

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: JROC

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): _____

Description of Issue: JROC will be working conversions at all Tennessee Titans games this season. Please approve our buses in Mass.

Specific Action Requested: Board Approval of JROC trips

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 1 Oct 23
Organization JROTC School TCCH
Number of Passengers 18

Type of Trip (Circle One)

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

Other: (Explain in detail)
JROTC FUNDRAISER AT NISSAN STADIUM

Destination (Event, City, and State) TITANS vs Bengals
Planned Stops to and from None

Departing location Attn TCCH Date of Departure 1 Oct 23 Time of Departure 07:15 AM
Returning location Attn TCCH Date of Return 1 Oct 23 Time of Return 4: PM

Chaperone(s) Jim + Tina Daigle Chaperone's Phone # 615 971 425

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 _____