

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 1/9/23 Date of Event 2/23/23

Organization Todd County High School Beta School All Schools

Number of Passengers approximately

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 Theater to see Junie B Jones

Planned Stops To and From: Chick-Fila For Dinner

Departing Location: TCCHS Auditorium Date of Departure: 2/23/23. Time of Departure: 4:15

Returning Location: TCCHS Auditorium Date of Return: 2/23/23 Time of Return: @ 8:00 PM

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: Click here to enter text.

Organization Responsible for Payment TCCHS BETA CLUB if Two Busses split between Middle School Beta

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

Section 2

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