

Request to Place an Item on the Agenda

Name: TCHS Baseball
Address: 515 W. Main St., Elkton Ky 42220
Telephone number: 270-245-2511
Name of school children attend, if applicable: _____
Group represented: TCHS Baseball
Check if request was submitted to: Superintendent Board Chairperson
Conferred with following administrators (names): Ms. Kim Davis

Description of Issue: Baseball game at Clarksville Christian
located in Clarksville TN on 5/4/23
Depart from TCHS at 4:00 PM
Return to TCHS at 10:00 PM

Specific Action Requested: Approve out of state travel for
the TCHS Baseball team

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: 03/16/23 Date of Event: 05/04/23

Organization: Baseball School: TCMS

Number of Passengers: 30

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): Clarksville Christian, Clarksville, TN

Planned Stops To and From: NA

Departing Location: TCMS Lobby Date of Departure: 05/04/23 Time of Departure: 4:00 PM

Returning Location: TCMS Lobby Date of Return: 05/04/23 Time of Return: 10:00 PM

Chaperone/s: Chris Luna Chaperone's Phone: 270-559-2392

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 _____