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		☐ 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): Bowling Green HotRods Baseball game, Bowling Green, Ky.						
Planned Stops To and Fro	om: Click here to enter tex	t.				
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?						
Person Driving Van: Clic	k here to enter text.	Trip Req	uested By: Colby Bicksler (7th Grade Team Lead)			
Organization Responsible for Payment: 7th Grade Account						
Approval of Site Based C	ouncil Representative	AND.	Date 3/14/23			
Section 2 <u>DISTRICT USE ONLY</u>						
Approval of District Repu	esentative	************	Date:			
Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS						
Date/Time of Departure:		Odor	neter Start:			
Date/Time of Return:		Odo	meter 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			

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

Coach or School Representative Signature

Date of Event: 04/20/23

Organization: Girl's Soccer School: TCMS Number of Passengers:20 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic □ In-County Instructional ☐ Out-of-County Instructional ☑ Out-of-County Athletic ☐ Out-Of-State Athletic ☐ Out-of-State Instructional 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 Phone: 931-302-6631 Chaperone/s: Theo Cline Special Requests (Check One) Other: (Explain In Detail) ☐ Monitor ☐ Wheelchair Accessible □Van If requesting the Van, has the person driving been certified and approved to drive?

Yes No (Check One) Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Date 3/16/23 Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 Approval of District Representative **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 Odometer Start: _____ Date/Time of Departure: 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:**

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 Passenge	rs: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 Instr	ructional	☐ Out-Of-State Athletic			
Destination (Event, City, and	State): UHA, Hopkinsville, K	Y			
Planned Stops To and From	: NA				
Departing Location: TCMS	Lobby Date of Departure:	03/23/23 Tin	ne of Departure: 5:00 Pl	M	
Returning Location: TCMS	Lobby Date of Return: 03	3/23/23 Time of Retu	rn: 10:00 PM		
Chaperone/s: Theo Cline	Chaperone's Phone: 93	1-302-6631		*	
Special Requests (Check Or	ne)				
□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Expl	ain In Detail)	
If requesting the Van, has the	ne person driving been cert	tified and approved to	drive? □Yes □No (C	heck One)	
Person Driving Van: Click h	nere to enter text.	Tri	p Requested By: Stever	n McGhee	
Approval of Site Based Cou	ıncil Representative	- War			
Section 2 <u>DISTRICT USE ONLY</u>					
				.	
Approval of District RepresentativeDate:					
Section 3 <u>DRIVER – TURN THIS FORM IN WITH TIMESHEETS</u>					
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	

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Event: 03/25/23

Date of Request: 03/16/23

	•					
	Organizatio	on: 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 Athle	tic			
☐ Out-of-State Instructional		☐ Out-Of-State Athletic				
Destination (Event, City, and State): Hopkins Co Central High School, Madisonville, KY						
Planned Stops To and Fron	n: 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 O	ne)					
□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)			
If requesting the Van, has t	he person driving been cer	tified and approved to	drive? ☐ Yes ☐ No (Check One)			
Person Driving Van: Click	here to enter text.	Tri	p Requested By: Steven McGhee			
Organization Responsible	for Payment:	-00-	2/4/23			
Approval of Site Based Co	uncil Representative	uf and	Date 3/16 (23			
Section 2 DISTRICT USE ONLY						
Approval of District Repres	sentative		Date:			
Approval of District Representative						
Section 3		TURN THIS FORM IN				
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			

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

School: TCMS Organization: Girl's Soccer Number of Passengers:20 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): Hopkins County Central High, Madisonville, KY Planned Stops To and From: NA Time of Departure: 4:30 PM Departing Location: TCMS Lobby Date of Departure: 03/23/23 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) ☐ Monitor Other: (Explain In Detail) □Van If requesting the Van, has the person driving been certified and approved to drive?

No (Check One) Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Date 3/16/23 Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 Approval of District Representative DRIVER - TURN THIS FORM IN WITH TIMESHEETS Section 3 Date/Time of Departure: ______Odometer Start: _____ Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Date ____ Driver Signature _ **Driver Comments:** 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 Event: 03/28/23 Date of Request: 03/16/23 School: TCMS Organization: Girl's Soccer Number of Passengers:20 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 Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Trigg County High School, Cadiz, KY Planned Stops To and From: NA Time of Departure: 4:45 PM Departing Location: TCMS Lobby Date of Departure: 03/28/23 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) ☐ Other: (Explain In Detail) □Van ☐ Wheelchair Accessible ☐ Monitor Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 Approval of District Representative **DRIVER - TURN THIS FORM IN WITH TIMESHEETS** Section 3 Odometer Start: _____ Date/Time of Departure: Odometer End: Date/Time of Return: I hereby certify that the above information is correct to the best of my knowledge. Date ___ Driver Signature **Driver Comments:**

Date ___

Coach or School Representative Signature ______

Section 1 (To be completed by requesting organization - Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Event: 04/13/23

Date of Request: 03/16/23 School: TCMS Organization: Girl's Soccer **Number of Passengers:20** Type of Trip (Check One) ☐ In-County Athletic ☐ Other: (Explain In Detail) ☐ In-County Instructional ☑ Out-of-County Athletic ☐ Out-of-County Instructional Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): Ohio County High School, Hartford, KY Planned Stops To and From: NA Time of Departure: 4:00 PM Departing Location: TCMS Lobby Date of Departure: 04/13/23 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) ☐ Other: (Explain In Detail) ☐ Wheelchair Accessible ☐ Monitor □Van If requesting the Van, has the person driving been certified and approved to drive? 🗆 Yes 🔻 🗆 No (Check One) Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 Approval of District Representative

DRIVER - TURN THIS FORM IN WITH TIMESHEETS Section 3 Odometer Start: _____ Date/Time of Departure: _____ Odometer End: I hereby certify that the above information is correct to the best of my knowledge. Date ___ Driver Signature _ **Driver Comments:** 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 03/23/	2023	Date of Event <u>05/06/2023</u>				
Organization Boys' Soc	ceer					
	Number of Passengers	School TCMS				
Type of Trip (Circle One)	VI Tuosengers	20 max				
☐ In-County Instructional	Tilla Canner Add it					
☐ Out-of-County Instructional						
☐ Out-of-State Instructional	X Out-of-County Ath					
Destination (Event, City, and State)) Soccer Games at Owensboro Catholic						
Trom (a) Owens!	oro Catholic and & TC	oro Catholic				
Departing location ICMS	Date of Departure 05/0	Time of Departure 7:30am approx.				
Returning location TCMS		Time of Return 3:00pm approx.				
Chaperone(s) Todd Mansfield/Salazar	<u>93,00</u>	Chaperone's Phone # 270-604-0246				
Special Requests (Check One) None						
□ Van □ Wheelchair A	Accessible Other: Me	onitor				
in requesting the van, has the person di	riving been postified and	approved to drive? Tyes DNo (Check one)				
		uested By: Then (Check one)				
Organization Responsible for Payment	. I VIN AIDIELIOS	1				
Approval of Site Based Council Repre	sentative	Date 3/23/23				
*********************	********	***********				
Section 2	District Use Only					
Approval of District Representative		Date				
*************		Date				
Section 3 DRIVER - TURN THIS FORM IN WITH TIMESHEETS						
Date/Time Departure:		Odamata St.				
Date/Time Return:		Odometer Start:				
I hereby certify that the above informati	on is correct to the best of	of my knowledge				
Driver Signature		D				
Driver Comments:		Date				
Coach or School D						
Coach or School Representative Signatu	re	Date				
		Review/Revised:4/9/2018				