

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: 8/31/2023 Date of Event: 10/19/2023

Organization: Kindergarten School: NTES

Number of Passengers: 72

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): Christian Way Farm 19590 Linville Rd, Hopkinsville KY

Planned Stops To and From: None

Departing Location: NTES Date of Departure: 10/19/2023 Time of Departure: 8:30

Returning Location: NTES Date of Return: 10/19/2023 Time of Return: 1:30

Chaperone/s: Donna Jo Williams, Sheila Woodall, Kimberly Sparks, Sarah Stuard Chaperone's Phone: 270-265-4460

Special Requests (Check One)

Van

Wheelchair Accessible

Monitor

Other:

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: NTES SBDM 0894

Approval of Site Based Council Representative

Date

9/6/23

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 _____