

# 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: 7/24/2023

Date of Event: 8/5/2023

Organization: Football

School: TCMS

Number of Passengers: 40

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): Metcalfe County High School, Edmonton, KY

Planned Stops To and From: Fast Food

Departing Location: TCCHS ANNEX

Date of Departure: 8/5/2023

Time of Departure: 2:00 PM

Returning Location: TCCHS ANNEX Date of Return: 8/5/2023 Time of Return: 11:30 PM

Chaperone/s: George Riddick / Michael Blake

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

7/24/23

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

Date of Request: 7/6/23

Date of Event: 8/19/23

Organization: FOOTBALL

School: TCMS

Number of Passengers: 40

### 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): STADIUM OF CHAMPIONS, HOPKINSVILLE, KY

Planned Stops To and From: N/A

Departing Location: TCMS ANNEX      Date of Departure: 8/19/23      Time of Departure: 12:30 pm

Returning Location: TCMS ANNEX      Date of Return: 8/19/23      Time of Return: 6:00 pm

Chaperone/s: GEORGE REDDICK  
MICHAEL BLAKE      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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

### 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

Date of Request: 7/6/23

Date of Event: 8/22/23

Organization: FOOTBALL

School: TCMS

Number of Passengers: 40

## 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): WEBSTER Co. HIGH, DIXON, KY

Planned Stops To and From: FOOD POSSIBLY

Departing Location: TCCAS ANNEX Date of Departure: 8/22/23

Time of Departure: 4:00 pm

Returning Location: TCCAS ANNEX Date of Return: 8/22/23

Time of Return: 11:00 pm

Chaperone/s: GEORGE REDDICK  
MICHAEL BLAKE

Chaperone's Phone: 270-305-2782

## Special Requests (Check One)

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

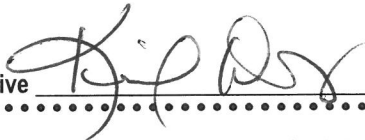
If requesting the Van, has the person driving been certified and approved to drive?  Yes  No (Check One)

Person Driving Van:

Trip Requested By: STEVEN MCGAGG

Organization Responsible for Payment:

Approval of Site Based Council Representative



Date: 7/6/23

## 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

Date of Request: 7/6/23

Date of Event: 8/26/23

Organization: FOOTBALL

School: TCMS

Number of Passengers: 40

### 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): LOGAN CO HIGH, RUSSELLVILLE, KY

Planned Stops To and From: FOOD POSSIBLY

Departing Location: TCCHS ANNEX Date of Departure: 8/26/23

Time of Departure: 3:45 PM

Returning Location: TCCHS ANNEX Date of Return: 8/26/23

Time of Return: 10:30 PM

Chaperone/s: GEORGE RODRICK  
MICHAEL BLAKE                      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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

### 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

Date of Request: 7/6/23

Date of Event: 9/16/23

Organization: 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): WEBSTER CO HIGH, DIXON, KY

Planned Stops To and From: FOOD POSSIBLY

Departing Location: TCMS ANNEX Date of Departure: 9/16/23 Time of Departure: 8:00 AM

Returning Location: TCMS ANNEX Date of Return: 9/16/23 Time of Return: 3:30 PM

Chaperone/s: GEORGE RIDDICK  
MICHAEL BLAKE 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:

Trip Requested By: STEVEN MCGREE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

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

Date of Request: 7/6/23

Date of Event: 9/26/23

Organization: FOOTBALL

School: TCMS

Number of Passengers: 40

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): MARSHALL CO HIGH, BENTON, KY

Planned Stops To and From: FOOD POSSIBLY

Departing Location: TCMS ANNEX Date of Departure: 9/26/23 Time of Departure: 4:00 pm

Returning Location: TCMS ANNEX Date of Return: 9/26/23 Time of Return: 11:00 pm

Chaperone/s: GEORGE RIDDICK  
MICHAEL BLAKE 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: Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

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

Date of Request: 7/6/23

Date of Event: 10/3/23

Organization: FOOTBALL

School: TCMS

Number of Passengers: 40

### 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): TRIGG CO HIGH, CADIZ, KY

Planned Stops To and From: FOOD POSSIBLY

Departing Location: TCMS ANNEX Date of Departure: 10/3/23

Time of Departure: 4:00 pm

Returning Location: TCMS ANNEX Date of Return: 10/3/23

Time of Return: 10:30 pm

Chaperone/s: GEORGE RIDDICK  
MICHAEL BLAKE

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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative



Date: 7/6/23

### 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

Date of Request: 7/6/23

Date of Event: 8/10/23

Organization: SOFTBALL

School: TCMS

Number of Passengers: 20

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): TRIGG Co COMPLEX, CADIZ, KY

