

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

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: 12/15/2022 Date of Event: 2/26/2023

Organization: TCCHS 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): Western Kentucky University Honors Band, Bowling Green KY

Planned Stops To and From: NA

Departing Location: TCCHS Date of Departure: 2/26/2023 Time of Departure: TBD

Returning Location: TCCHS Date of Return: 2/28/2023 Time of Return: TBD

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: TCCHS Band

Approval of Site Based Council Representative [Signature] Date 12-16-22

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
* Trip is not
overnight.
Will return
each night.*

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 12/14/22 Date of Event TBA March, 2023

Organization Beta.School All Schools

Number of Passengers approximately 50 (possible 2 bus trip)

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): Alhambra, Music Man Musical, Hopkinsville KY

Planned Stops To and From: None

Departing Location: TCCHS Date of Departure:TBA Time of Departure: TBA - evening

Returning Location: TCCHS Date of Return: TBA Time of Return: TBA- Late Evening

Chaperone/s: Lisa Petrie Chaperone's Phone # 270-498-0452

Special Requests (Check One)

- Van Handicap Access 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: Lisa Petrie

Organization Responsible for Payment TCCHS Beta

Approval of Site Based Council Representative _____ Date Click here to enter a date.

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date: Click here to enter a date.

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure: Click here to enter text. Odometer Start: Click here to enter text.

Date/Time of Return: Click here to enter text. Odometer End: Click here to enter text.

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature _____ Date Click here to enter a date.