

**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 2/6/23 Date of Event April 18-19, 2023  
Organization STLP School STES TCMS TCCHS  
Number of Passengers ST-4 TCMS-9 TCCHS-7

Type of Trip (Circle One)

- In-County Instructional
- Out-of-County Instructional
- Out-of-State Instructional
- In-County Athletic
- Out-of-County Athletic
- Out-of-State Athletic
- Other: (Explain in detail)

Destination (Event, City, and State) STLP State Convention Lexington, KY  
Planned Stops to and from \_\_\_\_\_

Departing location TCCHS Date of Departure 4/18 Time of Departure 4:30 pm  
Returning location TCCHS Date of Return 4/19 Time of Return 9:00pm (earlier if no awards)  
Chaperone(s) Chris and Erica Shipworth Chaperone's Phone # 270 604 3011

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 \_\_\_\_\_ Trip Requested By: Erica Shipworth

Organization Responsible for Payment \_\_\_\_\_

Approval of Site Based Council Representative Carol Meyer Date 2-21-2023

**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 \_\_\_\_\_