

Request to Place an Item on the Agenda

Name: Todd County Middle School

Address: 515 W. Main St, Elkton Ky, 42220

Telephone number: 270-265-2511

Name of school children attend, if applicable: _____

Group represented: 8th grade class + Special Needs Resource Room

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Kimberly Davis

Description of Issue: 8th grade trip to Holiday World located in Santa Claus, Indiana - YSC. Reward trip to Urban Air Adventure Park, Old Hickory, TN

Specific Action Requested: Requesting approval of out of state travel for TULLS

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

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: 3/21/23 Date of Event: 4/26/23

Resubmit
4/12/23

Organization: TCMS Rewards School: TCMS

Number of Passengers: 85

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 URBAN AIR ADVENTURE PARK 4331 Old Hickory Boulevard Old Hickory, TN 37138

Planned Stops To and From: URBAN AIR AND NEAR BY PARK FOR LUNCH

Departing Location: TCMS Date of Departure: 4/26/23 Time of Departure: 8AM

Returning Location: TCMS Date of Return: 4/26/23 Time of Return: 3PM

Chaperone/s: TO BE DETERMINED- YSC SARAH LATHAM Chaperone's Phone: 2708478110

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: TCMS

Approval of Site Based Council Representative



Date 3/27/23

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: April 21, 2023 Date of Event: Thursday, May 18, 2023

Organization: Special Ed School: TCMS

Number of Passengers: 2 students 3 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): Holiday World, Santa Clause, IN

Planned Stops To and From: None

Departing Location: TCMS Date of Departure: May 18th Time of Departure: 8:00

Returning Location: TCMS Date of Return: May 18th Time of Return: 6:30

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 _____