

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 June 18, 2023 Date of Event August 17-18, 2023
Organization TC FFA School TCCHS
Number of Passengers _____

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) Kentucky Expo Center Louisville, KY
Planned Stops to and from Elizabeth town for lunch and dinner

Departing location TC Greenhouse Date of Departure 8/17 Time of Departure 6 AM
Returning location TC Greenhouse Date of Return 8/18 Time of Return 6 PM

Chaperone(s) Quashawn Quarks; Shyela berry Chaperone's Phone (270) 206-8883

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: Quashawn Quarks

Organization Responsible for Payment TC FFA

Approval of Site Based Council Representative _____ Date _____

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 _____