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: 2/3/23. Date of Event: 2/7/23

	Organization:	PRIDE Leadership Gro	oup School: TCMS	;
		Number of Passenge	ers: 7	
Type of Trip (Check One	e)			
☐ In-County In	structional	☐ In-County Athletic		☐ Other: (Explain In Detail)
X Out-of-Coun	ty Instructional	☑ Out-of-County Athle	tic	
☐ Out-of-State	Instructional	☐ Out-Of-State Athletic	;	
Destination (Event, City,	and State): Logan County C	TC Trade School Tour		
Planned Stops To and F	From:NA			
Departing Location: TC	MS. Date of Departure: 2/7/	23. Time of Departure: 8	3:00am	
Returning Location:TCI	MS Date of Return:2/7/23. Til	me of Return:11:30am		
Chaperone/s: Sarah La	atham & Kelli Templeman	Chaperone's Phone: S	arah -2708478110	
Special Requests (Chec	ck One)			
X Van	☐ Wheelchair Accessible	☐Monitor	☐ Other: (Ex	plain In Detail)
If requesting the Van, h	as the person driving been ce	rtified and approved to	drive? X Yes □No	(Check One)
Person Driving Van: Sa	ırah Latham or Kelli Templer	man	Trip Requested	By: Sarah Latham
Organization Responsi	ible for Payment: YSC	$\langle \gamma \rangle$	/	2/-/-
Approval of Site Based	Council Representative	Jes -	*	Date2/3/23
Section 2	,	DISTRICT USE ONL	Y	
Approval of District Re	presentative			Date:
Section 3		TURN THIS FORM IN	WITH TIMESHEETS	<u> </u>
	,12	10,014 11110 1 0 0 0 1 1	Odometer Start:	
Date/Time of Departure				
	above information is correct			
•	e above information is correct			Date
_				
Driver Comments:				Date
Coach or School Repre	esentative Signature			Date

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: 4/20/2023 Date of Request: 12/16/2022 School: TCMS Organization: 6th Grade Number of Passengers: 140 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 Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): "Shrek Jr"- SKyPAC, Bowling Green, KY Planned Stops To and From: Greenwood Mall (lunch) Departing Location: TCMS Elkton, KY Date of Departure: 4/20/2023 Time of Departure: 8:00 Returning Location: TCMS Elkton, KY Date of Return: 4/20/2023 Time of Return: 2:00 Chaperone/s: Kelli Shoemake, Nikki Andrews, Kassidy Boor, Kathy Dobbs, Robbie Weathers, Nick Hildabrand Chaperone's Phone: 931-237-8703, 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?

Yes

No (Check One) Trip Requested By: TCMS 6th Grade Team Person Driving Van: Click here to enter text. Organization Responsible for Payment: TCMS 6th Grade Student Activity Account 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 _

Coach or School Representative Signature _____

Date

Driver Comments:

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 9144 2020		Date of Pacifications	
Organization Boys' Soco	en	School TCMS	
	Number of Passengers	18 max	
Type of Trip (Circle One)		•	
☐ In-County Instructional	☐ In-County Athletic	Other: (Explain in	detail
☐ Out-of-County Instructional	X Out-of-County Ath	letic	
☐ Out-of-State Instructional	☐ Out-of-State Athle	lic	
Destination (Event, City, and State))	occer Game in Hopkins	ville, KY	
Planned Stops to and from @ Heritage	Christian Academy and	d @ TCMS	
		Time of Departure 4:30pm app	
Returning location FGMS		Time of Return 7.30pm approx.	
Chaperone(s) Todd Mansfield/Salazar	1	Chaperone's Phone # 270-604-0	246
Special Requests (Check One) None			
□ Van □ Wheelchair	Accessible Other: M	onitor DOther (Explain in	Detail)
If requesting the van, has the person d	riving been certified and	approved to drive? □Yes □N	o (Check one)
Person Driving Van	Trip Red	quested By:	
Organization Responsible for Paymen	t TCMS Athletics		2/3/23
Organization Responsible for Paymen Approval of Site Based Council Repre	sentative	Date _	20100
*************			<u>naragenierin</u>
	District Use Onl	y	
Section 2			
Approval of District Representative _			
******			<u> </u>
DRIVER - TI	JRN THIS FORM IN	WITHITIMESHEETS	
		Odernes Charle	
Date/Time Departure:			
Date/Time Return:		Odometer End:	
VIII a la constitue de la companya de Comp	ation is compat to the bo	et of my knowledge	
I hereby certify that the above information	ation is correct to the bes	st of my knowledge.	
		Deta	
Driver Signature		Date	
Driver Comments:			
		•	
Coach or School Representative Sign	ature		
ē.		Review/Rev	ised:4/9/2018

