

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 2/6/23 Date of Event April 18-19, 2023
Organization STLP School STES, TCMS, TCCHS
Number of Passengers ST-4 TCMS-9 TCCHS-7

Type of Trip (Circle 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)) STLP State Convention Lexington, KY

Planned Stops to and from

Departing location TCCHS Date of Departure 4/18 Time of Departure 4:30 pm
Returning location TCCHS Date of Return 4/19 Time of Return 9:00pm (earlier if no awards)
Chaperone(s) Chris and Erica Shipworth Chaperone's Phone # 270 604 3011

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: Monitor
- 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 _____ Trip Requested By: Erica Shipworth

Organization Responsible for Payment _____

Approval of Site Based Council Representative [Signature] Date 2/6/23

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____
Date/Time 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 _____

Review/Revised:4/9/2018