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: 4/10/2023 Organization: MSD Sp. Ed. School: TCCHS Number of Passengers: 54 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic ☐ In-County Instructional ☐ Out-of-County Athletic ⊠ Out-of-County Instructional ☐ Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): Alhambra Theatre Hopkinsville, KY, job shadowing, Sack lunch TCCHS Planned Stops To and From: TCCHS: (Alhambra Theatre Departing Location: TCCHS Date of Departure: 4/10/2023 Time of Departure: 11:00 Returning Location: TCCHS Date of Return: 4/10/2023 Time of Return: 2:00 Chaperone's Phone: 270-493-3226 Chaperonels: 7 Special Requests (Check One) ☐ Monitor ⊠Other: (Explain In Detail) need big reg. bus ☐ Wheelchair Accessible ·□Van If requesting the Van, has the person driving been certified and approved to drive?

No (Check One) Trip Requested By: Nina Poe, Holly Lawson Person Driving Van: Click here to enter text. Organization Responsible for Payment: Special Education Depter Approval of Site Based-Gouncil-Representative DISTRICT USE ONLY Section 2 **Approval of District Representative** Section 3 **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Date/Time of Departure: ___ Odometer Start: ___ Odometer End: Date/Time of Return: I hereby certify that the above information is correct to the best of my knowledge. Driver Signature _ **Driver Comments**: Heather is not going on science trip just total going 45.....

Coach or School Representative Signature

Date ___

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: 4/21/2023

		Number of Passenge	ers: 54
Type of Trip (Check One)	1		
□In-County Ins	tructional	☐ In-County Athletic	☐ Other: (Explain In Detail)
⊠ Out-of-Count	y Instructional	□Out-of-County Athle	etic
□ Out-of-State	instructional	□Out-Of-State Athletic	tic
Destination (Event, City,	and State): Dream Riders for job	shadowing, variety of jo	job tasks; Russellville, KY Russellville
Planned Stops To and F	rom: TCCHS, Dream Riders		
Departing Location: TCC	CHS Date of Departure: 4/21/20)23 Time of Departure:	9:30
Returning Location: TCC	CHS Date of Return: 4/21/2023	Time of Return: 2:00	D
Chaperone/s: 8	Chaperone's F	Phone: 270-493-3226	
Special Requests (Check	(One)1		
□Van	☐Wheelchair Accessible	□Monitor	⊠ Other: (Explain In Detail) need big reg. bus
If requesting the Van, ha	s the person driving been cert	ified and approved to	drive? □Yes □No (Check One)
Person Driving Van:		Trip Requested By: N	Nina Poe, Holly Lawson
Organization Responsib	le for Payment: Special Educati	on Dept.	
Approval of Site Based (ouncil-Representative		Date 9-27-23
Section 2	2	DISTRICT USE ONL	<u>LY</u>
Approval of District Rep	resentative	************	Date:
Section 3			N WITH TIMESHEETS
Date/Time of Departure:	<u> </u>		Odometer Start:
Date/Time of Return:			Odometer End:
I hereby certify that the a	above information is correct to	the best of my knowle	ledge.
Driver Signature			Date
Driver Comments:			
Coach or School Repres	entative Signature		Date

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: 4/28/2023

		Number of Passenge	rs: 15		
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, an	d State): Haleys Hardware, Lit	orary, Interfaith, Food Gi	ant, variety of job	tasks; Elkton KY Sack Lunch	
Planned Stops To and Fro	m: TCCHS, Elkton and Elktor	n Park			
Departing Location: TCCH	S Date of Departure: 4/28/20	23 Time of Departure:	9:15		
Returning Location: TCCH	IS Date of Return: 4/28/2023	Time of Return: 2:00			
Chaperone/s: 3	Chaperone's Ph	ione: 270-493-3226			
Special Requests (Check C	One)				
□Van	☐Wheelchair Accessible	□Monitor	⊠Oth	ner: (Explain In Detail) need reg. bus	
If requesting the Van, has	the person driving been cert	tified and approved to	drive? □Yes	□No (Check One)	
Person Driving Van:	on Driving Van: Trip Requested By: Nina Poe, Holly Lawson				
Organization Responsible	for Payment: Special Educati	ion Dept.			
Approval of Site Based Co	ouncil Representative	149	5	Date <u>2-21-23</u>	
Section 2		DISTRICT USE ONL			
Approval of District Repre	sentative			Date:	
Section 3	DRIVER - T	URN THIS FORM IN	WITH TIMES	HEETS	
Date/Time of Departure:			Odometer Start	ha 	
Date/Time of Return:			Odometer End		
I hereby certify that the ab	ove information is correct to	the best of my knowle	edge.		
Driver Signature				Date	
Driver Comments:					
Coach or School Represen			Date		

