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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 _____ Date of Event Aug. 30, 2023
Organization Yearbook School TCCHS
Number of Passengers _____

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)) Jostens Plant Clarksville, TN
Planned Stops to and from Jostens, Cold Stone Cream, TCCHS

Departing location TCCHS Date of Departure 8-30th Time of Departure 8:30
Returning location TCCHS Date of Return 8-30th Time of Return 2:00

Chaperone(s) Natassja Clark and Maria G. Leslie Chaperone's Phone # 615-856-3130

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: Natassja Clark
Organization Responsible for Payment Yearbook (TCCHS)

Approval of Site Based Council Representative [Signature] Date 8-9-23

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 _____