

Request to Place an Item on the Agenda

Name: Laura Voth

Address: BOE

Telephone number: 2706045091

Name of school children attend, if applicable: MA

Group represented: MEP

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Anderson

Description of Issue: ARSU/TCAT visit - Panels, interviews 9/21/23

Specific Action Requested: Approve FT

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: 5/4/2023 Date of Event: 9/21/2023

Organization: MEP School: District

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): Austin Peay State University & TN College of Applied Technology

Planned Stops To and From: NA

Departing Location: TCCHS Date of Departure: 9/21/2023 Time of Departure: 8:00 AM

Returning Location: TCCHS Date of Return: 9/21/2023 Time of Return: 2:30 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) NA

- 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:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

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 _____