

STUDENTS

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 June 4-8, 2023

Organization FFA

School TCCMS

Number of Passengers 4

Type of Trip (Circle One)

- In-County Instructional
- Out-of-County Instructional
- Out-of-State Instructional
- In-County Athletic
- Out-of-County Athletic
- Out-of-State Athletic
- Other: (Explain in detail)

Destination (Event, City, and State)) KY FFA State Convention - Lexington, KY

Planned Stops to and from 4

Departing location TC Ag. Dept. Date of Departure 6-4-23 Time of Departure 7:00 a.m.

Returning location TC Ag. Dept. Date of Return 6-8-23 Time of Return 4:00 p.m.

Chaperone(s) Shayla Bemy

Chaperone's Phone # 270-604-5237

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: 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 Shayla Bemy Trip Requested By: Shayla Bemy

Organization Responsible for Payment Todd General FFA

Approval of Site Based Council Representative [Signature] Date 5/2/23

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 _____

Request to Place an Item on the Agenda

Name: Shayla Barry

Address: TCCHS

Telephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: TCCHS FFA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: FFA State Convention - Lexington, KY

Specific Action Requested: permission to travel to Lexington, KY and stay overnight for the State FFA Convention, June 4-8, 2023

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 5-1-23 Date of Event 6-19-23 - 6-23-23
Organization FFA School TCCHS
Number of Passengers 15

Type of Trip (Circle One)

- In-County Instructional
- Out-of-County Instructional
- Out-of-State Instructional
- In-County Athletic
- Out-of-County Athletic
- Out-of-State Athletic
- Other: (Explain in detail)

Destination (Event, City, and State)) KY FFA Leadership Training Center, Hardinsburg, KY
Planned Stops to and from 3

Departing location TC Ag. Dept. Date of Departure 6-19-23 Time of Departure 7:30am.
Returning location TC Ag. Dept. Date of Return 6-23-23 Time of Return 3:00 p.m.

Chaperone(s) Shayla Berry, Ashawn Charles Chaperone's Phone # 270-604-5237

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: Monitor
- Other (Explain in Detail) Bus

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

Person Driving Van _____ Trip Requested By: Shayla Berry
Organization Responsible for Payment Todd Central FFA

Approval of Site Based Council Representative [Signature] Date 5/2/23

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____
Date/Time 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 _____

Request to Place an Item on the Agenda

Name: Shayla Berry

Address: TCCHS

Telephone number: 270-265-2506

Name of school children attend, if applicable: _____

Group represented: TCCHS FFA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: FFA Leadership Training

Specific Action Requested: permission to travel to Hardinsburg, KY and stay overnight for the FFA Leadership Training, June 19-23, 2003

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