

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: 8/25/022 Date of Event: 10/28/2022

Organization: Kindergarten School: North Todd Elementary School

Number of Passengers: 72

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 Way Farms, Hopkinsville, KY

Planned Stops To and From: none

Departing Location: NTES Date of Departure: 10/28/2022 Time of Departure: 8:30 AM

Returning Location: NTES Date of Return: 10/28/2022 Time of Return: 1:30 PM

Chaperone/s: Sheila Woodall, Donna Jo Williams, Natalie Hamilton Chaperone's Phone: (270) 893-1983

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: Sheila Woodall

Organization Responsible for Payment: NTES SBDM 0894

Approval of Site Based Council Representative

Date

8/25/22

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: 8/25/2022 Date of Event: 11/11/2022

Organization: 5th Grade School: North Todd Elementary School

Number of Passengers: 55

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): Veteran's Day Assembly, TCCHS

Planned Stops To and From: none

Departing Location: NTES Date of Departure: 11/11/2022 Time of Departure: 8:30 AM

Returning Location: NTES Date of Return: 11/11/2022 Time of Return: 10:30 AM

Chaperone/s: Joey Jones, Taylor Wilson & Elizabeth Addison Chaperone's Phone: ((270) 225-8558)

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: Joey Jones

Organization Responsible for Payment: NTES 255.000 PTO

Approval of Site Based Council Representative

Date

8/25/22

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 _____