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: 5/5/2023

		Number of Passenge	rs : 54	
Type of Trip (Check One)				
□In-County Instr	uctional	☐In-County Athletic		☐ Other: (Explain In Detail)
⊠Out-of-County	Instructional	☐ Out-of-County Athlet	ic	
□Out-of-State In:	structional	□Out-Of-State Athletic	;	
Destination (Event, City, ar	nd State): Dream Riders for job	shadowing, variety of jo	b tasks; Russellv	ille, KY Russellville Park
Planned Stops To and Fro	m: TCCHS, Dream Riders			
Departing Location: TCCH	IS Date of Departure: 5/5/202	23 Time of Departure: 9	:30	
Returning Location: TCCH	IS Date of Return: 5/5/2023	Time of Return: 2:00		
Chaperone/s: 8	Chaperone's F	Phone: 270-493-3226		
Special Requests (Check C	One)1			
□Van	☐Wheelchair Accessible	□Monitor	□ Oth	er: (Explain In Detail) need big reg. bus
If requesting the Van, has	the person driving been cert	tified and approved to	Irive? □Yes	□No (Check One)
Person Driving Van:		Trip Requested By: N	ina Poe, Holly La	wson
Organization Responsible	for Payment: Special Educati	ion Dept.		
Approval of Site Based Co	ouncil Representative	n Oll	0	Date 2-27-23
Section 2	DISTRICT USE ONLY			
Approval of District Repre	sentative		• • • • • • • • • • • • • • • • • • • •	Date:
Section 3	DRIVER - T	URN THIS FORM IN	WITH TIMESH	HEETS
Date/Time of Departure:			Odometer Start:	
Date/Time of Return:			Odometer End:	
I hereby certify that the ab	ove information is correct to	the best of my knowle	dge.	
Driver Signature				Date
Driver Comments:				
Coach or School Represe	ntative Signature			Date

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: 5/11/2023

		Number of Passenger	rs: 54		
Type of Trip (Check One)	ı				
☐In-County Instructional		☐ In-County Athletic	☐ Other: (Explain In Detail)		
⊠ Out-of-Count	y Instructional	□Out-of-County Athletic	c		
☐ Out-of-State I	nstructional	□Out-Of-State Athletic			
Destination (Event, City,	and State): Muhlenberg Opportu	nity Center, Greenville, K	Y; McDonald's/Hardees		
Planned Stops To and F	rom: TCCHS, Muhlenberg Oppo	ortunity Center; McDonald	's/Hardees		
Departing Location: TCC	CHS Date of Departure: 5/11/2	023 Time of Departure: 9	9:00		
Returning Location: TCC	CHS: TCMS Date of Return: 5/	11/2023 Time of Return	n: 2:00		
Chaperone/s: 10	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, ha	s the person driving been cer	tified and approved to d	rive? □Yes □No (Check One)		
Person Driving Van:	Trip Requested By: Nina Poe, Holly Lawson				
•	le for Payment: Special Educat	///			
Approval of Site Based (Council Representative	n /U	Datto 2 - 27 + 23		
Section 2		DISTRICT USE ONLY			
Approval of District Rep	resentative		Date:		
Section 3		URN THIS FORM IN Y			
Date/Time of Departure:			Odometer Start:		
Date/Time of Return:			Odometer End:		
I hereby certify that the a	above information is correct to	the best of my knowled	dge.		
Driver Signature			Date		
Driver Comments:					
Coach or School Repres	entative Signature		Date		