

Request to Place an Item on the Agenda

Name: FRYSC - PRIDE Leadership Group

Address: 515 W. Main St, Elkton, Ky

Telephone number: 270-265-2511

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: PRIDE Leadership Group

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Kimberly Davis

Description of Issue: Out of state field trip to Custom House Museum, Defy Trampoline, and Wendy's all located in Clarksville, TN

Depart from TCHS on 4/14/23 at 9:00am

Return to TCHS on 4/14/23 at 2:00pm

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: 2/13/23 Date of Event: 4/14/23

Organization: FRYSC- PRIDE Leadership Group School: TCMS

Number of Passengers: 7

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): Clarksville, TN

Planned Stops To and From: Custom House Museum, Defy Trampoline & Wendy's

Departing Location: TCMS Date of Departure: 4/14/23 Time of Departure: 9am

Returning Location: TCMS Date of Return: 4/14/23 Time of Return: 2pm

Chaperone/s: Sarah Latham & Kelli Templeman Chaperone's Phone: 270-847-8110

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? XYes  No (Check One)

Person Driving Van: Sarah Latham

Trip Requested By: Sarah Latham

Organization Responsible for Payment: FRYSC

Approval of Site Based Council Representative



Date 2/13/23

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 \_\_\_\_\_