

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: 4/10/2023

Organization: MSD 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): 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: 7

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: Click here to enter text.

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: Heather is not going on science trip just total going 45.....

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: 3/23/2023 Date of Event: 4/21/2023

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): Dream Riders for job shadowing, variety of job tasks; Russellville, KY Russellville

Planned Stops To and From: TCCHS, Dream Riders

Departing Location: TCCHS Date of Departure: 4/21/2023 Time of Departure: 9:30

Returning Location: TCCHS Date of Return: 4/21/2023 Time of Return: 2:00

Chaperone/s: 8 Chaperone's 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, 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 _____

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: 4/28/2023

Organization: FMD Sp. Ed. School: TCCHS

Number of Passengers: 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, and State): Haleys Hardware, Library, Interfaith, Food Giant, variety of job tasks; Elkton KY Sack Lunch

Planned Stops To and From: TCCHS, Elkton and Elkton Park

Departing Location: TCCHS Date of Departure: 4/28/2023 Time of Departure: 9:15

Returning Location: TCCHS Date of Return: 4/28/2023 Time of Return: 2:00

Chaperone/s: 3 Chaperone's Phone: 270-493-3226

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Monitor
- Other: (Explain In Detail) need 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 2-21-23

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

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): Dream Riders for job shadowing, variety of job tasks; Russellville, KY Russellville Park

Planned Stops To and From: TCCHS, Dream Riders

Departing Location: TCCHS Date of Departure: 5/5/2023 Time of Departure: 9:30

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

Chaperone/s: 8

Chaperone's 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, 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 2-27-23

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 _____

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: 5/11/2023

Organization: FMD Sp. Ed. School: TCCHS

Number of Passengers: 54

Type of Trip (Check One)

- In-County Instructional
- Out-of-County Instructional
- Out-of-State Instructional
- In-County Athletic
- Out-of-County Athletic
- Out-Of-State Athletic
- Other: (Explain In Detail)

Destination (Event, City, and State): Muhlenberg Opportunity Center, Greenville, KY; McDonald's/Hardees

Planned Stops To and From: TCCHS, Muhlenberg Opportunity Center; McDonald's/Hardees

Departing Location: TCCHS Date of Departure: 5/11/2023 Time of Departure: 9:00

Returning Location: TCCHS: TCMS Date of Return: 5/11/2023 Time of Return: 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, 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 2-27-23

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 _____