

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: 4/24/2023 Date of Event: 4/28/2023

Organization: TCCHS Band School: TCCHS

Number of Passengers: 5

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): Fort Campbell

Planned Stops To and From: TBD

Departing Location: TCCHS Date of Departure: 4/28/2023 Time of Departure: 10:00 AM

Returning Location: TCCHS Date of Return: 4/28/2023 Time of Return: 3:00

Chaperone/s: Mike DiPasquale Chaperone's Phone: 270.799.3006

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: Mike Dipasquale

Trip Requested By: Mike Dipasquale

Organization Responsible for Payment: TCCHS Band

Approval of Site Based Council Representative *[Signature]* Date 4-24-23

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 _____