

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

Organization: TCMS School: Todd County Middle School

Number of Passengers: 135

Type of Trip (Check One)

- 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 Middle School, 515 W. Main St, Elkton Ky

Planned Stops To and From:

Departing Location: North Todd Elementary and South Todd Elementary Date of Departure: 5/15/23 Time of Departure: 1:10 PM

Returning Location: North Todd Elementary and South Todd Elementary Date of Return: 5/15/23 Time of Return: 2:20

Chaperone/s: 2 per bus Chaperone's Phone: Teachers from elementary schools

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: Kimberly Davis

Organization Responsible for Payment: TCMS SBD^M

Approval of Site Based Council Representative  Date 5/1/23

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 _____

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

Organization: TCMS School: Todd County Middle School

Number of Passengers: 100

Type of Trip (Check One)

- In-County Instructional and forth from TCCHS for 8th grade promotion in case of inclement weather
- In-County Athletic
- Other: shuttle buses to run back
- Out-of-County Instructional
- Out-of-County Athletic
- Out-of-State Instructional
- Out-Of-State Athletic

Destination (Event, City, and State): Todd County Middle School, 515 W. Main St, Elkton Ky

Planned Stops To and From: From TCCHS to TCMS

Departing Location: TCCHS Date of Departure: 5/17/23 Time of Departure: Beginning at 3:45 PM

Returning Location: TCCHS Date of Return: 5/17/23 Time of Return: 5:15 PM

Chaperone/s: None needed Chaperone's Phone: None needed

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: Kimberly Davis

Organization Responsible for Payment: TCMS SBDM

Approval of Site Based Council Representative  Date 5/1/23

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 _____

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: 04/24/2023. Date of Event: 05/16/2023.

Organization: Todd County Courthouse School: Todd County Middle School

Number of Passengers: Walking / no transport needed

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): Historic Todd County Courthouse

Planned Stops To and From: Walking, no stops

Departing Location: TCMS Date of Departure: 5/16 Time of Departure: Beginning of each class period

Returning Location: TCMS Date of Return: 5/16 Time of Return: End of each class period

Chaperone/s: Mrs. Lexie Johnson Chaperone's Phone: 270 221 0900

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: NA

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: NA

Approval of Site Based Council Representative  Date 4/27/23

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 _____

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: 04/27/23

Date of Event: 05/01/23

Organization: Girl's Soccer

School: TCMS

Number of Passengers: 20

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): UHA, Hopkinsville, KY

Planned Stops To and From: NA

Departing Location: TCMS Lobby

Date of Departure: 05/01/23

Time of Departure: 4:30 PM

Returning Location: TCMS Lobby

Date of Return: 05/01/23

Time of Return: 8:00 PM

Chaperone/s: Theo Cline

Chaperone's Phone: 931-302-6631

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

Date

Section 2

DISTRICT USE ONLY

Approval of District Representative

Date:

4/27/23

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 _____

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: April 21, 2023 Date of Event: May 9, 2023

Organization: TCMS FMD Class School: TCMS

Number of Passengers: 10

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): 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)

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

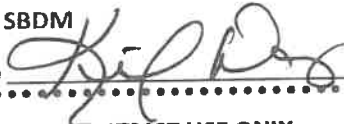
If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Heather Key

Trip Requested By: Heather Key

Organization Responsible for Payment: TCMS SBDM

Approval of Site Based Council Representative



Date 4/21/23

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 _____