

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 March 6th 2023 Date of Event March 10th
Organization _____ School TCCHS
Number of Passengers 25

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) Muhlenberg Job Corps Center, Greenville, KY
Planned Stops to and from None

Departing location TCCHS Date of Departure 3/10 Time of Departure 8:30 am
Returning location TCCHS Date of Return 3/10 Time of Return 2:30 pm.

Chaperone(s) Vaughn Ward / Rachel Westerman. Chaperone's Phone # _____

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: Rachel Westerman
Organization Responsible for Payment TCCHS

Approval of Site Based Council Representative [Signature] Date 3-6-23

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 _____