School-Related Student Trip Request Form

Section 1 To be completed by requescheduling transportation	sting organization $-$ (Incomplete forms will be returned, causing a delay in for the event.)
Date of Request 10/12/22	Date of Event 12/12/22
Organization +CCHS Pays Bay	Kethall School TCH
Number of	Passengers
Type of Trip (Circle One)	·
☐ In-County Instructional	☐ In-County Athletic ☐ Other: (Explain in detail
☐ Out-of-County Instructiona	l □ Out-of-County Athletic
☐ Out-of-State Instructional	Out-of-State Athletic
Destination (Event, City, and State) Planned Stops to and from	
Departing location TCCHICym Returning location TCCHICym	Date of Departure 1/19/22 Time of Departure 4!45PM Time of Return 1/2 CoPM
Chaperone(s) Coches	Chaperone's Phone # 731 431-6654
Special Requests (Check One Van Wheelchai If requesting the van, has the person Person Driving Van Organization Responsible for Paym Approval of Site Based Council Re	111() - 10-19-23
	District Use Only
Section 2	Date
Approval of District Representative	Date
	TURN THIS FORM IN WITH TIMESHEETS
Section 3	TORN THIS POTON IN WALLE TO THE PARTY OF THE
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that t	the above information is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signa	ture Date

School-Related Student Trip Request Form

Section 1 To be completed by request scheduling transportation is	ing organization — (Incomplete forms will be returned, causing a delay in or the event.)
Date of Request 10/12/22	Date of Event 12/12/22
Organization TCC HS 6:14 Bast	
Organization /CC 177 O.19176	School _/
Number of P	assengers
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)) Planned Stops to and from TCCHI	Montgomery Central H.S., TN
	Date of Departure DIDD Time of Departure 2:45 PM
Departing location TCC #Kyr	Date of Return Time of Return 707
Returning location TCC HG.	Date of Research
Chaperone(s) Coches	Chaperone's Phone # 270 890 4430
Special Requests (Check One Van	1 11 0 5, 10-18-1
	District Use Only
Section 2	
Approval of District Representative	Date
DRIVER – T	URN THIS FORM IN WITH TIMESHEETS
Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that th	e above information is correct to the best of my knowledge.
Driver Signature	Date
Driver Comments:	
Coach or School Representative Signatu	re Date
Page 1 of 1	Review/Revised:4/9/2018

Request to Place an Item on the Agenda

Name: Mile South Lee Grady, John Stigell of Mick South &
Address: 806 S. Mais St. Eleton KV40020
Telephone number: 276 265 256
Name of school children attend, if applicable: Too HI
Group represented: Girle of Boye Barkethall
Check if request was submitted to:
Conferred with following administrators (names): Mr. Settle Govern
Description of Issue: Participation in a gallboy berket il double header
5-1 Next control Het School is Cunsister, T. N. on Decease
12,2022 Herting C+ 6:00
Specific Action Requested: Out-of-State Request
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.