

Request to Place an Item on the Agenda

Name: Kimberly Davis (TCMS)

Address: 515 W. Main St, Elkton Ky 42220

Telephone number: 270-265-2501

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: TCMS Girl's Basketball

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Kimberly Davis

Description of Issue: Girl's Basketball game out of state travel to Clarksville Christian School on 1/5/23 depart from TCMS gym at 4:00 Return to TCMS gym on 1/5/23 at 8:30 with a possible stop to eat.

Specific Action Requested: Please approve the out of state travel request for the girl's basketball team.

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



# 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: 1/2/23

Date of Event: 1/5/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 20

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): Clarksville Christian School

Planned Stops To and From: Possibly Eat

Departing Location: TCMS GYM Date of Departure: 1/5/23 Time of Departure: 4:00 pm

Returning Location: TCMS GYM Date of Return: 1/5/23 Time of Return: 8:30 pm

Chaperone/s: George Riddick Chaperone's Phone: 270-305-2782

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: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative  Date 1/3/23

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 \_\_\_\_\_