

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: 12/05/2022

REVISED Date of Event: 4/19/2023

Organization: Todd/Muhlenberg MEP School: MEP Number of Passengers: 50

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): SKYCTC & WKU – Tours, workshops, Latino student outreach

Planned Stops To and From: Pick up from TCCHS and TCMS – Drop off locations at Guthrie (4:30) and TCCHS (5:00) (REVISED TO ADD TCMS STOP)

Departing Location: TCCHS/TCMS Date of Departure: 4/19/2023 Time of Departure: 8:00 AM

Returning Location: Guthrie/TCCHS Date of Return: 4/19/2023 Time of Return: 5:00 PM

Chaperone/s: L Voth; P Ramirez; J Flores Chaperone's Phone: 270-604-5091; 863-624-1235; 270-498-9532

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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date 12/5/22

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 _____