

Request to Place an Item on the Agenda

Name: Jim Doyle

Address: TECH

Telephone number: 615 971 4295

Name of school children attend, if applicable: _____

Group represented: JNRC

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): _____

Description of Issue: Bus approval for Riders Challenge
Completed at AP/SA

Specific Action Requested: approve our bus trip to AP/SA on
30 Sept to compete in Riders Challenge

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

STUDENTS

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 24 Sept 23

Date of Event 30 Sept 23

Organization Jkote

School TCC

Number of Passengers 15

Type of Trip (Circle One)

- In-County Instructional
- In-County Athletic
- Out-of-County Instructional
- Out-of-County Athletic
- Out-of-State Instructional
- Out-of-State Athletic

Other: (Explain in detail)

Jkote Raider Challenge

Destination (Event, City, and State)) Austin Peay University Stadium

Planned Stops to and from none

Departing location TCC Annex

Date of Departure 30 Sept 23

Time of Departure 0600 Am

Returning location TCC Annex

Date of Return 30 Sept 23

Time of Return 4 pm

Chaperone(s) Jim Dayle

Chaperone's Phone # 615 971 4295

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Other: 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 _____ Trip Requested By: _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative [Signature] Date 9.28.23

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 _____