

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: 01/12/2023 Date of Event: February 10-12, 2023

Organization: 8th Grade Boys Basketball Team School: Todd County Middle School

Number of Passengers: 13 students accompanied by their parents and coaches

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): KBC Boys 8th Grade State Tournament, Lexington, Ky

Planned Stops To and From: Stop as needed for gas and food

Departing Location: Todd County Middle School Date of Departure: February 9, 2023 Time of Departure: 3:00 PM

Returning Location: Todd County Middle School Date of Return: February 12, 2023 Time of Return: TBD

Chaperone/s: Drew Pool, Will Osborne, Elijah Bell, Brad Rager Chaperone's Phone: Drew Pool (931-249-8688) Will Osborne (270)839-3545) Elijah Bell (270)604-2958 Brad Rager (270)604-0172

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Monitor
- Other: Parents will transport students in their personal vehicles

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Trip Requested By: Kimberly Davis, Steven McGhee, Drew Pool

Organization Responsible for Payment: Todd County Middle School Boys Basketball (TCMS Athletics)

Approval of Site Based Council Representative *Drew Pool* Date 1/12/23

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 _____