

# 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: 7/23/2022 Date of Event: 1/5/2023

Organization: Band School: TCMS

Number of Passengers: TBA

Type of Trip (Check One)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> In-County Instructional                | <input type="checkbox"/> In-County Athletic     | <input type="checkbox"/> Other: (Explain In Detail) |
| <input checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Third District Honor Band Bowling Green, KY

Planned Stops To and From: Click here to enter text.

Departing Location: TCMS Date of Departure: 1/5/2023 Time of Departure: 3:00pm

Returning Location: TCMS Date of Return: 1/7/2023 Time of Return: 5:30pm

Chaperone/s: Heather Dipasquale Chaperone's Phone: 270-293-3428

Special Requests (Check One)

- |   |  |                                  |   |
|---|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> 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: Heather Dipasquale

Trip Requested By: Heather Dipasquale

Organization Responsible for Payment: TCMS

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 \_\_\_\_\_

# 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: 7/23/2022 Date of Event: 11/21/2022

Organization: Band School: TCMS

Number of Passengers: TBA

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 University Middle School Honor Band Murray, KY

Planned Stops To and From: Click here to enter text.

Departing Location: TCMS Date of Departure: 11/21/2022 Time of Departure: 7:00am

Returning Location: TCMS Date of Return: 11/21/2022 Time of Return: 10:30pm

Chaperone/s: Heather Dipasquale Chaperone's Phone: 270-293-3428

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: Heather Dipasquale

Trip Requested By: Heather Dipasquale

Organization Responsible for Payment: TCMS

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 \_\_\_\_\_

# 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: 7/23/2022 Date of Event: 3/6/2022

Organization: Band School: TCMS

Number of Passengers: TBA

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): Western Kentucky University Middle School Honor Band Bowling Green, KY

Planned Stops To and From: Click here to enter text.

Departing Location: TCMS Date of Departure: 3/6/2022 Time of Departure: 7am

Returning Location: TCMS Date of Return: 3/6/2022 Time of Return: 10:30pm

Chaperone/s: Heather Dipasquale Chaperone's Phone: 270-293-3428

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: Heather Dipasquale

Trip Requested By: Heather Dipasquale

Organization Responsible for Payment: TCMS

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_  
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## 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 \_\_\_\_\_