

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: 12/8/2022 Date of Event: 1/7/2022

Organization: Band

School: TCCHS

Number of Passengers: 5

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): All-District Band. Bowling Green, KY

Planned Stops To and From: NA

Departing Location: TCCHS

Date of Departure: 1/5/2022

Time of Departure: 3:00

Returning Location: TCCHS

Date of Return: 1/7/2022

Time of Return: afternoon

Chaperone/s: Mike DiPasquale

Chaperone's Phone: 2707993006

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: Mike DiPasquale

Organization Responsible for Payment: Band

Approval of Site Based Council Representative 

Date 12-9-22

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 _____

Van request