

Request to Place an Item on the Agenda

Name: Lisa Petrie

Address: _____

Telephone number: 270 265 2506

Name of school children attend, if applicable: TCHS

Group represented: Beta

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
New York, New York in June 2024 TBD

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 8/25/23 Date of Event June, 2024 TBD

Organization: Beta Club School : High School

Number of Passengers approximately - plans to begin advertising after board approved- Mr Thomas is aware that Petrie is contacting companies to find more details.

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): New York, New York

Planned Stops To and From:As needed

Departing Location: TCCHS Date of Departure: TBD Time of Departure: TDB

Returning Location: TCCHA Date of Return: TBD Time of Return: TBD

Chaperone/s: LISA PETRIE and others Chaperone's Phone # 270-498-0452

Special Requests (Check One)

- Van Handicap Access Other: Charter bus through company

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

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.