

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: 3/17/2023 Date of Event: 5/15/2023

Organization: BETA Club School: NTES

Number of Passengers: 30

Type of Trip (Check One)

- | | | |
|---|---|---|
| <input type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain In Detail) |
| <input checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State): Logan County Career and Technical Center 2400 Bowling Green Rd, Russellville, KY 42276

Planned Stops To and From: Russellville Park

Departing Location: NTES Date of Departure: 5/15/2023 Time of Departure: 8:30

Returning Location: NTES Date of Return: 5/15/2023 Time of Return: 1:30

Chaperone/s: Brett Carver & Cindy Thomas Chaperone's Phone: (270) 847-3506

Special Requests (Check One)

- | | | | |
|------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> 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: Brett Carver, Beta Sponsor

Organization Responsible for Payment: NTES SBDM 0894

Approval of Site Based Council Representative _____

Date 3/23/23

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: 3/22/2023 Date of Event: 5/15/2023

Organization: 5th Grade School: North Todd Elementary School

Number of Passengers: 67

Type of Trip (Check One)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain In Detail) |
| <input type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State): 6th Grade Orientation, TCMS

Planned Stops To and From: none

Departing Location: NTES Date of Departure: 5/15/2023 Time of Departure: 1:15 PM

Returning Location: NTES Date of Return: 5/15/2023 Time of Return: 2:30 PM

Chaperone/s: Joey Jones, Elizabeth Addison & Haley McGhee Chaperone's Phone: (270) 225-8558

Special Requests (Check One)

- | | | | |
|------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> 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: Bruce Voth

Organization Responsible for Payment: NTES 255.000 PTO

Approval of Site Based Council Representative _____

Date 3/23/23

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 _____