

Request to Place an Item on the Agenda

Name: Kimberly Davis  
Address: 515 W. Main St, Elkhorn, Ky 42220  
Telephone number: 270-265-2511  
Name of school children attend, if applicable: TCMS 8th grade class  
Group represented: TCMS 8th grade  
Check if request was submitted to:  Superintendent  Board Chairperson  
Conferred with following administrators (names): Kimberly Davis

Description of Issue: Out of state trip to the Nashville Zoo in Nashville, TN on May 11, 2023 for the 8th grade class (130 students + 7 adults)

Specific Action Requested: Approve field trip to out of state destination

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: 1-18-23. Date of Event: May 11, 2023

Organization: 8th grade educational trip School: Todd County Middle School

Number of Passengers: 130 students 7 adults

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): Nashville Zoo Nashville TN

Planned Stops To and From: none

Departing Location: TCMS. Date of Departure: May 11, 2023. Time of Departure: 8:00 am

Returning Location: TCMS. Date of Return: May 11, 2023. Time of Return: 2:30

Chaperone/s: Shawna Fowler, Robbie Jones, Mary Skipworth, Abby Fiese, Sarah Penick, William Swatzell, Adam Pitts

Chaperone's Phone: Click here to enter text.

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: Shawna Fowler

Organization Responsible for Payment: 8th grade.

Approval of Site Based Council Representative *Shawna Fowler* 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 \_\_\_\_\_