

Request to Place an Item on the AgendaName: TCESAddress: 515 W. Main St, Elkton, KyTelephone number: 270-265-2511

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: Superintendent Board ChairpersonConferred with following administrators (names): Kimberly Davis +
Josh WatkinsDescription of Issue: KSA student reward trip to
Top Golf in Nashville on 4/25/25Specific Action Requested: Approve out of state tripCheck 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: 3/27/23 Date of Event: 4/25/23

Organization: Todd County Middle School School: Todd County Middle School

Number of Passengers: 108

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): Top Golf, Nashville, TN

Planned Stops To and From: None

Departing Location: Todd Co. Middle School Date of Departure: 4/25/23 Time of Departure: 8:10am

Returning Location: Todd Co. Middle School Date of Return: 4/25/23 Time of Return: 2:30pm

Chaperone/s: Amie Watkins Chaperone's Phone: 931-237-5131

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: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative [Signature] 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 _____