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event.)

Organization Boys Socoan	School WENS
Number of Passen	gets 10 max
Type of Trip (Circle One)	,
☐ In-County Instructional ☐ In-County Ath	aletic Other: (Explain in detail
☐ Out-of-County Instructional X Out-of-County	Athletic
☐ Out-of-State Instructional ☐ Out-of-State #	Athletic
Destination (Event, City, and State)) Soccer Game in Cale	well County
Planned Stops to and from @ Caldwell County and @ IC	
	Time of Departure 5:00pm approx.
Returning location TCMS Date of Return 144	20 Time of Return 9.00pm approx.
Chaperone(s) Todd Mansile d/Salazar	Chaperone's Phone # 270-604-0246
Special Requests (Check One) None	v ·
☐ Van ☐ Wheelchair Accessible ☐ Oth	er: Monitor
If requesting the van, has the person driving been certified	d and approved to drive? Yes No (Check one)
Person Driving Van Tri	p Requested By:
Organization Responsible for Payment TCMS Athletics Approval of Site Based Council Representative	010~ - 2/2/27
Approval of Site Based Council Representative	Date als/as

District Use	e Only
Section 2	•
Approval of District Representative	Date
****************************	**************************
DRIVER - TURN THIS FORM	**************************
DRIVER - TURN THIS FORM	IN WITH TIMESHEETS
DRIVER - TURN THIS FORM Section 3 Date/Time Departure:	Odometer Start:
DRIVER - TURN THIS FORM	Odometer Start:
DRIVER - TURN THIS FORM Section 3 Date/Time Departure:	Odometer Start:Odometer End:
DRIVER - TURN THIS FORM Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the	Odometer Start: Odometer End: he best of my knowledge.
DRIVER - TURN THIS FORM Section 3 Date/Time Departure: Date/Time Return:	Odometer Start: Odometer End: he best of my knowledge.
DRIVER - TURN THIS FORM Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the	Odometer Start: Odometer End: he best of my knowledge.
DRIVER - TURN THIS FORM Section 3 Date/Time Departure: Date/Time Return: I hereby certify that the above information is correct to the Driver Signature	Odometer Start: Odometer End: Date

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 01/19/2	Date of	Event 1000 (3000.18			
Organization Boys' Soco	Let's	School IKENIS			
<u> </u>	Number of Passengers 10 max				
Type of Trip (Circle One)					
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail			
☐ Out-of-County Instructional	X Out-of-County Athletic]			
☐ Out-of-State Instructional	☐ Out-of-State Athletic	-			
Destination (Event, City, and State))	opocer Game at Ohio County (Be	aver Dam/Hartford)			
Planned Stops to and from @ Ohio C.	ounty and a TCMS				
Departing location (LEMS)	Date of Departure 04418 Time of	of Departure 4:00pm approx.			
Returning location TUNES	Date of Return Will Time of				
Chaperone(s) Fodd Mansfield/Salaza	Chapero	one's Phone # 270-604-0246			
Special Requests (Check One) None					
	Accessible Other: Monitor				
If requesting the van, has the person of	riving been certified and approv	ed to drive? DYes DNo (Check one)			
Person Driving Van	Trip Requested	Ву:			
Organization Responsible for Paymer	IT TEMS Athletics	2/3/23			
Organization Responsible for Payment TCMS Athletics Approval of Site Based Council Representative Date 2/3/23					

