

**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 10/27/2022 Date of Event 5 NOV 2022  
Organization JROTC School TCC HS  
Number of Passengers 40

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)) Veterans Day Parade  
Planned Stops to and from NO

Departing location TCC HS Date of Departure 5 NOV 2022 Time of Departure \_\_\_\_\_  
Returning location TCC HS Date of Return 5 NOV 2022 Time of Return \_\_\_\_\_

Chaperone(s) Michelle Ward Chaperone's Phone # 470 6335446

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

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

Approval of Site Based Council Representative [Signature] Date 10/28/22

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: Downtown Clarksville For JBOC

Telephone number: 470 6335446

Name of school children attend, if applicable: 45

Group represented: JBOC

Check if request was submitted to:  Superintendent  Board Chairperson

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

Description of Issue: Veterans Day Parade Downtown Clarksville

Specific Action Requested: \_\_\_\_\_

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