

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 SAT SEP 23

Organization **BOYS SOCCER**

School **HIGH SCHOOL**

Number of Passengers 25

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) FRANKFORT - CENTRE VIEW PARK
Planned Stops to and from _____

Departing location ANWEX Date of Departure 9/22 Time of Departure TBD
 Returning location ANWEX Date of Return 9/24 Time of Return TBD

Chaperone(s) **MIKE SMITH**

Chaperone's Phone # **270-604-4982**

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 [Signature] Date 8-3-23

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 _____

Request to Place an Item on the Agenda

Name: Mike Smith

Address: _____

Telephone number: 270-265-2436

Name of school children attend, if applicable: _____

Group represented: Boys Soccer

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): See Charles

Description of Issue: travel

Specific Action Requested: permission to travel to
Frankfort and stay overnight

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

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 7/31/23. Date of Event September/October 2024

Organization Beta/GT School TCCHS

Number of Passengers approximately 6

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) Berea College

Planned Stops To and From: As needed

Departing Location: Date of Departure: TBD . Time of Departure: TBD

Returning Location: Click here to enter text. Date of Return: TBD - 1 day/ 1 night Time of Return: TBD

Chaperone/s: Lisa Petrie Chaperone's Phone # 270-498-0452

Special Requests (Check One)

- Van Handicap Access 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: Lisa Petrie. Trip Requested By: Lisa Petrie

Organization Responsible for Payment Beta

Approval of Site Based Council Representative  Date Click here to enter a date. 8-3-23

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date: Click here to enter a date.

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure: Click here to enter text. Odometer Start: Click here to enter text.

Date/Time of Return: Click here to enter text. Odometer End: Click here to enter text.

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature _____ Date Click here to enter a date.

Request to Place an Item on the Agenda

Name: Lisa Petrie

Address: _____

Telephone number: 270 265 2436

Name of school children attend, if applicable: _____

Group represented: Beta/AT

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: Travel

Specific Action Requested: permission to travel to Frankfort and stay the night

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

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 July 7, 2023 Date of Event Sep. 15-16, 2023
Organization FFA School TCCHS
Number of Passengers 2

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)) KY FFA Rising Sun Conference - Hardinsburg, KY
Planned Stops to and from 2

Departing location TC AG Dept. Date of Departure Sep. 15 Time of Departure 3:00 p.m.
Returning location TC AG Dept. Date of Return Sep. 16 Time of Return 3:00 p.m.

Chaperone(s) Shayla Berry Chaperone's Phone # 270-604-5237

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 Shayla Berry Trip Requested By: Shayla Berry
Organization Responsible for Payment FFA

Approval of Site Based Council Representative [Signature] Date 7-31-23

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 _____

Request to Place an Item on the Agenda

Name: Shayla Berry

Address: _____

Telephone number: 270 265 2506

Name of school children attend, if applicable: _____

Group represented: FEA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: permission to travel to Harlanburg KY & stay overnight

Check if you are: Board Member District Employee Community Member

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Review/Revised: 3/13/06

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 July 7, 2023 Date of Event Nov. 1-4, 2023
Organization FFA School TCCHS
Number of Passengers 20

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)) National FFA Convention- Indianapolis, IN
Planned Stops to and from 4

Departing location TC AG Dept Date of Departure Nov. 1 Time of Departure 6:00 a.m.
Returning location TC AG Dept Date of Return Nov. 4 Time of Return 4:00 p.m.

Chaperone(s) Shayla Berry, Quashawn Charles Chaperone's Phone # 270-604-5237
270-206-8813

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: Monitor
- Other (Explain in Detail) BUS

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

Person Driving Van _____ Trip Requested By: Shayla Berry
Organization Responsible for Payment FFA

Approval of Site Based Council Representative [Signature] Date 7-31-23

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 _____

Request to Place an Item on the Agenda

Name: Shayla Berry

Address: _____

Telephone number: 270 265 2506

Name of school children attend, if applicable: _____

Group represented: FEA

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: permission to travel to Indianapolis IN and stay from Nov. 1 - Nov 4

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06