

Request to Place an Item on the AgendaName: Lisa PetrieAddress: TCBOE/TCCHSTelephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: District & InterestedCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: trip to Berea CollegeSpecific Action Requested: permission to travel to Berea College and stay overnightCheck 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 8/16/22. Date of Event September 18-19.

Organization GT School TCCHS

Number of Passengers approximately

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): Berea College

Planned Stops To and From: as needed

Departing Location: TCCHS

Date of Departure: September 18 Time of Departure: 10:00 AM

Returning Location: TCCHS Date of Return: Sept. 19 Time of Return: 4:00 PM

Chaperone/s: Lisa Petrie

Chaperone's Phone # 270498-0452

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: Click here to enter text.

Organization Responsible for Payment GT

Approval of Site Based Council Representative

Date Click here to enter a date. 8-25-22

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.