

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: 2/15/2023 Date of Event: 4/26/2023

Organization: 1st, 2nd & 3rd Grades School: NTES

Number of Passengers: 185

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): Bowling Green Hotrods STEM Day, 300 8th Ave. Bowling Green, KY

Planned Stops To and From: None

Departing Location: NTES Date of Departure: 4/26/2023 Time of Departure: 8:45

Returning Location: NTES Date of Return: 4/26/2023 Time of Return: 2:30

Chaperone/s: Sierra Smith, Michaela Boisseau, Megan Fleming, Mishawn Greenfield, Amanda Gant, Jerilynn Henderson, Kaitlyn Dawson, Laura McGehee, Cindy Williams

Chaperone's Phone: 270-619-2126/270-878-0039/270-719-0547

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: Sierra Smith/Mishawn Greenfield/Kaitlyn Dawson

Organization Responsible for Payment: NTES SBDM 0894

Approval of Site Based Council Representative  Date 2/23/2023

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 _____