

Request to Place an Item on the AgendaName: Kimberly DavisAddress: 515 W. Main St Elkton, KyTelephone number: 220-245-2511

Name of school children attend, if applicable: _____

Group represented: TCHSCheck if request was submitted to: ☒ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): _____

Description of Issue: I am requesting that TCHS open a position for a middle school athletic director. This would be an extra duty position with the stipend being paid out of the TCHS SBDM funds.

Specific Action Requested: _____

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

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	TCMS
Activity Account	8th Grade
External Support/Booster Organization	
Name of Fundraiser	Spooky Grams
Website (if applicable)	
Sponsor	8th Grade
Date Submitted	8/22/2022

Purpose of fundraising activity:

Help pay for the 8th grade trip

Items to be sold or items requested for donation:

Candy- students will also be able to pay to see who sent them a gram

Beneficiary/sport of fundraising activity:

8th grade

Anticipated profit and plans for excess funds:

\$300

Date(s) scheduled:

Oct 22-26 Grams will be given out on Oct 31- students will be able to pay to see who sent one Nov 1&2

Names of adult supervisors at activity (chaperones, custodians, etc.):

8th grade team- Shawna Folwer

Shawna Fowler

Sponsor

8/22/22

Date

Circle One:

Approved

Not Approved

Principal

8/22/22

Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	TCMS
Activity Account	8th Grade
External Support/Booster Organization	
Name of Fundraiser	Pick a day (calendar)
Website (if applicable)	
Sponsor	8th Grade team
Date Submitted	8/22/2022

Purpose of fundraising activity:

Help pay for the 8th grade trip

Items to be sold or items requested for donation:

Pick a day from the calendar and pay that amount

Beneficiary/sport of fundraising activity:

8th grade

Anticipated profit and plans for excess funds:

\$5,000

Date(s) scheduled:

September - October

Names of adult supervisors at activity (chaperones, custodians, etc.):

Shawna Fowler

Sponsor

8/22/2022

Date

Circle One:

Approved

Not Approved


Principal

8/22/22

Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	TCMS
Activity Account	8th Grade
External Support/Booster Organization	
Name of Fundraiser	Christmas grams
Website (if applicable)	
Sponsor	8th grade team
Date Submitted	8/22/2022

Purpose of fundraising activity:

Help pay for the 8th grade trip

Items to be sold or items requested for donation:

Candy- students will also be able to pay to see who sent them a gram

Beneficiary/sport of fundraising activity:

8th grade

Anticipated profit and plans for excess funds:

\$300

Date(s) scheduled:

Dec 5-9 Grams will be given out on Dec 12- students will be able to pay to see who sent one Dec 13&14

Names of adult supervisors at activity (chaperones, custodians, etc.):

8th grade team- Shawna Fowler

Shanwa Fowler

Sponsor

8/22/2022

Date

Circle One:

Approved

Not Approved

Principal

8/22/22

Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

SCHOOL ACTIVITY FUND FUNDRAISER & CROWDFUNDING APPROVAL

School	TCMS
Activity Account	Athletics
External Support/Booster Organization	
Name of Fundraiser	Football Homecoming
Website (if applicable)	
Sponsor	Steven McGhee/Denise Dossett
Date Submitted	8/22/2022

Fundraising Activity:

Homecoming candidates will raise money

Items to be sold or items requested for donation:

Candidates will raise money

Beneficiary/sport of fundraising activity:

Athletics

Anticipated profit and plans for excess funds:

\$2,000.00

Date(s) scheduled:

August - September

Names of adult supervisors at activity (chaperones, custodians, etc.):

Steven McGhee/Denise Dossett

Steven McGhee/Denise Dossett

Sponsor

8/22/2022

Date

Circle One:

Approved

Not Approved

Principal

8/22/22

Date

SBDM Council (If Council Policy)

Date

**Board Approval Date
(if applicable)**

SCHOOL ACTIVITY FUND FUNDRAISER & CROWDFUNDING APPROVAL

School	TCMS
Activity Account	Student Rewards
External Support/Booster Organization	
Name of Fundraiser	Back To School Dance
Website (if applicable)	
Sponsor	Kim Davis
Date Submitted	8/15/2022

Fundraising Activity:

Raise money for Student Rewards Account

Items to be sold or items requested for donation:

Dance Tickets, Concessions at Dance

Beneficiary/sport of fundraising activity:

Student Rewards Account

Anticipated profit and plans for excess funds:

\$1,000.00

Date(s) scheduled:

September 2nd, 2022

Names of adult supervisors at activity (chaperones, custodians, etc.):

Kim Davis

Kim Davis

Sponsor

8/15/2022

Date

Circle One:

Approved

Not Approved

Principal

8/15/22

Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

SCHOOL ACTIVITY FUND FUNDRAISER & CROWDFUNDING APPROVAL

School	TCMS
Activity Account	Football
External Support/Booster Organization	
Name of Fundraiser	Tennessee Titans Tickets
Website (if applicable)	
Sponsor	George Riddick
Date Submitted	8/19/2022

