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: 5/1/23 Date of Event: 5/15/23

	Organization: TCN	AS School: Todd Cou	unty Middle School	
		Number of Passengers: 13	35	
Type of Trip (Check One))			
X ☐ In-County Instructional		☐ In-County Athletic ☐ Other:		
☐ Out-of-County Instructional		Out-of-County Athletic		
☐ Out-of-State Instructional		☐ Out-Of-State Athletic		
Destination (Event, City,	and State): Todd County Mid	ddle School, 515 W. Mair	St, Elkton Ky	
Planned Stops To and F	rom:			
Departing Location: No	rth Todd Elementary and S	South Todd Elementary [Date of Departure: 5/15/23	Time of Departure: 1:10
Returning Location: No	rth Todd Elementary and S	South Todd Elementary	Date of Return: 5/15/23	Time of Return: 2:20
Chaperone/s: 2 per bus	S Chaperone's Phone: Tead	chers from elementary so	chools	
Special Requests (Check	k One)			
□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In Detai	il)
If requesting the Van, ha	as the person driving been cer	tified and approved to drive	? ☐ Yes ☐ No (Check One)	
Person Driving Van: Clic	ck here to enter text.	Trip Re	quested By: Kimberly Davis	i
Organization Responsib	le for Payment: TCMS SBDN	2000		-11-
Approval of Site Based	Council Representative	Jan J	Date <	5/1/23
Section 2	/	DISTRICT USE ONLY		
			Deter	
Approval of District Rep	resentative	••••••	Date:	• • • • • • • • • • • • • • • • • • • •
Section 3	DRIVER - 1	TURN THIS FORM IN WIT	TH TIMESHEETS	
Date/Time of Departure:		Odo	meter Start:	
Date/Time of Return:		Odo	meter End:	3
I hereby certify that the	above information is correct t	o the best of my knowledge.		
Driver Signature			Date	
Driver Comments:				
Coach or School Repres	entative Signature		Date	

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: 5/1/23 Date of Event: 5/17/23

•	Organization: TCMS	School: Todd Cou	nty Middle School	
	Numi	ber of Passengers: 10	0	
Type of Trip (Check One)				
$\hfill\Box$ In-County Instructional and forth from TCCHS for 8th grade p		-County Athletic ent weather	X ☐ Other: shuttle buses to run back	
☐ Out-of-County Instructional		of-County Athletic		
☐ Out-of-State Instructional		☐ Out-Of-State Athletic		
Destination (Event, City, and State): 1	odd County Middle S	chool, 515 W. Main	St, Elkton Ky	
Planned Stops To and From: From	TCCHS to TCMS			
Departing Location: TCCHS Date of	f Departure: 5/17/23	Time of Departure: B	eginning at 3:45 PM	
Returning Location: TCCHS Date of	of Return: 5/17/23	Time of Return: 5:15	PM	
Chaperone/s: None needed Ch	aperone's Phone: None	needed		
Special Requests (Check One)				
□ Van □ Whee	elchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)	
If requesting the Van, has the perso	n driving been certified a	and approved to drive	? □Yes □ No (Check One)	
Person Driving Van: Click here to	enter text.	Trip Rec	uested By: Kimberly Davis	
Organization Responsible for Paym	ent: TCMS SBDW	210	-1/20	
Approval of Site Based Council Rep	resentative 1	A STATE OF THE STA	Date 5 // / 3	
Section 2	DIST	RICT USE ONLY		
Approval of District Representative			Date:	
		THE CORE IN WIT		
Section 3		THIS FORM IN WIT		
Date/Time of Departure:			meter Start:	
Date/Time of Return:			meter End:	
I hereby certify that the above inform	nation is correct to the b	est of my knowledge.		
Driver Signature			Date	
Driver Comments:				
Coach or School Representative Sig	nature		Date	

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: 04/24/2023. Date of Event: 05/16/2023. Organization: Todd County Courthouse School: Todd County Middle School

