

# 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)

*February 23-25, 2023*

Date of Request: 1/9/2023 Date of Event: Murray State Quad State honor band

Organization: TCCHS Band School: TCCHS

Number of Passengers: 10

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): Murray State University

Planned Stops To and From: NA

Departing Location: TCCHS Date of Departure: 2/23/2023 Time of Departure: afternoon

Returning Location: TCCHS Date of Return: 2/25/2023 Time of Return: Sat afternoon

Chaperone/s: Mike DiPasquale Chaperone's Phone: 270.799.3006

*trip is overnight*

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: Trip Requested By: Mike DiPasquale

Organization Responsible for Payment: TCCHS Band

Approval of Site Based Council Representative  Date *1-11-23*

## 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 \_\_\_\_\_

Request to Place an Item on the Agenda

Name: Mike DiPasquale

Address: TCCHS

Telephone number: 270-265-2506

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

Group represented: TCCHS Band

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: overnight trip for the Murray State - Quad State Honor Band

Specific Action Requested: permission to travel to and stay overnight for the Murray State - Quad State Honor Band

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