

Request to Place an Item on the Agenda

Name: Nina Pol

Address: TCCHS

Telephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: TCCHS FMO/MSD

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarlus

Description of Issue: travel to Chuck E. Cheese (Clarksville, TN)

Specific Action Requested: permission to travel out-of-state to Chuck E. Cheese in Clarksville, TN

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

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: 3/23/2023 Date of Event: 5/15/2023

Organization: FMD Sp. Ed. School: TCCHS

Number of Passengers: 54

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): TCCHS to Chuck E Cheese, Clarksville, TN

Planned Stops To and From: Chunk E Cheese, Clarksville, TN to TCCHS

Departing Location: TCCHS Date of Departure: 5/15/2023 Time of Departure: 10:15

Returning Location: TCCHS Date of Return: 5/15/2023 Time of Return: 2:00

Chaperone/s: 8 Chaperone's Phone: 270-493-3226

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Monitor
- Other: (Explain In Detail) need big reg. bus

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Trip Requested By: Nina Poe, Holly Lawson

Organization Responsible for Payment: Special Education Dept.

Approval of Site Based Council Representative  Date 3-27-23

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 _____