

Request to Place an Item on the AgendaName: Steve Lyne; Lisa ChesterAddress: TCCHSTelephone number: 270-604-2985

Name of school children attend, if applicable:

Group represented: TCCHS VolleyballCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quarles; Mike SmithDescription of Issue: All-A State Tournament for volleyball in Richmond, KentuckySpecific Action Requested: permission to travel to and stay overnight in Richmond, Kentucky for the all-A State Tournament on Sept. 16-17, 2022Check 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

STUDENTS

*Parents are self-transporters*  
**School-Related Student Trip Request Form**

09.36 AP.21

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 8/22/22 Date of Event 9/18/22  
Organization TCCAS Volleyball School TCCAS  
Number of Passengers 0

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) Richmond, KY - All 'A' State Tour.  
Planned Stops to and from TBA

Departing location TCCAS Gym Date of Departure 9/18/22 Time of Departure TBA  
Returning location TCCAS Gym Date of Return 9/19/22 Time of Return TBA

Chaperone(s) Coaches Chaperone's Phone # 270 604-2485

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 \_\_\_\_\_ Trip Requested By: Steve Loe/Lisa Gatti

Organization Responsible for Payment TCCAS Athletics

Approval of Site Based Council Representative [Signature] Date 8-22-22

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 \_\_\_\_\_