

# 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: Thursday, May 11, 2023

Organization: Special Ed School: TCMS

Number of Passengers: 8 students 5 adults

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): Nashville Zoo, Nashville, TN

Planned Stops To and From: None

Departing Location: TCMS Date of Departure: May 11th Time of Departure: 8:30

Returning Location: TCMS Date of Return: May 11th Time of Return: 2:30

Chaperone/s: Heather Key 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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Special Ed

Approval of Site Based Council Representative [Signature] 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 \_\_\_\_\_