

Request to Place an Item on the Agenda

Name: Kimberly Davis
Address: 515 W. Main St, Elkton Ky
Telephone number: 270-265-2511
Name of school children attend, if applicable: Todd County Middle School
Group represented: 8th grade class
Check if request was submitted to: Superintendent Board Chairperson
Conferred with following administrators (names): Kimberly Davis

Description of Issue: 8th grade trip to Holiday World located in Santa Clause, In on May 18
Depart from TCMS at 8:00 AM, return on May 18th at 6:30 pm. 8th grade teachers will chaperone.

Specific Action Requested: Approve out of state travel

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

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: 2/14/23.

Date of Event: 5/18/23.

Organization: 8th Grade School: TCMS.

Number of Passengers: 130-145.

Type of Trip (Check One)

In-County Instructional

In-County Athletic

XOther: (Explain In Detail)

Out-of-County Instructional

Out-of-County Athletic

Out-of-State Instructional

Out-Of-State Athletic

Destination (Event, City, and State): 8th grade trip Santa Clause, IN.

Planned Stops To and From: None.

Departing Location: TCMS Date of Departure: 5-18-23. Time of Departure: 8:00 am

Returning Location: TCMS Date of Return: 5-18-23. Time of Return: 6:30 pm.

Chaperone/s: 8th Grade teachers Chaperone's Phone: Click here to enter text.

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: Shawna Fowler

Organization Responsible for Payment: 8th grade

Approval of Site Based Council Representative



Date 2/14/23

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 _____