Section 2	District Use Only				
Approval of District Representative		Date			
Approvat of District Representative					
A A A A A A A A A A A A A A A A A A A	TON THE FORM IN WITH	TIMESHEETS			
Section 3	ONA TURB POPULIA WITH				
Date/Time Departure:	G	Odometer Start:			
Date/Time Return:		Odometer End:			
I hereby certify that the above inform	ation is correct to the best of my	knowledge.			
•		*			
Driver Signature	-	Date			
Driver Comments:					
Coach or School Representative Sign	ature	Date			
	÷	Review/Revised:4/9/2018			

Review/Revised:4/9/2018

School-Related Student Trip Request Form	
Section 1 (To be completed by requesting organization – Incomplete forms will be delay in scheduling transportation for the event.)	e returned, causing a
Date of Request 01/19/2023 Date of Event 01/2023	023
Organization Boys' Society School Rely	
Number of Passengers 194108	
Type of Trip (Circle One)	
	plain in detail
Out-of-County Instructional X Out-of-County Athletic	<u>-</u>
Destination (Event, City, and State)) Socrer Game in Trigg County	
Planned Stops to and from a Trigo County and a TCMS. Departing location fCMS. Date of Departure CSMS Time of Departure 4.1	Winm anneay
	n sporoz.
Returning location TCMS Date of Return 25225 Time of Return 8 00 on Chaperone's Phone # 1	
Special Requests (Check One) Name	
□ Van □ Wheelchair Accessible □ Offier: Monitor □ Other (Ex	plain in Detail)
If requesting the van, has the person driving been certified and approved to drive?	Yes □No (Check one)
Two Doggooded Par	
Organization Responsible for Payment TCMS Athletics	2/2/23
***************************************	********
District Use Only	
Section 2	t _a . (0
Approval of District Representative	

DRIVER - TURN THIS FORM IN WITH TIMESHEET:	S
Section 3	
Date Time Departmen	
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

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 01719 30	Date of Event Street 1988
Organization Boys' Speed	School VCIVIS
Ì	Number of Passengers M snax
Type of Trip (Circle One)	
☐ In-County Instructional	☐ In-County Athletic ☐ Other: (Explain in detail
Take the second	& Out-of-County Athletic
☐ Out-of-State Instructional	☐ Out-of-State Athletic
Destination (Event, City, and State)) \$	scoer Games in Hopkins County Central,
Planned Stops to and from @ Horlans	Central and Q. TCMS
	Date of Departure (ISA) Time of Departure 4:00 pm approx.
TACING TALLES	Date of Return 18.00 Time of Return 8.00 pm approx.
Chaperone(s) Todd Mansfield/Salazar	Chaperone's Phone # 270-604-0246
Special Requests (Check One) None	ccessible Other: Monitor
Low to the control of the second state of the	the transfer and anatomed to drive? [IVes [INe (Check one)
If requesting the van, has the person the	Trip Requested By:
Organization Responsible for Payment	TCMS Athletics (1-1)
Approval of Site Based Council Repre	Trip Requested By: Date 23/23

	District Use Only
Section 2	
Approval of District Representative _	Date
DRIVER - TI	JRN THIS FORM IN WITH TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	01 F.1
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I hereby certify that the above informa	ation is correct to the best of my knowledge.
I hereby certify that the above information of the certify that the above information of the certific that the certific	
	ation is correct to the best of my knowledge.
Driver Signature Driver Comments:	Date
Driver Signature	Date