Planned Stops To and From: FOOD POSSIBLY AFTER GAME

Departing Location: TCCHS ANNEX Date of Departure: 8/10/23

Time of Departure: 4:00 pm

Returning Location: TCCHS ANNEX Date of Return: 8/10/23

Time of Return: 10:00 pm

Chaperone/s: TARA OLIVER  
CINDY THOMAS

Chaperone's Phone: 517-719-3796

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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative



Date 7/6/23

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

Date of Request: 7/6/23

Date of Event: 8/14/23

Organization: SOFTBALL

School: TCMS

Number of Passengers: 20

### 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): RUSSELLVILLE HIGH, RUSSELLVILLE, KY

Planned Stops To and From: N/A

Departing Location: TCCHS ANNEX      Date of Departure: 8/14/23                      Time of Departure: 4:15 PM

Returning Location: TCCHS ANNEX      Date of Return: 8/14/23                      Time of Return: 10:00 PM

Chaperone/s: TARA OLIVER      Chaperone's Phone: 517-719-3796  
CINDY THOMAS

### 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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative  Date 7/6/23

### 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

Date of Request: 7/6/23

Date of Event: 8/17/23

Organization: SOFTBALL

School: TCMS

Number of Passengers: 20

### 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): FRANKLIN - SIMPSON HIGH, FRANKLIN, KY

Planned Stops To and From: N/A

Departing Location: TCCHS ANNEX      Date of Departure: 8/17/23                      Time of Departure: 4:00 pm

Returning Location: TCCHS ANNEX      Date of Return: 8/17/23                      Time of Return: 10:30 pm

Chaperone/s: TARA OLIVER  
CINDY THOMAS                      Chaperone's Phone: 517-719-3796

### 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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative  Date 7/6/23

### 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

Date of Request: 7/6/23

Date of Event: 8/19/23

Organization: SOFTBALL

School: TCMS

Number of Passengers: 20

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): WARREN CENTRAL HIGH, BOWLING GREEN, KY

Planned Stops To and From: FOOD POSSIBLY

Departing Location: TCCHS ANNEX Date of Departure: 8/19/23

Time of Departure: 9:15 AM

Returning Location: TCCHS ANNEX Date of Return: 8/19/23

Time of Return: 4:00 PM

Chaperone/s: TARA OLIVER  
CINDY THOMAS

Chaperone's Phone: 517-719-3796

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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative

Date 7/6/23

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

Date of Request: 7/6/23

Date of Event: 8/31/23

Organization: SOFTBALL

School: TCMS

Number of Passengers: 20

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): LEE S. JONES PARK, EDDYVILLE, KY

Planned Stops To and From: FOOD POSSIBLY

Departing Location: TCMS ANNEX Date of Departure: 8/31/23 Time of Departure: 4:00 pm

Returning Location: TCMS ANNEX Date of Return: 8/31/23 Time of Return: 10:30 pm

Chaperone/s: TARA OLIVER  
CINDY THOMAS Chaperone's Phone: 517-719-3796

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: Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

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

Date of Request: 7/6/23

Date of Event: 9/11/23

Organization: SOFTBALL

School: TCMS

Number of Passengers: 20

## 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): LOGAN Co. HIGH SCHOOL, RUSSELLVILLE, KY

Planned Stops To and From: N/A

Departing Location: TCCHS ANNEX      Date of Departure: 9/11/23                      Time of Departure: 4:15 pm

Returning Location: TCCHS ANNEX      Date of Return: 9/11/23                      Time of Return: 10:00 pm

Chaperone/s: TARA OLIVER  
CINDY THOMAS                      Chaperone's Phone: 517-719-3796

## 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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

## 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

Date of Request: 7/6/23

Date of Event: 9/25/23

Organization: SOFTBALL

School: TCMS

Number of Passengers: 20

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): FRANKLIN - SIMPSON HIGH, FRANKLIN, KY

Planned Stops To and From: N/A

Departing Location: TCMS Annex

Date of Departure: 9/25/23

Time of Departure: 4:00 pm

Returning Location: TCMS Annex

Date of Return: 9/25/23

Time of Return: 11:00 pm

Chaperone/s: TARA OLIVER  
CINDY THOMAS

Chaperone's Phone: 517-719-3796

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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative

Date

7/6/23

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: 7/24/2023

Date of Event: 8/24/2023

Organization: Volleyball

School: TCMS

Number of Passengers: 20

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): Christian Co Middle School, Hopkinsville, KY

