

# 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: 8/16/2023 Date of Event: 9/22/2023

Organization: MSD Sp. Ed. School: TCCHS

Number of Passengers: 41

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): Dream Riders for job shadowing, variety of job tasks; Russellville, KY

Returning Location: TCCHS Date of Return: 9/22/2023 Time of Return: 12:00

Chaperones: 8 Chaperone's Phone: 270-493-3226

Special Requests (Check One)

- Van       Wheelchair Accessible       Monitor       Other: (Explain In Detail) need big reg. bus

If requesting the Van, has the person driving been certified and approved to drive?  Yes  No (Check One)

Person Driving Van: Trip Requested By: Nina Poe, Holly Lawson

Organization Responsible for Payment: Special Education Dept.

Approval of Site Based Council Representative  Date 9.19.23

Section 2

DISTRICT USE ONLY

Approval of District Representative  Date: 9-21-23

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 \_\_\_\_\_

# 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: 8/27/2023 Date of Event: 9/28/2023

Organization: MSD Sp. Ed. School: TCCHS

Number of Passengers: 18

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): Elkton Library, Food Giant, Interfaith, Dollar Tree

Planned Stops to and From: TCCHS, Library, Interfaith, Dollar Tree; Family Dollar Elkton, KY, job shadowing, hands-on activities: follow library rules, ask for help when needed, locate and check out books, use positive communication skills, arrange and hang up clothes according to size and category, pick up items off the floor and place them where they belong; gather empty hangers from racks; locate and place items while zoning each aisle, put items on shelves in, locate items in correct aisles

Departing Location: TCCHS Date of Departure: 9/28/2023 Time of Departure: 9:00

Returning Location: TCCHS Date of Return: 9/28/2023 Time of Return: 12:00

Special Requests (Check One)

Chaperones: 4

Chaperone's Phone 270-493-3226

- Van       Wheelchair Accessible       Monitor       Other: (Explain In Detail) need reg. bus

If requesting the Van, has the person driving been certified and approved to drive?  Yes  No (Check One)

Person Driving Van:

Trip Requested By: Nina Poe

Organization Responsible for Payment: Special Education Dept.

Approval of Site Based Council Representative *[Signature]* Date 9.19.23

Section 2

DISTRICT USE ONLY

Approval of District Representative *[Signature]* Date: 9-21-23

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 \_\_\_\_\_

# 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: 8/27/2023 Date of Event: 10/2/2023

Organization: MSD Sp. Ed. School: TCCHS

Number of Passengers: 41

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 Farms, Lacy, KY; pizza (hygiene) positive communication skills, using good manners, job shadowing, hands-on farm activities, fine and gross motor activities.

Planned Stops To and From: TCCHS: Christian Way Farms, Lacy, KY (tour, pumpkin maze, and farm activities)

Departing Location: TCCHS Date of Departure: 10//2023 Time of Departure: 9:45

Returning Location: TCCHS Date of Return: 10/5/2023 Time of Return: 2:00

Chaperones: 8 Chaperone's Phone: 270-493-3226

Special Requests (Check One)

- Van       Wheelchair Accessible       Monitor       Other: (Explain In Detail) need big reg. bus;

If requesting the Van, has the person driving been certified and approved to drive?  Yes  No (Check One)

Person Driving van: Trip Requested By: Nina Poe, Holly Lawson

Organization Responsible for Payment: Special Education Dept.

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

Section 2 DISTRICT USE ONLY

Approval of District Representative  \_\_\_\_\_ Date: 9-21-23  
9-19-23

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 \_\_\_\_\_