Fundraising Activity:

Sell Tennessee Titans Tickets

Items to be sold or items requested for donation:

Football Game Tickets

Beneficiary/sport of fundraising activity:

Football

Anticipated profit and plans for excess funds:

\$2,000.00

Date(s) scheduled:

August-December 2022

Names of adult supervisors at activity (chaperones, custodians, etc.):

George Riddick

George Riddick

Sponsor

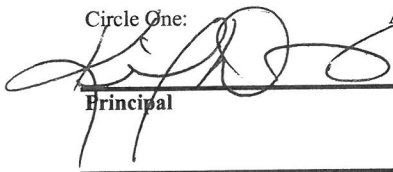
8/19/2022

Date

Circle One:

Approved

Not Approved



Principal

8/19/22
Date

SBDM Council (If Council Policy)

Date

 Board Approval Date
(if applicable)

SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL

School	TCMS
Activity Account	Beta
External Support/Booster Organization	
Name of Fundraiser	Tshirts- Beta Club
Website (if applicable)	
Sponsor	Lisa Petrie
Date Submitted	8/23/22

Fundraising Activity: Selling T-shirts to Beta members and elementary students who attend
Beta Buddies

Items to be sold or items requested for donation: T-shirts

Beneficiary/sport of fundraising activity: Beta Club

Anticipated profit and plans for excess funds: Any profits will be used for travel costs for convention /summits

Date(s) scheduled: September through the end of the year

Names of adult supervisors at activity (chaperones, custodians, etc.): Lisa Petrie

Lisa Petrie 8/23/22
Sponsor Date

Circle One: ☒ Approved ☐ Not Approved

[Signature]
Principal

8/30/22
Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	TCMS
Activity Account	Boy's Basketball
External Support/Booster Organization	
Name of Fundraiser	Jersey Purchase
Website (if applicable)	
Sponsor	Drew Pool
Date Submitted	8/30/2022

Purpose of fundraising activity:

Help raise money for uniforms/apparel

Items to be sold or items requested for donation:

Old team jerseys

Beneficiary/sport of fundraising activity:

Boy's Basketball

Anticipated profit and plans for excess funds:

\$200

Date(s) scheduled:

September-January

Names of adult supervisors at activity (chaperones, custodians, etc.):

Drew Pool

Drew Pool

Sponsor

8/30/2022

Date

Circle One:

Approved

Not Approved

Principal

8/30/22

Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	TCMS
Activity Account	Boy's Basketball
External Support/Booster Organization	
Name of Fundraiser	Tshirt Fundraiser
Website (if applicable)	
Sponsor	Drew Pool
Date Submitted	8/30/2022

Purpose of fundraising activity:

Help raise money for uniforms/apparel

Items to be sold or items requested for donation:

Tshirts/Sweatshirts/Apparel

Beneficiary/sport of fundraising activity:

Boy's Basketball

Anticipated profit and plans for excess funds:

\$500

Date(s) scheduled:

September-January

Names of adult supervisors at activity (chaperones, custodians, etc.):

Drew Pool

Drew Pool

Sponsor

8/30/2022

Date

Circle One:

Approved

Not Approved

Principal

8/30/22

Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	TCMS
Activity Account	Boy's Basketball
External Support/Booster Organization	
Name of Fundraiser	Adopt a Highway
Website (if applicable)	
Sponsor	Drew Pool
Date Submitted	8/30/2022

Purpose of fundraising activity:

Help raise money for uniforms/apparel

Items to be sold or items requested for donation:

Pick up trash on Todd County Roads

Beneficiary/sport of fundraising activity:

Boy's Basketball

Anticipated profit and plans for excess funds:

\$500

Date(s) scheduled:

September-January (not sure what dates are currently available)

Names of adult supervisors at activity (chaperones, custodians, etc.):

Drew Pool

Drew Pool

Sponsor

8/30/2022

Date

Circle One:

Approved

Not Approved

Principal

Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	TCMS
Activity Account	Boy's Basketball
External Support/Booster Organization	
Name of Fundraiser	Hoops with Santa
Website (if applicable)	
Sponsor	Drew Pool
Date Submitted	8/30/2022

Purpose of fundraising activity:

Help raise money for uniforms/apparel

Items to be sold or items requested for donation:

Pictures with Santa/Cookies, Candy, etc.

