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 Re	quest 3/10/2023 Date of Eve	nt 4/19/2023
	Organization 4th G	rade School South Todo	Elementary School
		Number of Passengers 84	
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): Magic Wheels Fun Center, Clarskville, TN			
Planned Stops To and From: non	ne		
Departing Location: STES	ocation: STES Date of Departure: 4/19/2023Time of Departure: 8:45 am		
Returning Location: STES	Date of Return: 4/19/23	Time of Return: 2:00 pm	
Chaperone/s: Nikki Newsome, Ca	ayce Higgins, Wendy Grif	ìn	Chaperone's Phone # 270-604-7227
Special Requests (Check One)			
□Van	□Handi	cap Access	□Other: (Explain In Detail)
If requesting the Van, has the person driving been certified and approved to drive? \Box			es
Person Driving Van:		Trip Requested By:	
Organization Responsible for Payment Todd County School District			3-20-2023
Approval of Site Based Council Representative Kally			Date Click here to enter a date.
		DISTRICT USE ONLY	
Section 2			
Approval of District Representative			Date: Click here to enter a date.
	DRIVER - TI	JRN THIS FORM IN WITH	TIMESHEETS
Section 3			
Date/Time of Departure: Click here to enter text.			Odometer Start: Click here to enter text.
Date/Time of Return: Click here to enter text.			Odometer End: Click here to enter text.
I hereby certify that the above inf	formation is correct to the	best of my knowledge.	
Driver Signature			Date Click here to enter a date.
Driver Comments: Click here t	o enter text.		
Coach or School Representative Signature			Date Click here to enter a date.