

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 26, 2023 Date of Event: July 26-29

Organization: TCMS Cheer School: Todd County Middle School

Number of Passengers: 17

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
- XX Out-Of-State Athletic

Destination (Event, City, and State): UCA Cheer Camp (WKU) Bowling Green, KY.

Planned Stops To and From: none

Departing Location: TCMS Date of Departure: July 26, 2023 Time of Departure: 9:00 a.m.

Returning Location: TCMS Date of Return: July 29, 2023 Time of Return: 3:00 p.m.

Chaperone/s: Rebecca Glenn Chaperone's Phone: 270-889-3777

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Monitor
- XX Other: (Explain In Detail) Parents to transport

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: Kasey Wilson

Organization Responsible for Payment: TCMS Cheer

Approval of Site Based Council Representative [Signature] Date 6/26/23

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 _____