

**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 1/17/23 Date of Event 1/21/23  
Organization TCCHS Girls Basketball School TCCHS  
Number of Passengers 25

Type of Trip (Circle One)

- In-County Instructional
- In-County Athletic
- Out-of-County Instructional
- Out-of-County Athletic
- Out-of-State Instructional
- Out-of-State Athletic
- Other: (Explain in detail)

Destination (Event, City, and State) Clarksville Academy  
Planned Stops to and from TDA

Departing location TCCHS Gym Date of Departure 1/21/23 Time of Departure 8:00 AM  
Returning location TCCHS Gym Date of Return 1/21/23 Time of Return TDA

Chaperone(s) Coccheri Chaperone's Phone # 270 204 430

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: NICK SATTLE

Organization Responsible for Payment TCCHS Athletic

Approval of Site Based Council Representative [Signature] Date 1-17-23

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 \_\_\_\_\_