

if anyone qualifies

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 1/4/23 Date of Event 6/1-3/23
Organization TCC HS Track School TCC HS
Number of Passengers ???

Type of Trip (Circle 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)) U.K. Track & Field Complex, Lexington
Planned Stops to and from 7 St

Departing location TCC HS Annex Date of Departure 6/1-3/23 Time of Departure TBA
Returning location TCC HS Annex Date of Return 6/1/23 Time of Return TBA

Chaperone(s) CC Chrs Chaperone's Phone # 931-206-0870

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: 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: Pick Martin

Organization Responsible for Payment TCC HS Athletics

Approval of Site Based Council Representative [Signature] Date 1-23-23

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 _____