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 41/19/20	Date of Event 03/25/2023			
Organization Boys' Socc		School TOMS		
	Number of Passengers 50 m	en .		
Type of Trip (Circle One)	,	9.5		
☐ In-County Instructional	☐ In-County Athletic	☐ Other: (Explain in detail		
☐ Out-of-County Instructional	X Out-of County Athletic		č	
☐ Out-of-State Instructional	Out-of State Athletic	· · · · · · · · · · · · · · · · · · ·		
Destination (Event, City, and State))	oeser Games in Hopkins Co	unty Cennal (Jamboree)		
Planned Stops to and from @ Finskins	Central and @ PCMS,	- 224		
Departing location TCMS	Date of Departure Oxido Tir	ne of Departure Eddam approx.		
Returning location TCMS	Date of Return MAA Tim	e of Return 3.00pm approx.		
Chaperone(s) Todd Mensfield/Salazar	Chay	perone's Phone # <u>270-604-0246</u>		
Special Requests (Check One) None		•		
□ Van □Wheelchair /	ccessible Other: Monit	or Other (Explain in Detail)		
If requesting the van, has the person di	iving been certified and app	roved to drive? DYes DNo (Check one)		
Person Driving Van		ted By:		
Organization Responsible for Paymen	TCMS Athletics	01-1-2		
Organization Responsible for Paymen Approval of Site Based Council Repre	sentative SCOV	Date 2/3/23		
			B 1	
	District Use Only			
Section 2	•			
Approval of District Representative		Date	=	
		******************	m 1	
	JRN THIS FORM IN WIT	TH TIMESHEETS		
Section 3				
Date/Time Departure:		Odometer Start:		
Date/Time Return:		Odometer End:	=	
		s in the characters.		
I hereby certify that the above inform	ation is correct to the best of	my knowledge.		
		-		
Driver Signature		Date		
Driver Comments:				
Driver Comments:				
Driver Comments: Coach or School Representative Sign		Date Review/Revised:4/9/201		

Review/Revised:4/9/2018

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 13 23 2423 Date of Request 01 19 2023 School TOME Organization Boys Scouer Number of Passengers 30 max Type of Trip (Circle One) Other: (Explain in detail ☐ In-County Athletic ☐ In-County Instructional ☐ Out-of-County Instructional X Ont of Courty Athleric Out-of-State Athletic ■ Out=of-State Instructional Destination (Event, City, and State)) Soccer Game at Webster County Planned Stops to and from @ Webster County and a TOMS Date of Departure U. 23 Time of Departure 4:00m approx. Departing location TCMS Date of Return 1972 Time of Return 9000pm aggres. Returning location I'CMS Chaperone's Phone # 2 10-604 (D46) Chaperone(s) Tedd Mansfield/Salazar Special Requests (Check One) None □Wheelchair Accessible □ Other: Monitor ☐ Other (Explain in Detail) □ Van If requesting the van, has the person driving been certified and approved to drive? Tyes Tho (Check one) Trip Requested By: Person Driving Van Organization Responsible for Payment ICMS Athletos 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 Departure: _____ Odometer Start: _____ Odometer End: Date/Time Return: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature **Driver Comments:**

Coach or School Representative Signature

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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: May 13, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

		Mainber of Laccongui	
Type of Trip (Check One)			· ·
☐ In-County Instru	uctional	☐ In-County Athletic	☐ Other: (Explain In Detail)
☐ Out-of-County I	nstructional	⊠ Out-of-County Athlet	ic
☐ Out-of-State Ins	structional	☐ Out-Of-State Athletic	
Destination (Event, City, and	d State): Franklin-Simpson	High School, Frankli	in, KY
Planned Stops To and From	m: NA		
Departing Location: TCMS	S Front Lobby Date of Dep	arture: May 13, 2023	Time of Departure: TBA
Returning Location: TCM	S Front Lobby Date of Ret	urn: May 13, 2023 T	ime of Return: TBA
Chaperone/s: Chris Luna	Chaperone's Phone: 27	0-559-2392	
Special Requests (Check C	One)		
□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)
If requesting the Van, has	the person driving been cer	tified and approved to	drive? ☐ Yes ☐ No (Check One)
Person Driving Van: Click	here to enter text.	Tri	p Requested By: Steven McGhee
Organization Responsible	for Payment: Click here to	enter text.	Date 2(3(2)
Approval of Site Based Co	ouncil Representative	D 18	Date d() (d)
Section 2		DISTRICT USE ONL	
			Date:
Approval of District Repre			Date:
Section 3	DRIVER -	TURN THIS FORM IN	WITH TIMESHEETS
•	<u></u>		
Date/Time of Return:			Odometer End:
I hereby certify that the al	bove information is correct t	to the best of my knowle	edge.
Driver Signature			Date
Driver Comments:	. 2.	₽.	
Coach or School Penrese	entative Signature		Date

