

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: 5/4/2023 Date of Event: 7/12/2023

Organization: MEP School: District

Number of Passengers: 12

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): TN College of Applied Technology

Planned Stops To and From: Only lunch in Clarksville

Departing Location: Offices Date of Departure: 7/12/2023 Time of Departure: 8:00 AM

Returning Location: Offices Date of Return: 7/12/2023 Time of Return: 2:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) MEP VANS IN ADDITION TO TWO BUSES

- 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:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

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: 5/4/2023 Date of Event: 7/19/2023

Organization: MEP School: District

Number of Passengers: 12

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): Hopkinsville Community College

Planned Stops To and From: Only lunch in Hopkinsville

Departing Location: Offices Date of Departure: 7/19/2023 Time of Departure: 8:00 AM

Returning Location: Offices Date of Return: 7/19/2023 Time of Return: 2:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) MEP VANS IN ADDITION TO TWO BUSES

- 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:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

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: 5/4/2023 Date of Event: 7/26/2023

Organization: MEP School: District

Number of Passengers: 12

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): Austin Peay State University

Planned Stops To and From: Only lunch in Clarksville

Departing Location: Offices Date of Departure: 7/26/2023 Time of Departure: 8:00 AM

Returning Location: Offices Date of Return: 7/26/2023 Time of Return: 2:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) MEP VANS IN ADDITION TO TWO BUSES

- 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:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

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 _____