## **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 tFeb. 23,23 Date of Event June 23-26 Organization Beta Club School TCMS Number of Passengers approximately 30 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic □ In-County Instructional □ Out-of-County Athletic XOut-of-County Instructional ☐ Out-Of-State Athletic □ Out-of-State Instructional Destination (Event, City, and State): Lousiville, KY - National Beta Convention Planned Stops To and From: to eat Date of Departure: June 23, 2023 Time of Departure: TBD Departing Location: TCCHS Returning Location:TCCHS Date of Return: June 26, 2023 Time of Return: TBD Chaperone's Phone # 270-498-0452 Chaperone/s: Lisa Petrie, Evan Cantarelli Special Requests (Check One) □ Other: (Explain In Detail) □ Handicap Access □Van If requesting the Van, has the person driving been certified and approved to drive? 

Yes □ No (Check One) Trip Requested By: Click here to enter text. Person Driving Van: Click here to enter text. Organization Responsible for Payment TCCHS Beta Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 Date: Click here to enter a date. Approval of District Representative **DRIVER – TURN THIS FORM IN WITH TIMESHEETS** Section 3 Odometer Start: Click here to enter text. Date/Time of Departure: Click here to enter text. Odometer End: Click here to enter text. Date/Time of Return: Click here to enter text. I hereby certify that the above information is correct to the best of my knowledge. Date Click here to enter a date. Driver Signature Driver Comments: Click here to enter text.

Coach or School Representative Signature \_\_\_\_Lisa Petrie\_

Date Click here to enter a date.