

Request to Place an Item on the AgendaName: Amber SantAddress: TCCHSTelephone number: 270-265-2506

Name of school children attend, if applicable:

Group represented: TCCHS CheerCheck if request was submitted to: Superintendent Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: participation in UCA Cheer
NationalsSpecific Action Requested: permission to travel to and
stay overnight in Orlando, Florida for
UCA Cheer NationalsCheck 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

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: 10/18/2022

Date of Event: 2/13/2023

Organization: TCCHS Cheer

School: Todd County Central High School

Number of Passengers: 17 girls and 2 coaches

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

District transportation not needed

Destination (Event, City, and State):

Planned Stops To and From: Nashville Airport

Departing Location: TCCHS Annex to Nashville Airport then to Orlando Date of Departure: 2/9/2023 Time of Departure: 8:00am

Returning Location: TCCHS Annex Date of Return: 2/13/2023 Time of Return: 3:00pm

Chaperone/s: Amber Gant, Djuan Frye, Brandy Clardy

Chaperone's Phone: 270-839-8932

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:

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date

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 _____

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Van

Wheelchair Accessible

Monitor

Other: (See next page for information regarding charter bus details)

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:

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative _____

Date _____

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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

*The team will be traveling via Charter Bus through GoGo Charters Nashville. Please see attached liability insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (800) 570-8323 Fax: (952) 698-1753

KMAT, INC.
15322 GALAXIE AVE #217
APPLE VALLEY MN 55124

CONTACT NAME: **KMAT, Inc.**PHONE (A/C No. Ext.): **(800) 570-8323**FAX (A/C No.): **(952) 698-1753**

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : **National Liability & Fire Insurance Company****20052**INSURER B : **National Fire & Marine Insurance Company****20079**

INSURER C :

INSURER D:

INSURER E :

INSURER F :

INSURED
MKS EXPRESS LLC
115 ETOWAH TRACE
FAYETTEVILLE GA 30214

COVERAGES

CERTIFICATE NUMBER: 18069

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED. EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY PROJECT LOC						
A	AUTOMOBILE LIABILITY		X	70APS101947-01	08/27/21	11/09/21	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (per accident) \$
	SCHEDULED AUTOS <input checked="" type="checkbox"/>						
	NON-OWNED AUTOS <input type="checkbox"/>						
B	UMBRELLA LIAB		X	72XAS006796	08/27/21	11/09/21	EACH OCCURRENCE \$ 4,000,000
	EXCESS LIAB <input checked="" type="checkbox"/>						AGGREGATE \$ 0
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE \$
							E.L. DISEASE-POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER ADDED AS ADDITIONAL INSURED ONLY AS THEIR INTERESTS MAY APPEAR.

CERTIFICATE HOLDER**CANCELLATION**

CharterUP LLC
3340 Peachtree Rd. NE, Ste 100
Atlanta, GA 30326

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rick Larsen

Attention: