

Request to Place an Item on the Agenda

Name: Russell Malone - Boys' Basketball

Address: TCHS

Telephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: TCHS Boys' Basketball

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles; Mike Smith

Description of Issue: summer camp at WKU

Specific Action Requested: permission to travel to WKU and stay overnight for a basketball summer camp, June 8-10, 2023

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

STUDENTS

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 4/25/23 Date of Event 6/18-10/23
Organization TCHS Boys Basketball School TCHS
Number of Passengers 25

Type of Trip (Circle One)

- In-County Instructional
- In-County Athletic
- Out-of-County Instructional
- Out-of-County Athletic
- Out-of-State Instructional
- Out-of-State Athletic
- Other: (Explain in detail)

Destination (Event, City, and State)) WKU
Planned Stops to and from TBA

Departing location TCHS Gym Date of Departure 6/18/23 Time of Departure TBA
Returning location TCHS Gym Date of Return 6/10/23 Time of Return TBA

Chaperone(s) Coaches Chaperone's Phone # _____

Special Requests (Check One)

- 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: Russell Malone
Organization Responsible for Payment TCHS Boys Basketball

Approval of Site Based Council Representative [Signature] Date 4-25-23

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 _____