

Request to Place an Item on the Agenda

Name: Kimberly Davis

Address: 515 W. Main St, Ellettsville Ky

Telephone number: 270-265-2511

Name of school children attend, if applicable: TCMS Boys Soccer

Group represented: _____

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Kimberly Davis

Description of Issue: _____

Out of state game in Tell City, Indiana on May 13, 2023

Specific Action Requested: Approve out of state travel

for the TCMS Boys Soccer 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 03/23/2023

Date of Event 05/13/2023

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 Tell City, Indiana

Planned Stops to and from @ Tell City, Indiana and @ TCMS

Departing location TCMS

Date of Departure 05/13 Time of Departure 8:00am approx.

Returning location TCMS

Date of Return 05/13 Time of Return 6:00pm 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