Planned Stops To and From: NA

Departing Location: TCMS Lobby Date of Departure: 8/24/2023 Time of Departure: 4:15 PM

Returning Location: TCMS Lobby Date of Return: 8/24/2023 Time of Return: 9:30 PM

Chaperone/s: Brylee Wiles Chaperone's Phone: 270-604-1700

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 7/24/23

## 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

Date of Request: 7/6/23 Date of Event: 8/29/23

Organization: VOLLEYBALL School: TCMS

Number of Passengers: 20

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): OLMSTEAD ELEMENTARY, OLMSTEAD, KY

Planned Stops To and From: N/A

Departing Location: TCMS GYM Date of Departure: 8/29/23 Time of Departure: 4:15 pm

Returning Location: TCMS GYM Date of Return: 8/29/23 Time of Return: 10:00 pm

Chaperone/s: BRYLEE WILES  
KELLS TEMPLEMAN Chaperone's Phone: 270-604-1700

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: Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

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

Date of Request: 7/6/23

Date of Event: 9/1/23

Organization: VOLLEYBALL

School: TCMS

Number of Passengers: 20

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): UHA, HOPKINSVILLE, KY

Planned Stops To and From: N/A

Departing Location: TCMS GYM

Date of Departure: 9/1/23

Time of Departure: 4:15 pm

Returning Location: TCMS GYM

Date of Return: 9/1/23

Time of Return: 10:00 pm

Chaperone/s: BRYLEE WILES  
KELUS TEMPLEMAN

Chaperone's Phone: 270-604-1700

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:

Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

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

Date of Request: 7/6/23 Date of Event: 9/5/23

Organization: VOLLEYBALL School: TCMS

Number of Passengers: 20

### 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): FCA, BOWLING GREEN, KY

Planned Stops To and From: FOOD POSSIBLY

Departing Location: TCMS GYM Date of Departure: 9/5/23 Time of Departure: 4:00 pm

Returning Location: TCMS GYM Date of Return: 9/5/23 Time of Return: 10:30 pm

Chaperone/s: Chaperone's Phone:

### 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: Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

### 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

Date of Request: 7/6/23 Date of Event: 9/8/23  
Organization: VOLLEYBALL School: TCMS  
Number of Passengers: 20

### 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): FRANKLIN-SIMPSON HIGH, FRANKLIN, KY

Planned Stops To and From: N/A

Departing Location: TCMS GYM Date of Departure: 9/8/23 Time of Departure: 4:00 pm

Returning Location: TCMS GYM Date of Return: 9/8/23 Time of Return: 10:30 pm

Chaperone/s: BRILEE WILES  
KELLI TEMPLEMAN Chaperone's Phone: 270-604-1700

### 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: Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative  Date 7/6/23

### 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

Date of Request: 7/6/23 Date of Event: 9/12/23  
Organization: VOLLEYBALL School: TCMS  
Number of Passengers: 20

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): MOSS MIDDLE, BOWLING GREEN, KY

Planned Stops To and From: FOOD POSSIBLY

Departing Location: TCMS GYM Date of Departure: 9/12/23 Time of Departure: 4:00 PM  
Returning Location: TCMS GYM Date of Return: 9/12/23 Time of Return: 10:30 PM

Chaperone/s: BRYLEE WILES  
KELLY TEMPLEMAN  
Chaperone's Phone: 270-604-1700

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: Trip Requested By:

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

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: 7/18/2023

Date of Event: 9/18/2023

Organization: Volleyball

School: TCMS

Number of Passengers: 20

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): Russellville High School, Russellville, KY

Planned Stops To and From: NA

Departing Location: TCMS Gym Date of Departure: 9/18/2023 Time of Departure: 4:30 pm

Returning Location: TCMS Gym Date of Return: 9/18/2023 Time of Return: 9:00 pm

Chaperone/s: Brylee Wiles Chaperone's Phone: 270-604-1700

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 [Signature] Date 7/18/23

## 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

Date of Request: 7/6/23 Date of Event: 9/19/23

Organization: VOLLEYBALL School: TCMS

Number of Passengers: 20

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 MIDDLE, HOPKINSVILLE, KY

Planned Stops To and From: N/A

Departing Location: TCMS GYM Date of Departure: 9/19/23 Time of Departure: 4:00 pm

Returning Location: TCMS GYM Date of Return: 9/19/23 Time of Return: 10:00 pm

Chaperone/s: BRILEE WILES  
KEVIN TEMPLEMAN Chaperone's Phone: 270-604-1700

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: Trip Requested By: STEVEN MCGHEE

Organization Responsible for Payment:

Approval of Site Based Council Representative [Signature] Date 7/6/23

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 \_\_\_\_\_