

# 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: 9/18/2022 Date of Event: 10/6/2022

Organization: TC FFA

School: TCCHS

Number of Passengers: 9

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): Murray State Hutson School of Ag Tour Murray, KY

Planned Stops To and From: Breakfast and Dinner to be decided, will be on route

Departing Location: TCCHS Greenhouse

Date of Departure: 10/6/2022

Time of Departure: 9AM

Returning Location: TCCHS Greenhouse

Date of Return: 10/6/2022

Time of Return: 6PM

Chaperone/s: Quashawn Quarles/ Shayla Berry

Chaperone's Phone: 2702068813

Special Requests (Check One) Van and HHR

☒ 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: Quashawn Quarles

Shayla Berry

Trip Requested By: Quashawn Quarles

Organization Responsible for Payment: TC FFA

Approval of Site Based Council Representative [Signature]

Date

9-28-22

## 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 \_\_\_\_\_