

Request to Place an Item on the AgendaName: USA Petrie

Address: _____

Telephone number: 2702652506Name of school children attend, if applicable: TCCHSGroup represented: BetaCheck if request was submitted to: Superintendent Board ChairpersonConferred with following administrators (names): Lee QuarlesDescription of Issue: travelSpecific Action Requested: Permission to travel
Overnight to Holiday Inn-Bowling
Green Oct 16-17Check 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 8/25/23. Date of Event 10/16-10/17

Organization Beta Clubs School TCMS/TCCHS Number of Passengers approximately 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): Holiday INN - Bowling Green

Planned Stops To and From: Lunch on Monday and Tuesday

Departing Location: TCCHS- TCMS Date of Departure: OCT 16 Time of Departure: 8:30 AM

Returning Location: TCCHS -TCMS Date of Return: OCT 17. Time of Return: 2:30PM

Chaperone/s: Lisa Petrie -Evan Cantarelli 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: Click here to enter text. Trip Requested By: Click here to enter text.

Organization Responsible for Payment TC Athletics

Approval of Site Based Council Representative  Date 8-28-23 Click here to enter a date.

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.