

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: 9/6/23

Date of Event: 11/2/23

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): Muhlenberg North Middle School, Powderly, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/2/23

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 11/2/23

Time of Return: 10:30 PM

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date

9/22/23

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 _____

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: 9/6/23

Date of Event: 11/7/23

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): Lyon Couny Middle School, Eddyville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/7/23

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 11/7/23

Time of Return: 10:30 PM

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

Monitor

Other: (Explain In Detail)

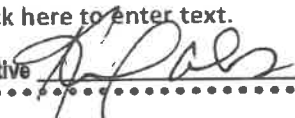
If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative



Date

9/22/23

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DISTRICT USE ONLY

Approval of District Representative

Date:

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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: 9/6/23

Date of Event: 11/18/23

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): One of the Sports Parks, Bowling Green, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/18/23

Time of Departure: TBA

Returning Location: TCMS GYM

Date of Return: 11/18/23

Time of Return: TBA

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative  Date 9/22/23

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 _____

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: 9/6/23

Date of Event: 11/21/23

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): Browning Springs Middle School, Madisonville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/21/23

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 11/21/23

Time of Return: 10:30 PM

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative [Signature] Date 9/22/23

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 _____

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: 9/6/23

Date of Event: 12/4/23

Organization: Boy's Basketball

School: TCMS

~~GSB~~

Number of Passengers: 35

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): Foundation Christian Academy, Bowling Green, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 12/4/23

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 12/4/23

Time of Return: 10:30 PM

Chaperone/s: Rich Brown + ~~George~~ ~~Rebeck~~

Chaperone's Phone: 270-697-2293 / 270-305-2782

Special Requests (Check One)

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

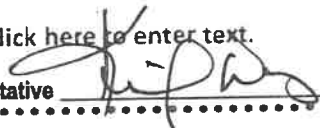
If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative



Date

9/22/23

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 _____

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: 9/6/23

Date of Event: 12/21/23

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): Russellville High School, Russellville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 12/21/23

Time of Departure: 4:30 PM

Returning Location: TCMS GYM

Date of Return: 12/21/23

Time of Return: 10:00 PM

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text

Approval of Site Based Council Representative

Date

9/22/23

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 _____

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: 9/6/23

Date of Event: 1/4/24

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): Franklin-Simpson Middle School, Franklin, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 1/4/24

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 1/4/24

Time of Return: 10:30 PM

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date

9/22/23

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 _____

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: 9/6/23

Date of Event: 1/6/24

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): Logan County High School, Russellville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 1/6/24

Time of Departure 3 :30 PM

Returning Location: TCMS GYM

Date of Return: 1/6/24

Time of Return: 10:00 PM

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text

Approval of Site Based Council Representative  Date 9/22/23

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 _____

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: 9/6/23

Date of Event: 1/9/24

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): James Bazzell Middle School, Scottsville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 1/9/24

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 1/9/24

Time of Return: 10:00 PM

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative  Date 9/22/23

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 _____

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: 9/6/23

Date of Event: 1/18/24

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): UHA, Hopkinsville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 1/18/24

Time of Departure: 4:30 PM

Returning Location: TCMS GYM

Date of Return: 1/18/24

Time of Return: 10:00 PM

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text

Approval of Site Based Council Representative 

Date 9/22/23

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 _____

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: 9/6/23

Date of Event: 1/23/24

Organization: Boy's Basketball

School: TCMS

Number of Passengers: 25

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): Hopkinsville Middle School, Hopkinsville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 1/23/24

Time of Departure: 4:30 PM

Returning Location: TCMS GYM

Date of Return: 1/23/24

Time of Return: 10:00 PM

Chaperone/s: Rich Brown

Chaperone's Phone: 270-697-2293

Special Requests (Check One)

Van

Wheelchair Accessible

Monitor

Other: (Explain In Detail)

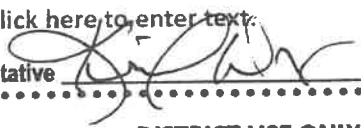
If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative



Date

9/22/23

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 _____

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: September 15, 2023 Date of Event: Thursday, Oct 5, 2023

Organization: Special Ed School: TCMS

Number of Passengers: 7 students 5 adults

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, Hopkinsville, KY

Planned Stops To and From: None

Departing Location: TCMS Date of Departure: Thursday, Oct 5 Time of Departure: 10:00

Returning Location: TCMS Date of Return: Thursday, Oct 5 Time of Return: 2:00

Chaperone/s: Heather Key Chaperone's Phone: 270-604-3697

Special Requests (Check One)

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

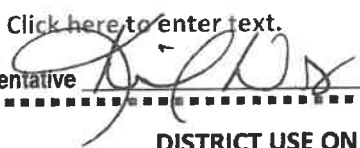
If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative



Date 9/22/23

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 _____

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: September 15, 2023 Date of Event: Wednesday, October 18, 2023

Organization: Special Ed School: TCMS

Number of Passengers: 7 students 5 adults

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, Russellville, KY

Planned Stops To and From: Russellville Park

Departing Location: TCMS Date of Departure: Wednesday, October 18, Time of Departure: 9:00

Returning Location: TCMS Date of Return: Wednesday, October 18, Time of Return: 2:00

Chaperone/s: Heather Key Chaperone's Phone: 270-604-3697

Special Requests (Check One)

- Van Wheelchair Accessible 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: Click here to enter text.