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: May 11, 2023

Organization: Baseball School: TCMS

		Number of Passengers: 30	
Type of Trip (Check One)			
☐ In-County Instru	ctional	☐ In-County Athletic	☐ Other: (Explain In Detail)
☐ Out-of-County Ir	nstructional	☑ Out-of-County Athletic	
☐ Out-of-State Ins	tructional	☐ Out-Of-State Athletic	
Destination (Event, City, and	d State): Logan County Hig	gh School, Russellville, KY	
Planned Stops To and From	m: NA		
Departing Location: TCMS	Front Lobby Date of Dep	parture: May 11, 2023 Time o	of Departure: 4:00 pm
Returning Location: TCMS	S Front Lobby Date of Ref	turn: May 11, 2023 Time of	Return: 10:00 pm
Chaperonels: Chris Luna	Chaperone's Phone: 27	70-559-2392	
Special Requests (Check C	One)		
□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)
If requesting the Van, has	the person driving been ce	rtified and approved to drive?	□Yes □ No (Check One)
Person Driving Van: Click	here to enter text.	Trip Requ	lested By: Steven McGhee
	for Payment: Click here t	- / / /	2/3/22
Approval of Site Based Co	ouncil Representative	w Nor	Date O O
Section 2	•	DISTRICT USE ONLY	
	a a mánáisea		Date:
Approval of District Repre			Date:
Section 3		TURN THIS FORM IN WIT	
Date/Time of Departure: _			neter Start:
Date/Time of Return:			neter End:
I hereby certify that the al	bove information is correct	to the best of my knowledge.	
Driver Signature			Date
Driver Comments:		g £ 8	
Coach or School Represe	entative Signature		Date

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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: May 8, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

		Manipol of Laboring	•		
Type of Trip (Check One)					
□In-County Instruc	ctional	☐ In-County Athletic		☐ Other: (Explain In Deta	il)
☐ Out-of-County In	structional	☑ Out-of-County Athletic			
☐ Out-of-State Inst	tructional	☐ Out-Of-State Athletic			
Destination (Event, City, and State): McLean County High School, Calhoun, KY					
Planned Stops To and Fron	n: NA				
Departing Location: TCMS	Front Lobby Date of Dep	oarture: May 8, 2023 Time	of Departure: 4:00) pm	
Returning Location: TCMS	Front Lobby Date of Ret	urn: May 8, 2023 Time o	of Return: 10:30 pr	n	
Chaperone/s: Chris Luna	Chaperone's Phone: 27	70-559-2392			
Special Requests (Check C	ne)				
□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Exp	olain In Detail)	
If requesting the Van, has t	the person driving been ce	rtified and approved to driv	e? □Yes □No (Check One)	
Person Driving Van: Click	here to enter text.	Trip R	equested By: Steve	en McGhee	
Organization Responsible	for Payment: Click here t	enter text.		2/2/23	.
Approval of Site Based Co	uncil Representative			Date 202	••••••
Section 2	2	DISTRICT USE ONLY			
Approval of District Repre	sentative			Date:	
		TURN THIS FORM IN W			
Section 3					
Date/Time of Departure: _	<u> </u>	0	Jameter End:	descr.	-
		00			_
		to the best of my knowledg		Dete	
Driver Signature					
- 2.2			•		
Coach or School Represe	ntative Signature			Date	