Nu	mber of Passeng	gers: Walking / no tr	ansport needed	
Type of Trip (Check One)				
X In-County Instructional		In-County Athletic		☐ Other: (Explain In Detail)
Out-of-County Instructional	Our	t-of-County Athletic		
☐ Out-of-State Instructional		Out-Of-State Athletic		
Destination (Event, City, and State): Histor	ic Todd County	Courthouse		
Planned Stops To and From: Walking, no	stops			
Departing Location: TCMS Date of Depar	ture: 5/16 Time	of Departure: Beginni	ing of each class	period
Returning Location: TCMS Date of Return	n: 5/16 Time o f	FReturn: End of each	class period	
Chaperone/s: Mrs. Lexie Johnson Ch	aperone's Phone	e: 270 221 0900		
Special Requests (Check One)				
□ Van □ Wheelchair	Accessible	☐ Monitor	☐ Other: (Exp	olain In Detail)
If requesting the Van, has the person drivi	ng been certified	l and approved to drive	e? □Yes □No (0	Check One)
Person Driving Van: NA	Trip Reques	ted By: Click here to	enter text.	
Organization Responsible for Payment:NA	K	Deni.		11/00/03
Approval of Site Based Council Represent	ative /	PNO	• • • • • • • • • •	Date 4/27/23
Section 2	DIS	STRICT USE ONLY		
Approval of District Representative				Date:
		N THIS FORM IN WI		
Date/Time of Departure:		Ode	ometer Start:	
Date/Time of Return:		Od	ometer End:	
I hereby certify that the above information	is correct to the	best of my knowledge) .	
Driver Signature		20 20 20 20 20 20 20 20 20 20 20 20 20 2		Date
Driver Comments:				
Coach or School Representative Signature	e		Date	

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: 04/27/23

Date of Event: 05/01/23

	Organizatio	on: Girl's Soccer	School: TCMS		
		Number of Passenge	rs:20		
Type of Trip (Check One)					
☐ In-County Instru	ctional	☐ In-County Athletic	☐ Other: (Explain In Detail)		
☐ Out-of-County Instructional		⊠ Out-of-County Athlet	с		
☐ Out-of-State Instructional		☐ Out-Of-State Athletic			
Destination (Event, City, and	State):UHA, Hopkinsville, K	(
Planned Stops To and From	ı: NA				
Departing Location: TCMS	Lobby Date of Departure:	05/01/23 Tim	e of Departure: 4:30 PM		
Returning Location: TCMS	Lobby Date of Return: 05	/01/23 Time of Retur	n: 8:00 PM		
Chaperone's: Theo Cline Chaperone's Phone: 931-302-6631					
Special Requests (Check O	ne)				
□Van	☐ Wheelchair Accessible	☐ Monitor	☐ Other: (Explain In Detail)		
If requesting the Van, has t	he person driving been cert	ified and approved to d	rive? ☐ Yes ☐ No (Check One)		
Person Driving Van: Click	here to enter text.	Trip	Requested By: Steven McGhee		
Organization Responsible f	or Payment:				
Approval of Site Based Cou	ıncil Representative		Date		
Section 2	-1/	DISTRICT USE ONLY	, ,		
	(X:/)) 4×	Date: 4/27/25		
Approval of District Representative Date: 7 2 1					
Section 3	DRIVER - T	URN THIS FORM IN	WITH TIMESHEETS		
Date/Time of Departure:			Odometer Start:		
Date/Time of Return:			Odometer End:		
I hereby certify that the abo	ve information is correct to	the best of my knowle	dge.		
Driver Signature			Date		
Driver Comments:					
Coach or School Representative Signature			Date		

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: April 21, 2023 Date of Event: May 9, 2023 School: TCMS Organization: TCMS FMD Class Number of Passengers: 10 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic X In-County Instructional Out-of-County Athletic ☐ Out-of-County Instructional ☐ Out-Of-State Athletic ☐ Out-of-State Instructional Destination (Event, City, and State): Baseball game at TCCHS Ball field, Elkton, Ky Planned Stops To and From: No stops to and from Departing Location: Todd County Middle School Date of Departure: May 9, 2023 Time of Departure: 5:00 pm Returning Location: Date of Return: May 9, 2023 Time of Return: 11:00 PM Chaperone/s: Heather Key, Kim McCormick, Dawn Goodman Chaperone's Phone: 270-604-3697 Special Requests (Check One) ☐ Other: (Explain In Detail) ■ Monitor ☐ Wheelchair Accessible XX 🗆 Van If requesting the Van, has the person driving been certified and approved to drive? $XX \square Yes$ ☐ No (Check One) Trip Requested By: Heather Key Person Driving Van: Heather Key Organization Responsible for Payment: TCMS SBDM Approval of Site Based Council Representative DISTRICT USE ONLY Section 2 Approval of District Representative **DRIVER – TURN THIS FORM IN WITH TIMESHEETS** Section 3 __ Odometer Start: ___ Date/Time of Departure: ____ Odometer End: _____ Date/Time of Return: ___ I hereby certify that the above information is correct to the best of my knowledge. **Driver Signature**

Coach or School Representative Signature

Driver Comments: