

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: 3/13/2023 . Date of Event: May 10th, 2023

Organization: 7th Grade Team. School: Todd County Middle School

Number of Passengers: 120

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): Bowling Green HotRods Baseball game, Bowling Green, Ky.

Planned Stops To and From: Click here to enter text.

Departing Location: Todd County Middle School. Date of Departure: May 10th, 2023. Time of Departure: 8:30 A.M.

Returning Location: Todd County Middle School Date of Return: May 10th, 2023 Time of Return: 2:30 P.M.

Chaperone/s: Mrs. Cherry, Mr. Mcghee, Mrs. Stevenson, Mrs. Johnson, Other admin approved volunteers Chaperone's Phone: Steven McGhee (270-878-0808)

Special Requests (Check One)

- 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: Colby Bicksler (7th Grade Team Lead)

Organization Responsible for Payment: 7th Grade Account

Approval of Site Based Council Representative [Signature] Date 3/14/23

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: 03/16/23 Date of Event: 04/20/23

Organization: Girl's Soccer School: TCMS

Number of Passengers: 20

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): Caldwell County High School, Princeton, KY

Planned Stops To and From: NA

Departing Location: TCMS Lobby Date of Departure: 04/20/23 Time of Departure: 4:00 PM

Returning Location: TCMS Lobby Date of Return: 04/20/23 Time of Return: 10:00 PM

Chaperone/s: Theo Cline Chaperone's Phone: 931-302-6631

Special Requests (Check One)

- 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: Steven McGhee

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 3/16/23

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: 03/16/23

Date of Event: 03/23/23

Organization: Girl's Soccer

School: TCMS

Number of Passengers: 20

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): UHA, Hopkinsville, KY

Planned Stops To and From: NA

Departing Location: TCMS Lobby Date of Departure: 03/23/23

Time of Departure: 5:00 PM

Returning Location: TCMS Lobby Date of Return: 03/23/23 Time of Return: 10:00 PM

Chaperone/s: Theo Cline Chaperone's Phone: 931-302-6631

Special Requests (Check One)

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: Steven McGhee

Organization Responsible for Payment:

Approval of Site Based Council Representative



Date

3/16/23

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: 03/16/23

Date of Event: 03/25/23

Organization: Girl's Soccer

School: TCMS

Number of Passengers:20

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): Hopkins Co Central High School, Madisonville, KY

Planned Stops To and From: NA

Departing Location: TCMS Lobby Date of Departure: 03/25/23

Time of Departure: 9:30 PM

Returning Location: TCMS Lobby Date of Return: 03/25/23 Time of Return: 5:00 PM

Chaperone/s: Theo Cline Chaperone's Phone: 931-302-6631

Special Requests (Check One)

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: Steven McGhee

Organization Responsible for Payment:

Approval of Site Based Council Representative



Date

3/16/23

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: 03/16/23

Date of Event: 03/27/23

Organization: Girl's Soccer

School: TCMS

Number of Passengers: 20

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): Hopkins County Central High, Madisonville, KY

Planned Stops To and From: NA

Departing Location: TCMS Lobby Date of Departure: 03/23/23

Time of Departure: 4:30 PM

Returning Location: TCMS Lobby Date of Return: 03/23/23

Time of Return: 10:00 PM

Chaperone/s: Theo Cline Chaperone's Phone: 931-302-6631

Special Requests (Check One)

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: Steven McGhee

Organization Responsible for Payment:

Approval of Site Based Council Representative



Date

3/16/23

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: 03/16/23

Date of Event: 03/28/23

Organization: Girl's Soccer

School: TCMS

Number of Passengers: 20

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): Trigg County High School, Cadiz, KY

Planned Stops To and From: NA

Departing Location: TCMS Lobby

Date of Departure: 03/28/23

Time of Departure: 4:45 PM

Returning Location: TCMS Lobby

Date of Return: 03/28/23

Time of Return: 10:00 PM

Chaperone/s: Theo Cline

Chaperone's Phone: 931-302-6631

Special Requests (Check One)

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: Steven McGhee

Organization Responsible for Payment:

Approval of Site Based Council Representative



Date: 3/16/23

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: 03/16/23

Date of Event: 04/13/23

Organization: Girl's Soccer

School: TCMS

Number of Passengers: 20

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): Ohio County High School, Hartford, KY

Planned Stops To and From: NA

Departing Location: TCMS Lobby Date of Departure: 04/13/23

Time of Departure: 4:00 PM

Returning Location: TCMS Lobby Date of Return: 04/13/23 Time of Return: 10:00 PM

Chaperone/s: Theo Cline Chaperone's Phone: 931-302-6631

Special Requests (Check One)

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: Steven McGhee

Organization Responsible for Payment:

Approval of Site Based Council Representative



Date

8/16/23

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 03/23/2023

Date of Event 05/06/2023

Organization Boys' Soccer

School TCMS

Number of Passengers 30 max

Type of Trip (Circle 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) Soccer Games at Owensboro Catholic

Planned Stops to and from @ Owensboro Catholic and @ TCMS

Departing location TCMS

Date of Departure 05/06 Time of Departure 7:30am approx.

Returning location TCMS

Date of Return 05/06 Time of Return 3:00pm approx.

Chaperone(s) Todd Mansfield/Salazar

Chaperone's Phone # 270-604-0246

Special Requests (Check One) None

- 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: [Signature]

Organization Responsible for Payment TCMS Athletics

Approval of Site Based Council Representative [Signature]

Date 3/23/23

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