Beneficiary/sport of fundraising activity:

Boy's Basketball

Anticipated profit and plans for excess funds:

\$500

Date(s) scheduled:

November/December

Names of adult supervisors at activity (chaperones, custodians, etc.):

Drew Pool

Drew Pool

Sponsor

8/30/2022

Date

Circle One:

Approved

Not Approved

Principal

Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

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 7/25/22 Date of Event September 19-20

Organization National Beta Club. School TCMS

Number of Passengers approximately 30

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): Bowling Green

Planned Stops To and From: As needed/ lunch day 2

Departing Location: TCMS

Date of Departure: Sept. 19 Time of Departure: 8:15 Am

Returning Location: TCMS Date of Return: September 20 Time of Return: 2:00 PM

Chaperone/s: Lisa Petrie/ parent chaperone

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

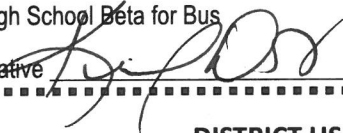
☐ No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: High School Beta for Bus

Approval of Site Based Council Representative



Date 8/30/22 Click here to enter a date.

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.

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: 8/30/2022

Date of Event: 11/21/2022

Organization: TCMS Basketball

School: Todd County Middle School

Number of Passengers: 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): Christian County Middle School, 215 Glass Avenue, Hopkinsville, KY 42240

Planned Stops To and From: N/A

Departing Location: TCMS Date of Departure: 11/21/2022 Time of Departure: 4:30 p.m.

Returning Location: TCMS Date of Return: 11/21/2022 Time of Return: 9:30 p.m.

Chaperone/s: Drew Pool Chaperone's Phone: (931) 249-8688

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: Drew Pool

Organization Responsible for Payment: SBDM Athletic Travel

Approval of Site Based Council Representative

Date

8/30/22

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: 8/30/2022

Date of Event: 12/5/2022

Organization: TCMS Basketball

School: Todd County Middle School

Number of Passengers: 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): Franklin Simpson Middle School, 322 S. College Street, Franklin Simpson, KY 42134

Planned Stops To and From: N/A

Departing Location: TCMS Date of Departure: 12/5/2022 Time of Departure: 4:00 p.m.

Returning Location: TCMS Date of Return: 12/5/2022 Time of Return: 10:00 p.m.

Chaperone/s: Drew Pool Chaperone's Phone: (931) 249-8688

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: Drew Pool

Organization Responsible for Payment: SBDM Athletic Travel

Approval of Site Based Council Representative

Date

8/30/22

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: 8/30/2022

Date of Event: 12/15/2022

Organization: TCMS Basketball

School: Todd County Middle School

Number of Passengers: 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): Russellville Middle School, 1101 W. 9th Street, Russellville, KY 42276

Planned Stops To and From: N/A

Departing Location: TCMS Date of Departure: 12/15/2022 Time of Departure: 4:30 p.m.

Returning Location: TCMS Date of Return: 12/15/2022 Time of Return: 9:30 p.m.

Chaperone/s: Drew Pool Chaperone's Phone: (931) 249-8688

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: Drew Pool

Organization Responsible for Payment: SBDM Athletic Travel

Approval of Site Based Council Representative

Date

8/30/22

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: 8/30/2022

Date of Event: 1/5/2023

Organization: TCMS Basketball

School: Todd County Middle School

Number of Passengers: 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): Trigg County Middle School, 206 Lafayette Street, Cadiz, KY 42211

Planned Stops To and From: N/A

Departing Location: TCMS Date of Departure: 1/5/2023 Time of Departure: 4:00 p.m.

Returning Location: TCMS Date of Return: 1/5/2023 Time of Return: 10:00 p.m.

Chaperone/s: Drew Pool Chaperone's Phone: (931) 249-8688

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: Drew Pool

Organization Responsible for Payment: SBDM Athletic Travel

Approval of Site Based Council Representative

Date

8/30/22

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: 8/30/2022

Date of Event: 1/10/2023

Organization: TCMS Basketball

School: Todd County Middle School

Number of Passengers: 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): H F Moss Middle School, 2565 Russellville Road, Bowling Green, KY

Planned Stops To and From: N/A

Departing Location: TCMS Date of Departure: 1/10/2023 Time of Departure: 4:00 p.m.

Returning Location: TCMS Date of Return: 1/10/2023 Time of Return: 10:00 p.m.

Chaperone/s: Drew Pool Chaperone's Phone: (931) 249-8688

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: Drew Pool

Organization Responsible for Payment: SBDM Athletic Travel

Approval of Site Based Council Representative

Date

8/30/22

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: 8/30/2022

Date of Event: 1/17/2023

Organization: TCMS Basketball

School: Todd County Middle School

Number of Passengers: 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): Hopkinsville Middle School, 434 Koffman Drive, Hopkinsville, KY 42204

Planned Stops To and From: N/A

Departing Location: TCMS Date of Departure: 1/17/2023 Time of Departure: 4:00 p.m.

Returning Location: TCMS Date of Return: 1/17/2023 Time of Return: 10:00 p.m.

Chaperone/s: Drew Pool Chaperone's Phone: (931) 249-8688

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: Drew Pool

Organization Responsible for Payment: SBDM Athletic Travel

Approval of Site Based Council Representative

Date

8/30/22

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 _____