, Clarksville, TN

Planned Stops to and from Leave TCHS drive to APSU Clarksville, TN

Departing location TCHS

Date of Departure 3/11-12/22

Time of Departure

3/11/22 - 1700hrs

Returning location TCHS

Date of Return 3/11-12/22

Time of Return

3/11/22 - 2100hrs  
3/12/22 - 2000hrs

Chaperone(s) MSG Michelle WARD

Chaperone's Phone # 470 633 5446

MAJ Lee Solis

931-237-6769

Special Requests (Check One)

☒ Van

☐ Wheelchair Accessible

☐ Other: 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 MSG Michelle WARD

Trip Requested By: JROTC

Organization Responsible for Payment

Approval of Site Based Council Representative [Signature]

Date 3-3-22

District Use Only

**Section 2**

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

**DRIVER – TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

Date/Time 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 \_\_\_\_\_

To: Jason Grant

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2

Request to Place an Item on the Agenda

Name: MAJOR LEE SOLIS

Address: TCCHS

Telephone number: 270-265-2506

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

Group represented: JROTC

Check if request was submitted to: ☒ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel to APSU

Specific Action Requested: permission to travel out-of-state (to APSU in Clarksville, TN)

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

## **TCCHS JROTC Senior Cadets Community Service Trip**

Dates: March 11 and 12, 2022

Task: TCCHS JROTC Cadets will serve as ushers for the Miss Tennessee USA

Requirements: Two vans or one van and one car. Number of passengers: 12 Cadets

Departure: Will depart from TCCHS Annex at 5:00 pm on the 11<sup>th</sup> and 2:00 pm on the 12<sup>th</sup>.

NOTE: Pizza will be provided for Cadets prior to event on 11<sup>th</sup>.

Meal will be provided for Cadets after event on 12<sup>th</sup>.

Return: Will return to TCCHS Annex at 9:00 pm on the 11<sup>th</sup> and 8:00 pm on the 12<sup>th</sup>.

Chaperones and Vehicles Drivers:

MSG ® Ward---PH: 470-633-5446

MAJ ® Solis-----PH: 931-237-6769

**Below is email request for the event:**

Good Morning,

We are hosting **Miss Tennessee USA on March 11-12, 2022**. We would love to have 10-12 cadets as ushers. They would receive service learning credits. The show times are 7:30PM on Friday and 4:00PM Saturday, the cadets would need to be at the **Music Mass Communications Building on APSU campus** one hour prior to show times. Can you let me know if you have any interest? Let me know if I need to provide additional information.

Thanks

Karyl

*Karyl S. Kirkland*

Director of Tourism

Special Events/Visitor Center

25 Jefferson Street, Suite 300

Clarksville, TN 37040

[Karyl@visitclarksvilletn.com](mailto:Karyl@visitclarksvilletn.com)

931.245.4346 Office

931.220.7975 Cell



**Parent/Guardian Name approving Cadet to attend function:**

**Signature:**

**Date:**