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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: May 6, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

Type of Trip (Check One)				
☐ In-County Instru	ctional *	☐ In-County Athletic	☐ Other: (Explain In Detail)	
☐ Out-of-County In	estructional	☑ Out-of-County Athletic		
☐ Out-of-State Inst	tructional	☐ Out-Of-State Athletic		
Destination (Event, City, and State): Hopkins Co Central High School, Madisonville, KY				
Planned Stops To and Fron	n: NA			
Departing Location: TCMS	Front Lobby Date of Dep	arture: May 6, 2023 Time	of Departure: 8:15 am	
Returning Location: TCMS	Front Lobby Date of Ret	urn: May 6, 2023 Time o	f Return: 3:00 pm	
Chaperone/s: Chris Luna	Chaperone's Phone: 27			
Special Requests (Check O	ne)			
□Van	☐ Wheelchair Accessible	□Monitor	☐ Other: (Explain In Detail)	
If requesting the Van, has t	the person driving been cer	tified and approved to drive	? 🗆 Yes 🗆 No (Check One)	
Person Driving Van: Click	here to enter text.	Trip Re	quested By: Steven McGhee	
	for Payment: Click here to		2/2/23	
Approval of Site Based Co	uncil Representative	if loss	Date 2/3/23	
Section 2		DISTRICT USE ONLY		
			Peter	
Approval of District Repre	sentative	••••••	Date:	
Section 3	1	TURN THIS FORM IN WI		
			ometer Start:	
Date/Time of Return:		Od	ometer End:	
I hereby certify that the ab	ove information is correct	to the best of my knowledge	9 .	
Driver Signature			Date	
Driver Comments:	Ŧ		章	
Coach or School Benrese	ntative Signature		Date	

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, 2	2023 Date of Ev	ent: April 25, 2023		
	Organ	ization: Baseball	School: TCMS		
		Number of Passeng	jers: 30		
Type of Trip (Check One)					
☐ In-County Instru	uctional	☐ In-County Athletic		☐ Other: (Explain In Detail)	
☐ Out-of-County I	□ Out-of-County Instructional ⊠ Out-of-County Athletic				
□ Out-of-State Ins	□ Out-of-State Instructional □ Out-Of-State Athletic				
Destination (Event, City, an	d State): Russellville High	School, Russellville	e, KY		
Planned Stops To and Fron	m: NA				
Departing Location: TCMS	S Front Lobby Date of Dep	parture: April 25, 20	23 Time of Departure: 4	:00 pm	
Returning Location: TCM:	S Front Lobby Date of Ret	urn: April 25, 2023	Time of Return: 10:30	pm	
Chaperone/s: Chris Luna	Chaperone's Phone: 27	0-559-2392			
Special Requests (Check C	One)				
□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Ex	plain In Detail)	
If requesting the Van, has	the person driving been cer	tified and approved	o drive? 🗆 Yes 🗆 No	(Check One)	
Person Driving Van: Click	here to enter text.		Trip Requested By: Stev	en McGhee	
Organization Responsible	for Payment: Click here to	oventer text.		Data 2/3/23	
Approval of Site Based Co	ouncil Representative	PW		Date	
Section 2		DISTRICT USE OF			
				Poto.	
Approval of District Repre	esentative	••••••	• • • • • • • • • • • • •	Date:	
Section 3	DRIVER -	TURN THIS FORM	IN WITH TIMESHEETS		
Date/Time of Departure: _	.()			121	
			_		
•	bove information is correct				
Driver Signature					
Driver Comments:		-			
Coach or School Represe	entative Signature			Date	

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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 21, 2023

