

Request to Place an Item on the Agenda

Name: Todd County Middle School

Address: 515 W. Main St, Elkton, Ky 42220

Telephone number: 270-265-2511

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Kimberly Davis

Description of Issue: 3 out of state basket ball games + 1 over night trip for TCMS cheer to Regional Competition in Lexington, Ky

Boys Basketball to New Providence Middle School in Clarksville, TN and Joe Byrns Middle School in Cedar Hill, TN

Girls Basketball to Jo Byrns Middle School in Cedar Hill, TN

Specific Action Requested:

Approve out of state trip requests and over night trip

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:3/13/2006

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: 12/19/23

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): Jo Byrns Middle School, Cedar Hill, TN

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 12/19/23

Time of Departure: 2:30 PM

Returning Location: TCMS GYM

Date of Return: 12/19/23

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)

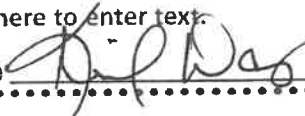
If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

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: 12/19/23

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): Jo Byrns Middle School, Cedar Hill, TN

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 12/19/23

Time of Departure: 3:30 PM

Returning Location: TCMS GYM

Date of Return: 12/19/23

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: 11/28/23

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): New Providence Middle School, Clarksville, TN

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 11/28/23

Time of Departure: 4:00 PM

Returning Location: TCMS GYM

Date of Return: 11/28/23

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: September 22, 2023 Date of Event: November 18, 2023

Organization: TCMS Cheer School: Todd County Middle School

Number of Passengers: 17

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
- XX Out-Of-State Athletic

Destination (Event, City, and State): UCA Bluegrass Regional Competition Lexington, KY

Planned Stops To and From: Dinner (Friday night)/Dinner (Saturday night)

Departing Location: TCMS Date of Departure: November 17, 2023 Time of Departure: 1:00 p.m.

Returning Location: TCMS Date of Return: November 18 Time of Return: 8:00 p.m.

Chaperone/s: Kasey Wilson/Rebecca Glenn Chaperone's Phone: 270-604-0869/ 270-889-3777

Special Requests (Check One)

- Van
- Wheelchair Accessible
- Monitor
- XX Other: (Explain In Detail) Parents to transport

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: Kasey Wilson

Organization Responsible for Payment: TCMS Cheer

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 _____