

Request to Place an Item on the Agenda

Name: Laura Voth

Address: 205 Anson Rd Elkton

Telephone number: 270 604 5091

Name of school children attend, if applicable: —

Group represented: Migrant Ed.

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names):
R. Anderson

Description of Issue: MEP funds available
to offer the DC Close Up experience
to students who have not yet
participated. May 28 - June 2

Specific Action Requested: Approve

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

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: 2/3/2023 Date of Event: 5/28/2023

Organization: MEP School: District

Number of Passengers: 20

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 type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input checked="" type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State): Washington DC via Nashville Airport

Planned Stops To and From: NA

Departing Location: Bus Garage Date of Departure: 5/28/2023 Time of Departure: 6:30 AM

Returning Location: Bus Garage Date of Return: 6/2/2023 Time of Return: 3:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091

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: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative



Date 2/3/23

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 _____