

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

Organization: PRIDE Leadership Group School: TCMS

Number of Passengers: 7

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): Logan County CTC Trade School Tour

Planned Stops To and From: NA

Departing Location: TCMS. Date of Departure: 2/7/23. Time of Departure: 8:00am

Returning Location: TCMS Date of Return: 2/7/23. Time of Return: 11:30am

Chaperone/s: Sarah Latham & Kelli Templeman Chaperone's Phone: Sarah -2708478110

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: Sarah Latham or Kelli Templeman

Trip Requested By: Sarah Latham

Organization Responsible for Payment: YSC

Approval of Site Based Council Representative  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: 12/16/2022      Date of Event: 4/20/2023

Organization: 6<sup>th</sup> Grade      School: TCMS

Number of Passengers: 140

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): "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, Cassidy Boor, Kathy Dobbs, Robbie Weathers, Nick Hildabrand    Chaperone's Phone: 931-237-8703,

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: TCMS 6<sup>th</sup> Grade Team

Organization Responsible for Payment: TCMS 6<sup>th</sup> Grade Student Activity Account

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 04/23/23

Date of Event 04/27/2023

Organization Boys' Soccer

School TCMS

Number of Passengers 28 max

Type of Trip (Circle 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) Soccer Game in Hopkinsville, KY

Planned Stops to and from @ Heritage Christian Academy and @ TCMS

Departing location TCMS

Date of Departure 04/27 Time of Departure 4:30pm approx.

Returning location TCMS

Date of Return 04/27 Time of Return 7:30pm approx.

Chaperone(s) Todd Mansfield/Salazar

Chaperone's Phone # 270-604-0246

Special Requests (Check One) None

- 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: \_\_\_\_\_

Organization Responsible for Payment TCMS Athletics

Approval of Site-Based Council Representative [Signature]

Date 2/3/23

**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 \_\_\_\_\_

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 Request 07/19/2023

Date of Event 07/20/2023

Organization Boys Soccer

School TCMS

Number of Passengers 10 max

Type of Trip (Circle 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) Soccer Game in Caldwell County

Planned Stops to and from @ Caldwell County and @ TCMS

Departing location TCMS

Date of Departure 07/20 Time of Departure 5:00pm approx.

Returning location TCMS

Date of Return 04/20 Time of Return 9:00pm approx.

Chaperone(s) Todd Mansfield/Salazar

Chaperone's Phone # 270-604-0246

Special Requests (Check One) None

- 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: \_\_\_\_\_

Organization Responsible for Payment TCMS Athletics

Approval of Site Based Council Representative [Signature] Date 2/3/23

**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 \_\_\_\_\_

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 Request: 01/19/2023

Date of Event: 03/13/2023

Organization: Boys' Soccer

School: TCMS

Number of Passengers: 30 max

Type of Trip (Circle 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): Soccer Game at Ohio County (Beaver Dam/Hartford)

Planned Stops to and from: @ Ohio County and @ TCMS

Departing location: TCMS Date of Departure: 03/13 Time of Departure: 4:00pm approx.

Returning location: TCMS Date of Return: 03/13 Time of Return: 10:00pm approx.

Chaperone(s): Todd Mansfield/Salazar Chaperone's Phone #: 270-604-0246

Special Requests (Check One) None

- 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: \_\_\_\_\_

Organization Responsible for Payment: TCMS Athletics

Approval of Site Based Council Representative: [Signature] Date: 2/3/23

**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 \_\_\_\_\_

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 Request 01/19/2023

Date of Event 01/26/2023

Organization Boys' Soccer

School TCMS

Number of Passengers 10/100

Type of Trip (Circle 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) Soccer Game in Trigg County

Planned Stops to and from @ Trigg County and @ TCMS

Departing location TCMS

Date of Departure 02/23 Time of Departure 4:00pm approx

Returning location TCMS

Date of Return 02/23 Time of Return 8:00pm approx

Chaperone(s) Jeff Mansfield, Salazar

Chaperone's Phone # 170-604-0246

Special Requests (Check One) None

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: \_\_\_\_\_

Organization Responsible for Payment TCMS Athletics

Approval of Site Based Council Representative [Signature]

Date 2/3/23

**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 \_\_\_\_\_

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 Request 07/19/2023

Date of Event 08/22/2023

Organization Boys' Soccer

School TCMS

Number of Passengers 30 max

Type of Trip (Circle 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) Soccer Games in Hopkins County Central

Planned Stops to and from @ Hopkins Central and @ TCMS

Departing location TCMS

Date of Departure 08/22 Time of Departure 4:00pm approx.

Returning location TCMS

Date of Return 08/27 Time of Return 8:00pm approx.

