

Request to Place an Item on the Agenda

Name: **Bruce Voth**

Address: **7300 Greenville Rd. Elkton, KY 42220**

Telephone number: **270-265-4460**

Name of school children attend, if applicable: **North Todd Elementary School**

Group represented: **North Todd Elementary School**

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

Conferred with following administrators (names): **Mark Thomas**

Description of Issue: **Out of state travel request**

Specific Action Requested: **Approval for 4th grade classes to attend field trip to Adventure Science Center in Nashville, 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:3/13/2006

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: 9/6/22 Date of Event: 11/17/22

Organization: 4th Grade School: North Todd Elementary School

Number of Passengers: 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): Adventure Science Center. 800 Fort Negley Blvd. Nashville, TN 37203

Planned Stops To and From: none

Departing Location: NTES Date of Departure: 11/17/2022 Time of Departure: 8:00 AM

Returning Location: NTES Date of Return: 11/17/2022 Time of Return: 3:00 PM

Chaperone/s: Jessica Lear, Brett Carver and Kaitlyn Morris Chaperone's Phone: (270) 604-5911

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: Jessica Lear, Brett Carver and Kaitlyn Morris

Organization Responsible for Payment: NTES SBDM 0894

Approval of Site Based Council Representative



Date: 9/7/22

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 _____