Request to Place an Item on the Agenda

Name: Kinbearly Davis
Address: 515 W. Main St Cikron, Ky, 42220
Telephone number: 270-265-25()
Name of school children attend, if applicable: TCHS Boys Reselva II Teach
Group represented:
Check if request was submitted to:
Conferred with following administrators (names): Kimberly Davis
Description of Issue: Cut of State travel for baseball games
March 2nd, 2003 to Rossview High School Clarksville, Ty
March 14, 2003 to Clarksville Christian Hely School Clarksville, Th
April 12 2623 to Springfield High School, Springfield, Tu
April 18, 2003 to Resignan High school, Clarksville, 79
Specific Action Requested: Approve travel to out of state bull game
Check if you are:
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

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Date of Event: March 2, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

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Type of Trip (Check One)	· · · · ·	s 101			Secretary of	e orași	
☐ In-County Instructional		☐ In-County Athletic			Other: (Exp	iain In Detail)	
☐ Out-of-County In	structional	⊠ Out-of-County Athle	tic				
☐ Out-of-State Instructional		☑Out-Of-State Athletic	;				
Destination (Event, City, and	State): Rossview High So	chool, Clarksville, TN					
Planned Stops To and Fron	n: NA						
Departing Location: TCMS	Front Lobby Date of Dep	parture: March 2, 202	3 Time of Depart	t ure: 4:00 p	m		
Returning Location: TCMS	Front Lobby Date of Ref	turn: March 2, 2023	Time of Return:	10:00 pm			
Chaperone/s: Chris Luna	Chaperone's Phone: 27	70-559-2392					
Special Requests (Check O	ene)						
□Van	☐ Wheelchair Accessible	☐ Monitor	□Oth	er: (Explain l	n Detail)		
If requesting the Van, has t	the person driving been ce	rtified and approved to	drive? □Yes	□ No (Checl	(One)		
Person Driving Van: Click	here to enter text.	Tri	p Requested By	: Steven M	cGhee		
Organization Responsible	for Payment: Click here t	o enter text.			^	1262	
Approval of Site Based Co	uncil Representative	NA			Date	(3/23	••••
Section 2		DISTRICT USE ONL					
Approval of District Repre	sentative		• • • • • • • •	• • • • • •	_Date:	•••••	••••
Section 3		TURN THIS FORM IN					
Date/Time of Departure: _	73 		Odometer Start			·	
Date/Time of Return:	.		Odometer End				
I hereby certify that the ab	ove information is correct	to the best of my know	edge.				
Driver Signature					Date		
Driver Comments:				255			752 300 100 100 100 100 100 100 100 100 100
Coach or School Represe	ntative Signature				_ Date		

Driver Comments:

Coach or School Representative Signature _____

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 Event: March 14, 2023 Date of Request: Jan 18, 2023 Organization: Baseball School: TCMS Number of Passengers: 30 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic ☐ In-County Instructional ☐ Out-of-County Instructional **⊠** Out-Of-State Athletic ☐ Out-of-State Instructional 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) ☐ Monitor ☐ Other: (Explain In Detail) ☐ Wheelchair Accessible □Van If requesting the Van, has the person driving been certified and approved to drive? \Box Yes \Box No (Check One) Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Click here to enter text. Approval of Site Based Council Representative Approval of Site Based Council Representative DISTRICT USE ONLY Section 2 Approval of District Representative **DRIVER – TURN THIS FORM IN WITH TIMESHEETS** Section 3 Date/Time of Departure: _____ Odometer Start: _____ Odometer End: _____ Date/Time of Return: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature ____

Coach or School Representative Signature ___

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

School: TCMS Organization: Baseball **Number of Passengers: 30** Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic ☐ In-County Instructional ☑ Out-of-County Athletic ☐ Out-of-County Instructional ☐ 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 Phone: 270-559-2392** Chaperone/s: Chris Luna Special Requests (Check One) ☐ Other: (Explain In Detail) ☐ Wheelchair Accessible ☐ Monitor □Van If requesting the Van, has the person driving been certified and approved to drive? Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Click here to enter text, Approval of Site Based Council Representative DISTRICT USE ONLY Section 2 Approval of District Representative **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 Odometer Start: Date/Time of Departure: Odometer End: Date/Time of Return: _____ I hereby certify that the above information is correct to the best of my knowledge. Date Driver Signature ___ **Driver Comments:**

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)	Al .	المراد الم				
☐ 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): Rossview High So	chool, Clarksville, TN					
Planned Stops To and From: NA						
Departing Location: TCMS Front Lobby Date of Dep	parture: April 18, 2023 Time of Depart	ture: 4:00 pm				
Returning Location: TCMS Front Lobby Date of Ret	turn: April 18, 2023 Time of Return:	10:30 pm				
Chaperone/s: Chris Luna Chaperone's Phone: 27	70-559-2392					
Special Requests (Check One)						
□ Van □ Wheelchair Accessible	☐ Monitor ☐ Oth	ner: (Explain In Detail)				
If requesting the Van, has the person driving been cer	rtified 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 Date Date						
Section 2	DISTRICT USE ONLY					
Approval of District Representative		Date:				
Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS						
Date/Time of Departure:	Odometer Star					
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:	<u>.</u>	₩ :				
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