

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 5/8/23 Date of Event 5/12/23
Organization CTE Logan Aluminum TCCHS
Number of Passengers 28 (25 students)

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)) Logan Aluminum, Russellville, KY
Planned Stops to and from Work ready

Departing location TCCHS Date of Departure 8:00 Time of Departure 5/12
Returning location TCCHS Date of Return 2:00 Time of Return 5/12

Chaperone(s) _____ Chaperone's Phone # _____

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 _____ Trip Requested By: Dr. Wendy Duwall

Organization Responsible for Payment Logan Aluminum

Approval of Site Based Council Representative N/A Board Approval

District Use Only

Section 2
Approval of District Representative Dr. Wendy Duwall Date 5/8/23

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 _____

Review/Revised:4/9/2018

*Completed by
Read
Kenehan*