

Request to Place an Item on the Agenda

Name: TCMS

Address: 515 W. Main St, Elkton Ky

Telephone number: 270-265-2511

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: TCMS Band Students

Check if request was submitted to:  Superintendent  Board Chairperson

Conferred with following administrators (names): Kimberly Davis

Description of Issue: Ms. Dipasquale, the TCMS Band Director wants to take 40 students on a field trip to Nashville as a reward for best effort through the school year

Specific Action Requested: Approve out of state travel

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: 3/27/2023 Date of Event: 5/12/2023

Organization: Band School: TCMS

Number of Passengers: 40

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): Nashville, TN

Planned Stops To and From: Various locations in and around Nashville

Departing Location: TCMS Date of Departure: 5/12/2023 Time of Departure: 8:00pm

Returning Location: TCMS Date of Return: 5/12/2023 Time of Return: 2:30pm

Chaperone/s: Heather Dipasquale Chaperone's Phone: 27-293-3428

Special Requests (Check One) BUS REQUEST

- Van       Wheelchair Accessible       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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

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 \_\_\_\_\_