

STUDENTS

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 1/4/23 Date of Event 4/3/23

Organization TCC HS Southall School TCC HS

Number of Passengers 25

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)) Clarksville Northwest H.S. Clarksville TN
Planned Stops to and from T.P.A.

Departing location TCC HS Amex Date of Departure 4/3/23 Time of Departure 2:30 PM
Returning location TCC HS Amex Date of Return 4/2/23 Time of Return 10:00 PM

Chaperone(s) Coach Chaperone's Phone # 770 847 6591

Special Requests (Check One)
 Van Wheelchair Accessible Other: Monitor Other (Explain in Detail) undercarriage

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

Person Driving Van _____ Trip Requested By: Carey Williams
Organization Responsible for Payment TCC HS Athletic

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

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 _____

STUDENTS

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 1/4/23 Date of Event 4/7-8/23
Organization TCCHS Softball School TCCHS
Number of Passengers 25

Type of Trip (Circle 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)) Brentwood, TN (Nashville) Brentwood TN
Planned Stops to and from TDA

Departing location TCCHS Annex Date of Departure 4/7/23 Time of Departure TDA
Returning location TCCHS Annex Date of Return 4/8/23 Time of Return TDA

Chaperone(s) Coach Chaperone's Phone # 708-476-591

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: Monitor
- Other (Explain in Detail) Underride

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

Person Driving Van _____ Trip Requested By: Carly Wilkins
Organization Responsible for Payment TCCHS Athletic

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

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 _____

back-and-forth

STUDENTS

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 1/14/23 Date of Event 4/14-15/23
Organization TCCHS Softball School TCCHS
Number of Passengers 25

Type of Trip (Circle 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) Clarksville, TN Queen City Classic
Planned Stops to and from TDA

Departing location TCCHS Annex Date of Departure 4/14/23 Time of Departure TDA
Returning location TCCHS Annex Date of Return 4/15/23 Time of Return TDA

Chaperone(s) Coach Chaperone's Phone # 2708476591

Special Requests (Check One)
 Van Wheelchair Accessible Other: Monitor Other (Explain in Detail) underride

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

Person Driving Van _____ Trip Requested By: Carey Williams
Organization Responsible for Payment TCCHS Athletic

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

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 _____

STUDENTS

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 4/12/23 Date of Event 4/27/23
Organization TCHS Softball School TCHS
Number of Passengers 25

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)) West Creek HS, Clarksville, TN
Planned Stops to and from TBA

Departing location TCHS Annex Date of Departure 4/27/23 Time of Departure 3:45 PM
Returning location TCHS Annex Date of Return 4/27/23 Time of Return 11:45 PM

Chaperone(s) Coach Chaperone's Phone # 2708476591

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: Monitor
- Other (Explain in Detail) undercarriage

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

Person Driving Van _____ Trip Requested By: Corey Williams
Organization Responsible for Payment TCHS Athletics

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

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 _____