

# 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: 5/17/2023

Date of Event: 6/2/2023

Organization: TCMS FOOTBALL

School: TCMS

Number of Passengers: 30

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): McCracken County High School, Paducah, KY

Planned Stops To and From: Food possibly

Departing Location: TCMS Lobby Date of Departure: June 2 Time of Departure: 1:00 PM

Returning Location: TCMS Lobby Date of Return: June 2 Time of Return: 9:00 PM

Chaperone/s: George Riddick Chaperone's Phone: 270-305-2782

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: Click here to enter text.

Approval of Site Based Council Representative  Date 5/17/23

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: 5/22/2023      Date of Event: 11/20/2023

Organization: Band      School: TCMS

Number of Passengers: 10-15

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): Quadstate Honor Band, Murray, KY

Planned Stops To and From: Lunch/Dinner

Departing Location: TCMS    Date of Departure: 11/20/2023    Time of Departure: 7:30am

Returning Location: TCMS    Date of Return: 11/20/2023    Time of Return: 10:00pm

Chaperone/s: Heather Dipasquale    Chaperone's Phone: 270-293-3428

Special Requests (Check One)

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

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

Person Driving Van: Heather Dipasquale

Trip Requested By: Heather Dipasquale

Organization Responsible for Payment: [Click here to enter text.](#)

Approval of Site Based Council Representative *Heather Dipasquale* Date 5/22/23

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: 5/22/2023 Date of Event: 1/4 - 6/2024

Organization: Band 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): All District Honor Band, Bowling Green, KY

Planned Stops To and From: Lunch/Dinner

Departing Location: TCCHS Date of Departure: 1/4/2024 Time of Departure: 3:00pm

Returning Location: TCCHS Date of Return: 1/6/2024 Time of Return: 3:00pm

Chaperone/s: Heather Dipasquale Chaperone's Phone: 270-293-3428

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Monitor
- Other: (Explain In Detail) Maybe 2 vehicles

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

Person Driving Van: Heather Dipasquale

Trip Requested By: Heather Dipasquale

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative [Signature] Date 5/22/23

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: 5/22/2023 Date of Event: 3/4 /2024

Organization: Band 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): WKU Honor Band, Bowling Green, KY

Planned Stops To and From: Lunch/Dinner

Departing Location: TCMS Date of Departure: 3/4/2024 Time of Departure: 7:30am

Returning Location: TCMS Date of Return: 3/4/2024 Time of Return: 9:00pm

Chaperone/s: Heather Dipasquale Chaperone's Phone: 270-293-3428

Special Requests (Check One)

- Van  Wheelchair Accessible  Monitor  Other: (Explain In Detail) Maybe 2 vehicles

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

Person Driving Van: Heather Dipasquale

Trip Requested By: Heather Dipasquale

Organization Responsible for Payment: [Click here to enter text.](#)

Approval of Site Based Council Representative  Date 5/22/23

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: 5/15/23

Organization: TCMS School: Todd County Middle School

Number of Passengers: 135

Type of Trip (Check One)

- |   |   |                                 |
|---|---|---------------------------------|
| <input checked="" type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic     | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Out-of-County Instructional        | <input type="checkbox"/> Out-of-County Athletic |                                 |
| <input type="checkbox"/> Out-of-State Instructional         | <input type="checkbox"/> 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 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 \_\_\_\_\_