

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: 3/24/23

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): Lewisburg, Ky

Planned Stops To and From: Logan Aluminum

Departing Location: TCMS Date of Departure: 3/24/23 Time of Departure: 8am

Returning Location: TCMS Date of Return: 3/24/23 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 [Signature] 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 _____

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: 2-7-23 Date of Event: 2-28-23.

Organization: PRIDE LEADERSHIP 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): Elkton, Ky

Planned Stops To and From: Todd County Animal Clinic, Pending Todd County Court House, Todd County Health Department L & R Soda Shop

Departing Location: TCMS Date of Departure: 2/28/23 Time of Departure: 8-9am

Returning Location: TCMS Date of Return: 2/28/23 Time of Return: Pending 1:00pm

Chaperone/s: Sarah Latham & Kelli Templeman Chaperone's Phone: 2708478110

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? X Yes No (Check One)

Person Driving Van: Sarah Latham Trip Requested By: Sarah Latham

Organization Responsible for Payment: FRYSC

Approval of Site Based Council Representative [Signature] Date 2/7/23

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 _____