Chaperone(s) Todd Mansfield/Salazar

Chaperone's Phone # 270-604-0246

Special Requests (Check One) None

- 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: \_\_\_\_\_

Organization Responsible for Payment TCMS Athletics

Approval of Site Based Council Representative [Signature] Date 2/3/23

**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 \_\_\_\_\_

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 Request 11/19/2023

Date of Event 03/25/2023

Organization Boys Soccer

School TCMS

Number of Passengers 30 max

Type of Trip (Circle 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) Soccer Games in Hopkins County Central (Jamboree)

Planned Stops to and from @ Hopkins Central and @ TCMS

Departing location TCMS

Date of Departure 03/25 Time of Departure 8:00am approx

Returning location TCMS

Date of Return 03/25 Time of Return 3:00pm approx

Chaperone(s) Todd Mansfield/Salazar

Chaperone's Phone # 770-604-0246

Special Requests (Check One) None

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: \_\_\_\_\_

Organization Responsible for Payment TCMS Athletics

Approval of Site Based Council Representative [Signature]

Date 2/3/23

**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 \_\_\_\_\_

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 Request 01/19/2023

Date of Event 01/23/2023

Organization Boys Soccer

School TCMS

Number of Passengers 30 max

Type of Trip (Circle 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) Soccer Game at Webster County

Planned Stops to and from Webster County and TCMS

Departing location TCMS

Date of Departure 01/23 Time of Departure 4:00pm approx

Returning location TCMS

Date of Return 01/23 Time of Return 9:00pm approx

Chaperone(s) Tedd Mansfield/Salazar

Chaperone's Phone # 270-604-0248

Special Requests (Check One) None

- 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: \_\_\_\_\_

Organization Responsible for Payment TCMS Athletics

Approval of Site Based Council Representative [Signature] Date 2/3/23

**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 \_\_\_\_\_

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 Request: Jan 18, 2023      Date of Event: May 13, 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): Franklin-Simpson High School, Franklin, KY

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby      Date of Departure: May 13, 2023      Time of Departure: TBA

Returning Location: TCMS Front Lobby      Date of Return: May 13, 2023      Time of Return: TBA

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: May 11, 2023

Organization: Baseball School: TCMS

Number of Passengers: 30

Type of Trip (Check One)

- Checkboxes for In-County Instructional, In-County Athletic, Out-County Instructional, Out-County Athletic, Out-Of-State Instructional, Out-Of-State Athletic, and Other: (Explain In Detail)

Destination (Event, City, and State): Logan County High School, Russellville, KY

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby Date of Departure: May 11, 2023 Time of Departure: 4:00 pm

Returning Location: TCMS Front Lobby Date of Return: May 11, 2023 Time of Return: 10:00 pm

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

Special Requests (Check One)

- Checkboxes for Van, Wheelchair Accessible, Monitor, and 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: May 8, 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): McLean County High School, Calhoun, KY

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby      Date of Departure: May 8, 2023      Time of Departure: 4:00 pm

Returning Location: TCMS Front Lobby      Date of Return: May 8, 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 \_\_\_\_\_

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)

- checkbox In-County Instructional checkbox In-County Athletic checkbox Other: (Explain In Detail)
checkbox Out-of-County Instructional checkbox Out-of-County Athletic (checked)
checkbox Out-of-State Instructional checkbox Out-Of-State Athletic

Destination (Event, City, and State): Hopkins Co Central High School, Madisonville, KY

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby Date of Departure: May 6, 2023 Time of Departure: 8:15 am

Returning Location: TCMS Front Lobby Date of Return: May 6, 2023 Time of Return: 3:00 pm

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

Special Requests (Check One)

- checkbox Van checkbox Wheelchair Accessible checkbox Monitor checkbox Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? checkbox Yes checkbox 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 25, 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): Russellville High School, Russellville, KY

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby      Date of Departure: April 25, 2023      Time of Departure: 4:00 pm

Returning Location: TCMS Front Lobby      Date of Return: April 25, 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 21, 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): Franklin-Simpson High School, Franklin, KY

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby      Date of Departure: April 21, 2023      Time of Departure: 4:00 pm

Returning Location: TCMS Front Lobby      Date of 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       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 30, 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): 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: 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**

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 \_\_\_\_\_



Student Form

### 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 20, 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): 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: 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 18, 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): 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: 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 13, 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): South Warren High School, Bowling Green, KY

Planned Stops To and From: NA

Departing Location: TCMS Front Lobby      Date of Departure: March 13, 2023      Time of Departure: 4:00 pm

Returning Location: TCMS Front Lobby      Date of Return: March 13, 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: 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 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): KBC Boys 8th Grade State Tournament, Lexington, Ky

Planned Stops To and From: Stop as needed for gas and food

Departing Location: Todd County Middle School Date of Departure: February 9, 2023 Time of Departure: 3:00 PM

Returning Location: Todd County Middle School Date of Return: February 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 One)

- Van
- Wheelchair Accessible
- Monitor
- Other: Parents will transport students in their personal vehicles

If requesting the Van, has the person driving been certified and approved to drive?  Yes  No (Check One)

Person Driving Van: Trip Requested By: Kimberly Davis, Steven McGhee, Drew Pool

Organization Responsible for Payment: Todd County Middle School Boys Basketball (TCMS Athletics)

Approval of Site Based Council Representative [Signature] Date 1/12/23

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: January 13, 2023

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 Baseball Field, Bowling Green, KY

Planned Stops To and From: NA

Departing Location: TCMS Gym

Date of Departure: March 28, 2023 Time of Departure: 4:00 pm

Returning Location: TCMS Gym

Date 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 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

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 \_\_\_\_\_