

Request to Place an Item on the AgendaName: Michele WardAddress: TPOTC AnnexTelephone number: +17063352416Name of school children attend, if applicable: Todd County High SchoolGroup represented: TPOTCCheck if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): \_\_\_\_\_

Description of Issue: Austin Peay Raider Challenge Red River\* 1 Oct 202211 min chin up10 min sit up10 min push up3 mile Ruckus Relay, 2 mile RelaySpecific Action Requested: travel out-of-stateCheck 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: 3/11/06

**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 9/9/2022 Date of Event 1 Oct 2022  
 Organization JROTC Raiders Red River School TCC HS  
 Number of Passengers 22

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)) Austin Peay, Red River Raider Challenge  
 Planned Stops to and from NSO

Departing location TCC HS Date of Departure 1 Oct 2022 Time of Departure 6:00  
 Returning location TCC HS Date of Return 1 Oct 2022 Time of Return 5 pm

Chaperone(s) Jim Doyle, msa wored Chaperone's Phone # 4706335446

Special Requests (Check One)

- ☐ Van      ☐ Wheelchair Accessible      ☐ Other: Monitor      ☒ Other (Explain in Detail) BUS

If requesting the van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check one)

Person Driving Van \_\_\_\_\_ Trip Requested By: \_\_\_\_\_

Organization Responsible for Payment \_\_\_\_\_

Approval of Site Based Council Representative [Signature] Date 9-9-22

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 \_\_\_\_\_

Request to Place an Item on the Agenda

Name: Michelle Ward  
Address: 2807C TCC HS  
Telephone number: 470 633 9410  
Name of school children attend, if applicable: 2807C Seniors & Juniors  
Group represented: 2807C Cadets  
Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson  
Conferred with following administrators (names): \_\_\_\_\_

Description of Issue: Donna Williams from Veterans  
a variety of H-S. These Cadets marching around  
the area.  
Downtown (Clarksville TN) - 1st Baptist Church  
830 am - line up at 9. parade

Specific Action Requested: travel out-of-state

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-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 Sep 2022 Date of Event 17 Sep 2022  
 Organization JRPTC School TCC HS  
 Number of Passengers 50

Type of Trip (Circle One)

- ☐ In-County Instructional      ☐ In-County Athletic      ☒ Other: (Explain in detail Parade)  
☐ Out-of-County Instructional      ☐ Out-of-County Athletic  
☐ Out-of-State Instructional      ☐ Out-of-State Athletic

Destination (Event, City, and State)) 1st Baptist Church, @ home home of Adams  
 Planned Stops to and from NO

Departing location TCC HS Date of Departure 17 Sep Time of Departure 12:50 7:45  
 Returning location TCC HS Date of Return 17 Sep Time of Return 12:30

Chaperone(s) JRPTC Instructors Chaperone's Phone # 4106335460

Special Requests (Check One)

- ☐ Van      ☐ Wheelchair Accessible      ☐ Other: Monitor      ☒ Other (Explain in Detail) Bus

If requesting the van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check one)

Person Driving Van \_\_\_\_\_ Trip Requested By: \_\_\_\_\_

Organization Responsible for Payment \_\_\_\_\_

Approval of Site Based Council Representative [Signature] Date 9-9-22

District Use Only

**Section 2**

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

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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 \_\_\_\_\_



Request to Place an Item on the AgendaName: Michelle WardAddress: TCHSTelephone number: 270-265-2506; 470-633-5446

Name of school children attend, if applicable:

Group represented: TCHS JROTCCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Lee Quarles

Description of Issue:

Specific Action Requested: travel out-of-state to  
1<sup>st</sup> Baptist Church in Clarksville  
for a parade.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-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 9/9/2022Date of Event 15 Sep 2022Organization JROTCSchool TTC HSNumber of Passengers 6

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 AthleticDestination (Event, City, and State)) First Baptist Church Clarksville

Planned Stops to and from \_\_\_\_\_

Departing location JROTC HSDate of Departure 16 SepTime of Departure 7:30Returning location JROTC HSDate of Return 16 SepTime of Return 11:00 amChaperone(s) MSG WardChaperone's Phone # 4706385446

Special Requests (Check One)

☐ Van☐ Wheelchair Accessible☐ Other: Monitor☒ Other (Explain in Detail) my vehicleIf requesting the van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check one)

Person Driving Van \_\_\_\_\_

Trip Requested By: \_\_\_\_\_

Organization Responsible for Payment \_\_\_\_\_

Approval of Site Based Council Representative [Signature]Date 9-9-22

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Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

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Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments: \_\_\_\_\_

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Request to Place an Item on the AgendaName: Michelle WardAddress: 1807C AnnexTelephone number: 470 633 9446Name of school children attend, if applicable: TEC #3Group represented: JBOTC CadetsCheck if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): \_\_\_\_\_

Description of Issue: Taken Strike v. Rader Challenge  
Crestwood High School  
Rope Bridge, Tag of War  
Rel. Relay  
Rel. Ruler Fitness Test  
Pushups, sit-ups

Specific Action Requested: Re travel out-of-stateCheck if you are: ☐ Board Member ☐ District Employee ☐ Community Member

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Review/Revised: 3/1/05

**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 9/9/2022 Date of Event 24 Sep  
 Organization JROTC Raiders School TCHS  
 Number of Passengers 22

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)) Creekwood High School  
 Planned Stops to and from no

Departing location TCHS, JROTC Date of Departure 24 Sep Time of Departure 6:00 am  
 Returning location TCHS, JROTC Date of Return 24 Sep Time of Return 5:00 pm

Chaperone(s) Jim Dangle, Michelle Ward Chaperone's Phone # 470.6335446

Special Requests (Check One)

- ☐ Van      ☐ Wheelchair Accessible      ☐ Other: Monitor      ☒ Other (Explain in Detail) Bus

If requesting the van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check one)

Person Driving Van \_\_\_\_\_ Trip Requested By: \_\_\_\_\_

Organization Responsible for Payment \_\_\_\_\_

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