

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 2-10-23

Date of Event 2-23-23

Organization TCCHS Ag. Dept.

School TCCHS

Number of Passengers 4

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) Fairview Produce Auction - Pembroke, KY

Planned Stops to and from 0

Departing location TC Ag. Dept. Date of Departure 2-23-23 Time of Departure 8:00 a.m.

Returning location TC Ag. Dept. Date of Return 2-23-23 Time of Return 2:45 p.m.

Chaperone(s) Shayla Berry Chaperone's Phone # 270-604-5237

Special Requests (Check One)

- 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 Shayla Berry Trip Requested By: Shayla Berry

Organization Responsible for Payment TC Greenhouse

Approval of Site Based Council Representative [Signature] Date 2-13-23

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 \_\_\_\_\_