Date of stades of the	,			
Org	anization: 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): Franklin-Simps	son High School, Franklin, KY			
Planned Stops To and From: NA				
Departing Location: TCMS Front Lobby Date of D	Departure: April 21, 2023 Time of Departure: 4:00 pm			
Returning Location: TCMS Front Lobby Date of F	Return: April 21, 2023 Time of Return: 10:30 pm			
Chaperone/s: Chris Luna Chaperone's Phone:	270-559-2392			
Special Requests (Check One)				
□ Van □ Wheelchair Accessible	e ☐ Monitor ☐ Other: (Explain In Detail)			
If requesting the Van, has the person driving been	certified and approved to drive?			
Person Driving Van: Click here to enter text. Trip Requested By: Steven McGhee				
Organization Responsible for Payment: Click here	e to enter text			
Approval of Site Based Council Representative	Date 2/3/23			
Section 2	DISTRICT USE ONLY			
	Date:			
Approval of District Representative	••••••••••••			
Section 3 DRIVER	- TURN THIS FORM IN WITH TIMESHEETS			
Date/Time of Departure:				
Date/Time of Return:	Odometer End:			
I hereby certify that the above information is corre	ct to the best of my knowledge.			
Driver Signature	Date			
Driver Comments:				

_____ Date _____

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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 30, 2023 Date of Request: Jan 18, 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 Instructional ☐ Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): Moss Middle School, Bowling Green, KY Planned Stops To and From: NA Departing Location: TCMS Front Lobby Date of Departure: March 30, 2023 Time of Departure: 4:00 pm Returning Location: TCMS Front Lobby Date of Return: March 30, 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) ☐ Monitor ☐ Wheelchair Accessible □Van 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 VIVTUI VI VIIG MUSEU GOUITOII TOPTOGOTTAUTO **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 ___ Driver-Comments:

Coach or School Representative Signature ____

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

Coach or School Representative Signature ____

Date of Event: March 20, 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 Athletic ☐ Out-of-County Instructional ☐ Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): Trigg County High School, Cadiz, KY Planned Stops To and From: NA Departing Location: TCMS Front Lobby Date of Departure: March 20, 2023 Time of Departure: 4:00 pm Returning Location: TCMS Front Lobby Date of Return: March 20, 2023 Time of Return: 10:30 pm Chaperone's Phone: 270-559-2392 Chaperone/s: Chris Luna Special Requests (Check One) ☐ Monitor ☐ Other: (Explain In Detail) ☐ Wheelchair Accessible □Van 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 Date 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. Driver Signature ___ 4. -**Driver Comments:**

Date ___

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 18, 2023

Date of Request: Jan 18, 2023

Coach or School Representative Signature ___

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 Athletic
 Out-of-Count ☐ Out-of-County Instructional ☐ Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): Heritage Christian, Hopkinsville, KY Planned Stops To and From: NA Departing Location: TCMS Front Lobby Date of Departure: March 18, 2023 Time of Departure: 11:30 am Returning Location: TCMS Front Lobby Date of Return: March 18, 2023 Time of Return: 5:00 pm **Chaperone's Phone: 270-559-2392** Chaperonels: Chris Luna Special Requests (Check One) ☐ Other: (Explain In Detail) ☐ Monitor ☐ Wheelchair Accessible □Van 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 Date **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 ___ **Driver Comments:**

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 13, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

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Type of Trip (Check One)	¥				
☐ In-County Instructional		☐ In-County Athletic	□ Oth	er: (Explain In Detail)	
☐ Out-of-County In	nstructional	⊠ Out-of-County Athlet	ic		
☐ Out-of-State Instructional		□ Out-Of-State Athletic			
Destination (Event, City, and	d State): South Warren Hi	gh School, Bowling G	ireen, KY		
Planned Stops To and From	n: NA				
Departing Location: TCMS	Front Lobby Date of Dep	arture: March 13, 20	23 Time of Departure: 4:00 pr	n	
Returning Location: TCMS	Front Lobby Date of Ret	urn: March 13, 2023	Time of Return: 10:30 pm		
Chaperone/s: Chris Luna	Chaperone's Phone: 27	0-559-2392			
Special Requests (Check C	one)				
□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In I	Detail)	
If requesting the Van, has	the person driving been cer	tified and approved to	Irive? □Yes □No (Check C	ine)	
Person Driving Van: Click	here to enter text.	Tri	p Requested By: Steven McG	Shee	
Organization Responsible for Payment: Click here to enter text.					
Approval of Site Based Co	uncil Representative	YWY	Da	ate 45/2	
Section 2		DISTRICT USE ONL			
	4 . 4		r	late:	
Approval of District RepresentativeDate:					
Section 3		TURN THIS FORM IN			
			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			Da	ate	
Driver Comments:	And the second s				
Coach or School Represe	ntative Signature			Date	

