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 9(8) 2023 Date of Event 10 4	1023
Organization FCCLA School TCCL	4S
Number of Passengers	
Type of Trip (Circle One)	
☐ In-County Instructional ☐ In-County Athletic ☐ Other: (Expla	in in detail
Out-of-County Instructional	
☐ Out-of-State Instructional ☐ Out-of-State Athletic	
Destination (Event, City, and State)) City Forom - ClarkSville	NT,
Planned Stops to and from NOYS.	
Departing location TCCHS Date of Departure 10(4 Time of Departure 7)	
Returning location TCCHS Date of Return 10H Time of Return 2	bw
Chaperone(s) Bailey Brewer + Kala Chaperone's Phone # (2)	70)543-920+
	· · D.4.10 12.118
□ Van □ Wheelchair Accessible □ Other: Monitor □ Other (Explain Accessible □ Other)	ain in Detail) 1005
If requesting the van, has the person driving been certified and approved to drive? Yes	S LINO (Check one)
Person Driving Van Trip Requested By: Boile	f Drewer
Organization Responsible for Payment Approval of Site Based Council Representative	D
1 CO's Dear Commit Pomengantation	
Approval of Site Based Council Representative	Dait 11-43
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District Use Only	
District Use Only	****
District Use Only	****
District Use Only Section 2 Approval of District Representative	****
District Use Only Section 2 Approval of District Representative DRIVER – TURN THIS FORM IN WITH TIMESHEETS	****
District Use Only Section 2 Approval of District Representative DRIVER – TURN THIS FORM IN WITH TIMESHEETS Section 3	****
District Use Only Section 2 Approval of District Representative	Date
District Use Only Section 2 Approval of District Representative	Date
District Use Only Section 2 Approval of District Representative	Date
District Use Only Section 2 Approval of District Representative	Date
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District Use Only Section 2 Approval of District Representative	Date
District Use Only Section 2 Approval of District Representative	Date

Request to Place an Item on the Agenda

Name: FCCIA-B. Brewer & K. Ford
Address:
Telephone number: 2702652500
Name of school children attend, if applicable: TCCHS
Group represented: FCCLA
Check if request was submitted to:
Conferred with following administrators (names): LAE QUOVIES
Description of Issue: +VOVE
Day Scale to liceral to
Specific Action Requested: Permission to travel to City Forum in Clarksville TM
WHY TORUM IN GARESVILLE IM
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