

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 6/14/2023 Date of Event 8/11/2023

Organization Football School TCCHS

Number of Passengers 50

Type of Trip (Circle 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)) East Robertson county High School TN

Planned Stops to and from _____

Departing location TCCHS Date of Departure 8/11/23 Time of Departure 3:00

Returning location TCCHS Date of Return 8/11/23 Time of Return 6:30

Chaperone(s) Josh Robins Chaperone’s Phone # 8645254548

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: _____

Organization Responsible for Payment _____

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 _____