

Request to Place an Item on the Agenda

Name: Kimberly Davis

Address: 515 W. Main St Ellettsville, Ky, 42220

Telephone number: 270-265-2511

Name of school children attend, if applicable: TCHS Boys Baseball Team

Group represented: _____

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Kimberly Davis

Description of Issue: Out of state travel for baseball games
March 2nd, 2023 to Rossview High School Clarksville, TN
March 14, 2023 to Clarksville Christian High school Clarksville, TN
April 12, 2023 to Springfield High School, Springfield, TN
April 18, 2023 to Rossview High school, Clarksville, TN

Specific Action Requested: Approve travel to out of state ball games

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: Jan 18, 2023 Date of Event: March 2, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

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

Destination (Event, City, and State): Rossvie High School, Clarksville, TN

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby Date of Departure: March 2, 2023 Time of Departure: 4:00 pm

Returning Location: TCMS Front Lobby Date of Return: March 2, 2023 Time of Return: 10:00 pm

Chaperone/s: Chris Luna Chaperone's Phone: 270-559-2392

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: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative [Signature] 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 _____

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: Jan 18, 2023 Date of Event: March 14, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

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): Clarksville Christian High School, Clarksville, TN

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby Date of Departure: March 14, 2023 Time of Departure: 4:00 pm

Returning Location: TCMS Front Lobby Date of Return: March 14, 2023 Time of Return: 10:00 pm

Chaperone/s: Chris Luna Chaperone's Phone: 270-559-2392

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: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative [Signature] 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 _____

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: Jan 18, 2023 Date of Event: April 12, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

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): Springfield High School, Springfield, TN

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby Date of Departure: April 12, 2023 Time of Departure: 4:00 pm

Returning Location: TCMS Front Lobby Date of Return: April 12, 2023 Time of Return: 10:30 pm

Chaperone/s: Chris Luna Chaperone's Phone: 270-559-2392

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: Steven McGhee

Organization Responsible for Payment: Click here to enter text

Approval of Site Based Council Representative [Signature] 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 _____

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: Jan 18, 2023 Date of Event: April 18, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

Type of Trip (Check 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): Rossvie High School, Clarksville, TN

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby Date of Departure: April 18, 2023 Time of Departure: 4:00 pm

Returning Location: TCMS Front Lobby Date of Return: April 18, 2023 Time of Return: 10:30 pm

Chaperone/s: Chris Luna Chaperone's Phone: 270-559-2392

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: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative [Signature] Date 2/8/23

Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

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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 _____