

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 2/17/23
Organization TCCHS Baseball School TCCHS
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 Northeast #1
Planned Stops to and from TRA

Departing location TCCHS/Annex Date of Departure 3/17/23 Time of Departure 3:30 PM
Returning location TCCHS/Annex Date of Return 3/17/23 Time of Return 10:30 PM

Chaperone(s) Coaches Chaperone's Phone # 615-971-4295

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: Jim Daigle

Organization Responsible for Payment TCCHS 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 _____

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 8/4/23 Date of Event 7/28/23
Organization TCHS Baseball 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)) 4541 Old Hickory Blvd. CTN Heat
Planned Stops to and from TBA

Departing location TCHS Annex Date of Departure 7/28/23 Time of Departure 3:00PM
Returning location TCHS Annex Date of Return 7/28/23 Time of Return 11:00AM

Chaperone(s) Coach Chaperone's Phone # 615 971 4295

Special Requests (Check One)

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

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

Person Driving Van _____ Trip Requested By: Jim Dingle
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 _____

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 4/3-7/23
Organization TCCHS Baseball School TCCHS
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)) Destin, FL
Planned Stops to and from TDA

Departing location TCCHS Annex Date of Departure 4/3/23 Time of Departure TDA
Returning location TCCHS Annex Date of Return 4/7/23 Time of Return TBA

Chaperone(s) Coaches Chaperone's Phone # 615-971-4295

Special Requests (Check One)

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

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

Person Driving Van _____ Trip Requested By: Jim Dagle

Organization Responsible for Payment TCCHS 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 _____

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 4/14/23
Organization TCHS Baseball 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)) Father Ryan H.S. Nashville TN; 700 Norwood Dr.
Planned Stops to and from TVA

Departing location TCHS Annex Date of Departure 4/14/23 Time of Departure 3:30 PM
Returning location TCHS Annex Date of Return 4/14/23 Time of Return 11:00 PM

Chaperone(s) Coaches Chaperone's Phone # 615 971 4295

Special Requests (Check One)
 Van Wheelchair Accessible Other: Monitor Other (Explain in Detail) under carriage
If requesting the van, has the person driving been certified and approved to drive? Yes No (Check one)
Person Driving Van _____ Trip Requested By: Jim Deige
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 _____

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 4/27/23
Organization TCCHS ~~HS~~ Baseball School TCCHS
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 TCCHS Amph Date of Departure 4/27/23 Time of Departure 7:45 AM
Returning location TCCHS Amph Date of Return 4/27/23 Time of Return 10:20 AM

Chaperone(s) Coaches Chaperone's Phone # 6159714298

Special Requests (Check One)

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

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

Person Driving Van _____ Trip Requested By: Tim Daise

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 1/24/23 Date of Event 4/29/23

Organization TCHS Baseball 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)) Clarksville Northwest HS, Clarksville TN

Planned Stops to and from TBA

Departing location TCHS ^{Andale} Date of Departure 4/29/23 Time of Departure 9:00 AM

Returning location TCHS ^{Andale} Date of Return 4/29/23 Time of Return 4:00 PM

Chaperone(s) Coach Chaperone's Phone # 615 971 4200

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: Tim Doyle

Organization Responsible for Payment TCHS ^{Andale}

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 _____