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: 01/12/2023 Date of Event: February 10-12, 2023

Organization: 8th Grade Boys Basketball Team School: Todd County Middle School

Number of Passengers: 13 students accompanied by their parents and coaches

Type of Trip (Check One)						
☐ In-County Instru	ctional	☐ In-County Athletic		☐ Other: (Explain In Detail)		
☐ Out-of-County I	nstructional	⊠ Out-of-County Athlet	ic			
☐ Out-of-State Ins	tructional	☐ Out-Of-State Athletic	;			
Destination (Event, City, and	Destination (Event, City, and State): KBC Boys 8th Grade State Tournament, Lexington, Ky					
Planned Stops To and From	n: Stop as needed for gas a	nd food				
Departing Location: Todd	County Middle School	Date of Departure: Feb	ruary 9, 2023 Time o	of Departure: 3:00 PM		
Returning Location: Todd	County Middle School	Date of Return: Februa	ry 12, 2023 Time of	Return: TBD		
Chaperone/s: Drew Pool, Will Osborne, Elijah Bell, Brad Rager Chaperone's Phone: Drew Pool (931-249-8688) Will Osborne (270)839-3545) Elijah Bell (270)604-2958 Brad Rager (270)604-0172						
Special Requests (Check C	One)					
□ Van their personal vehicles	☐ Wheelchair Accessible	☐ Monitor	X□ Other: P	arents will transport students in		
If requesting the Van, has the person driving been certified and approved to drive?						
Person Driving Van:	Trip Re	quested By: Kimberly	Davis, Steven McGl	nee, Drew Pool		
Organization Responsible for Payment: Todd County Middle School Boys Basketball (TCMS Athletics) Approval of Site Based Council Representative Date 1/12/23						
Section 2 Approval of District Repre	esentative	DISTRICT USE ONL	-	Date:		
Section 3 <u>DRIVER – TURN THIS FORM IN WITH TIMESHEETS</u>						
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 Represe	entative Signature			Date		

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: January 13, 2023

Coach or School Representative Signature

Date of Event: March 28, 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): WKU Ba	seball Field, Bowling Green, K	Y		
Planned Stops To and From: NA				
Departing Location: TCMS Gym Date of	of Departure: March 28, 2023 Tir	ne of Departure: 4:00 pm		
Returning Location: TCMS Gym Date of	of Return: March 28, 2023 Time	of Return: 10:00 pm		
Chaperone/s: Chris Luna Chaperone's	Phone: 270-559-2392			
Special Requests (Check One)				
□Van □Wheelchair Ad	ccessible	☐ Other: (Explain In Detail)		
If requesting the Van, has the person driving	g been certified and approved to d	rive? □ Yes □ No (Check One)		
Person Driving Van: Click here to enter t	ext. Trip	Requested By: Steven McGhee		
Organization Responsible for Payment: Clic	k here to enter text.	0 / /00		
Approval of Site Based Council Representa	tive Discharge	Date 243/23		
Section 2 <u>DISTRICT USE ONLY</u>				
		Peter		
Approval of District Representative	•••••	Date:		
Section 3 D	RIVER - 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 i	s correct to the best of my knowle	dge.		
Driver Signature		Date		
Driver Comments:				