

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 10 Oct 2022 Date of Event 22 Oct 2022
 Organization JPOTC School TCHS
 Number of Passengers 8-10

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)) Nissan stadium Nashville
 Planned Stops to and from NO
 Departing location TCHS Date of Departure 22 Oct 2022 Time of Departure 9:30 am
 Returning location TCHS Date of Return 22 Oct 2022 Time of Return 6:00 pm

Chaperone(s) MS. WARD, SFC Dangle Chaperone's Phone # 470 633 5446

Special Requests (Check One)

- ☒ Van ☐ Wheelchair Accessible ☐ Other: 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 Michelle Ward Trip Requested By: Michelle Ward

Organization Responsible for Payment _____

Approval of Site Based Council Representative [Signature] Date 10-10-22

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 _____

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Date of Request 10 Oct 2022 Date of Event 23 Oct 2022
 Organization JROTC School TCCHS
 Number of Passengers 8-10

Type of Trip (Circle One)

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☐ Out-of-County Instructional ☐ Out-of-County Athletic
☐ Out-of-State Instructional ☒ Out-of-State Athletic

Destination (Event, City, and State)) Nissan Stadium Nashville
 Planned Stops to and from _____

Departing location TCCHS Date of Departure 23 Oct 2022 Time of Departure 6:00 am
 Returning location TCCHS Date of Return 23 Oct 2022 Time of Return 5:00 pm

Chaperone(s) MSG Ward, SFC Daigle Chaperone's Phone # 4706335446

Special Requests (Check One)

- ☒ Van ☐ Wheelchair Accessible ☐ Other: 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 MSG Ward Trip Requested By: _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative [Signature] Date 10-10-22

District Use Only

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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 _____