Trip Requested By: Click here to enter text.

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative *[Signature]* Date 9/22/23

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 _____

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: 9/6/23

Date of Event: 10/28/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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 County High School, Hopkinsville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 10/28/23

Time of Departure: TBA

Returning Location: TCMS GYM

Date of Return: 10/28/23

Time of Return: TBA

Chaperone/s: George Riddick

Chaperone's Phone: 270-305-2782

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date

9/22/23

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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 _____

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: 9/6/23

Date of Event: 11/14/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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): Moss Middle School, Bowling Green, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/14/23

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 11/14/23

Time of Return: 10:30 PM

Chaperone/s: George Riddick

Chaperone's Phone: 270-305-2782

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

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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: 9/6/23

Date of Event: 11/16/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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): Trigg County Middle School, Cadiz, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/16/23

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 11/16/23

Time of Return: 10:30 PM

Chaperone/s: George Riddick

Chaperone's Phone: 270-305-2782

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date

9/22/23

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 _____

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: 9/6/23

Date of Event: 11/18/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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): One of the Parks, Bowling Green, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/18/23

Time of Departure: TBA

Returning Location: TCMS GYM

Date of Return: 11/18/23

Time of Return: TBA

Chaperone/s: George Riddick

Chaperone's Phone: 270-305-2782

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date

9/22/23

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 _____

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: 9/6/23

Date of Event: 11/20/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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): Bowling Green Jr High, Bowling Green, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/20/23

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 11/20/23

Time of Return: 10:30 PM

Chaperone/s: George Riddick

Chaperone's Phone: 270-305-2782

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative

Date

9/22/23

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 _____

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: 9/6/23

Date of Event: 11/30/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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 County Middle School, Hopkinsville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/30/23

Time of Departure: 4:30 PM

Returning Location: TCMS GYM

Date of Return: 11/30/23

Time of Return: 10:00 PM

Chaperone/s: George Riddick

Chaperone's Phone: 270-305-2782

Special Requests (Check One)

Van

Wheelchair Accessible

Monitor

Other: (Explain In Detail)

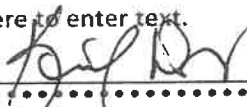
If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative



Date 9/22/23

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

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: 9/6/23

Date of Event: 12/7/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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): Franklin-Simpson Middle School, Franklin, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 12/7/23

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 12/7/23

Time of Return: 10:00 PM

Chaperone/s: George Riddick

Chaperone's Phone: 270-305-2782

Special Requests (Check One)

Van

Wheelchair Accessible

Monitor

Other: (Explain In Detail)

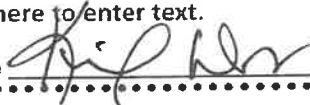
If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative



Date

9/22/23

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 _____

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: 9/6/23

Date of Event: 12/12/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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): Hopkinsville Middle School, Hopkinsville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 12/12/23

Time of Departure: 4:30 PM

Returning Location: TCMS GYM

Date of Return: 12/12/23

Time of Return: 10:00 PM

Chaperone/s: George Riddick

Chaperone's Phone: 270-305-2782

Special Requests (Check One)

Van

Wheelchair Accessible

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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative _____ Date _____

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 _____

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: 9/6/23

Date of Event: 12/14/23

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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): Logan County High School, Russellville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 12/14/23

Time of Departure: 4:30 PM

Returning Location: TCMS GYM

Date of Return: 12/14/23

Time of Return: 10:00 PM

Chaperone/s: George Riddick

Chaperone's Phone: 270-305-2782

Special Requests (Check One)

- Van
- Wheelchair Accessible
- 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: Click here to enter text.

Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative



Date

9/22/23

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

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: 9/6/23

Date of Event: 1/11/24

Organization: Girl's Basketball

School: TCMS

Number of Passengers: 25

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): Russellville High School, Russellville, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM Date of Departure: 1/11/24 Time of Departure: 4:30 PM

Returning Location: TCMS GYM Date of Return: 1/11/24 Time of Return: 10:00 PM

Chaperone/s: George Riddick Chaperone's Phone: 270-305-2782


Special Requests (Check One)

- Van
- Wheelchair Accessible
- 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: Click here to enter text. Trip Requested By: Steven McGhee

Organization Responsible for Payment: Click here to enter text.

Approval of Site Based Council Representative  Date 9/22/23

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 _____