

# 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: 1/23/2023 Date of Event: 4/19/2023

Organization: 5<sup>th</sup> Grade School: NTES

Number of Passengers: 72

Type of Trip (Check One)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> In-County Instructional                | <input type="checkbox"/> In-County Athletic     | <input type="checkbox"/> Other: (Explain In Detail) |
| <input checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional             | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State): Golden Pond Planetarium and Visitor Center/238 Visitor Center Dr. Golden Pond, KY 42211 & Homeplace 1850s Farm/4512 Woodlands Trace National Scenic Byway

Planned Stops To and From: None

Departing Location: NTES Date of Departure: 4/19/2023 Time of Departure: 8:00

Returning Location: NTES Date of Return: 4/19/2023 Time of Return: 2:30

Chaperone/s: Joey Jones Chaperone's Phone: +1 (270) 225-8558

Special Requests (Check One)

- |                              |  |                                  |   |
|------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> 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: NTES SBDM 0894

Approval of Site Based Council Representative



Date 1/26/23

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 \_\_\_\_\_