School-Related Student Trip Request Form

Section 1 To be completed by requesting scheduling transportation for	r the event.)	rms will be returned, causing a delay in
Date of Request 1/4/23	Date	of Event 4/3/23
Organization TCC HS Softhall	Schoo	out at the
Number of Pa	ssengers 2	
Type of Trip (Circle One)	w,	
☐ 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)) _ Planned Stops to and from	Clarksville Norther	of H. E. Classille TN
Departing location Cott Annual Returning location Cott Annual	Date of Departure (13/27) Date of Return (13/2)	Time of Departure 2:10 PM Time of Return 10:00 PM
Chaperone(s) Coche	Chapero	one's Phone # 70 8 47 6 591
Special Requests (Check One Van Wheelchair	Accessible Other: Monitor	Other (Explain in Detail)
If requesting the van, has the person d	riving been certified and approv	By: Carry Williams
Person Driving Van Organization Responsible for Paymen	This Requested	Service and allower respect of the
Organization Responsible for Paymen	16	
Approval of Site Based Council Repr	esentative L. Cur	Date 1-23-2
	District Use Only	
Section 2		Data
Approval of District Representative _		Date
DRIVER - T	URN THIS FORM IN WITH '	TIMESHEETS
Section 3	c	Odometer Start:
Date/Time Departure.		Odometer End:
Date/Time Return:		
I hereby certify that the	e above information is correct to t	he best of my knowledge.
Driver Signature		Date
Driver Comments:		
Coach or School Representative Signatur	re	Date
Page 1 of 1		Review/Revised:4/9/2018

School-Related Student Trip Request Form

Section 1 To be completed by reques scheduling transportation	sting organization — (Incomplete forms will be returned, causing a detay in for the event.)
Date of Request 1/4/83	Date of Event 4/7-8/22
Organization TCCHI Softha	1/ School TCCHS
Number of	Passengers U
Type of Trip (Circle One) ☐ In-County Instructional ☐ Out-of-County Instructional ☐ Out-of-State Instructional	Out-of-State Athletic
Destination (Event, City, and State) Planned Stops to and from Tha	Brentwood, TN (Naphulle) Brentwood IN
Departing location Technology Returning location Technology	Date of Departure 1/1/27 Date of Return 4/8/37 Time of Departure 1/1/27 Time of Return 1/1/27
Chaperone(s) Coches	Chaperone's Phone # 2708476551
Special Requests (Check One Van Wheelcha	ir Accessible Other: Monitor Other (Explain in Detail) a driving been certified and approved to drive? OYes ONo (Check one)
Dames Deixing Von	Trip Requested By: Car Will Gar
Organization Responsible for Paym	ent + C(H/Athletic
Approval of Site Based Council Re	1 119 21.22-23
	District Use Only
Section 2	Date
Approval of District Representative	
	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:	
	ture Date
Page 1 of 1	Review/Revised:4/9/2018

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back-and-forth

School-Related Student Trip Request Form

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 Organization Tatts Softhall Number of Passengers 25 Type of Trip (Circle One) ☐ Other: (Explain in detail ☐ In-County Athletic ☐ In-County Instructional Tut-of-County Athletic ☐ Out-of-County Instructional M Out-of-State Athletic ☐ Out-of-State Instructional Taksville, TN CQueen C. ty Classic) Destination (Event, City, and State)) Planned Stops to and from 704 Departing location TC 454114 Date of Departure (1417/2) Time of Departure Date of Return 4/14/ Time of Return The Returning location TCHIPMLL Chaperone's Phone # 27084 Chaperone(s) Cockes Undercorriage Special Requests (Check One Other (Explain in Detail) □Wheelchair Accessible □ Other: Monitor Trip Requested By: (GRYWill . aas Person Driving Van Organization Responsible for Payment TCCHI Athletici Approval of Site Based Council Representative **District Use Only** 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. Date _____ Driver Signature _____ Driver Comments: Date Coach or School Representative Signature

School-Related Student Trip Request Form

Section 1 To be completed by requesti scheduling transportation for	ing organization — (Incomplete forms will be returned, causing a delay in or the event.)
Date of Request 1/4/23	Date of Event 4/07/27
	School Tact
Organization TCC#15 of 4 be	School 7 CC Date of the School
Number of Pa	assengers (
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)) Planned Stops to and from	West Creek HS. Cladesville, TN
	Date of Departure (27/2) Time of Departure 3:47 PM
Departing location at Anna	
Returning location CCHIAMO	Date of Return 4/27/27 Time of Return ///:45 144
Chaperone(s) Coades	Chaperone's Phone # 2708476591
Special Requests (Check One ☐ Van ☐ Wheelchair	Accessible Other: Monitor Other (Explain in Detail)
	driving been certified and approved to drive? Trip Requested By: Crew W. Itans
Person Driving Van	+ Colle Ashlosic
Organization Responsible for Paymer	1/1/2 21-23-23
Approval of Site Based Council Repr	esentative Date 1-23-23
	District Use Only
Section 2	Date
Approval of District Representative	
	URN THIS FORM IN WITH TIMESHEETS
DRIVER - 1 Section 3	
Date/Time Departure:	Odometer Start:
Date/Time Return:	Odometer End:
I hereby certify that th	e above information is correct to the best of my knowledge.
,	Date
Driver Comments:	
Coach or School Representative Signatu	Date
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