Request to Place an Item on the Agenda

Name: Todd County Middle School
Address: 515 W. Main St. Elkfon, Ky 42220
Address: 515 W. Main St, Elleton, Ky 42220 Telephone number: 220-265-2511
Name of school children attend, if applicable:
Group represented:
Check if request was submitted to:
Conferred with following administrators (names): Kinder ly Davis
Description of Issue: 3 out of state basket ball games + 1
Over night trip for TCH5 cheer to Regional
Competition in Localization, Ky
Boys Bashetball to New Providence Middle School in
Clarksville, In and Joe Byrns Hiddle School in Cedar Hill, Tr Girls Basketboll to Jo Byrns Middle School in Cedar Hill, In
Girls Basketball to Jo' Byrns Middle School in Codar Hill, Th
Specific Action Requested:
Approve out of state trip requests and over right
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

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event) Date of Event: 12/19/23

Date of Request: 9/6/23

Coach or School Representative Signature

School: TCMS Organization: Girl's Basketball Number of Passengers: 25 Type of Trip (Check One) ☐ Other: (Explain In Detail) ☐ In-County Athletic □ In-County Instructional ☑ Out-of-County Athletic ☐ Out-of-County Instructional ☐ 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 Time of Departure: 2:30 PM Date of Departure: 12/19/23 **Departing Location: TCMS GYM** Time of Return: 10:00 PM Date of Return: 12/19/23 Returning Location: TCMS GYM Chaperone's Phone: 270-305-2782 Chaperone/s: George Riddick Special Requests (Check One) ☐ Other: (Explain In Detail) ☐ Monitor □Wheelchair Accessible □Van If requesting the Van, has the person driving been certified and approved to drive? \square Yes \square No (Check One) Trip Requested By: Steven McGhee Person Driving Van: Click here to enter text. Organization Responsible for Payment: Click here to enter text Date 9/22/23 Approval of Site Based Council Representative **DISTRICT USE ONLY** Section 2 DRIVER - TURN THIS FORM IN WITH TIMESHEETS Section 3 Odometer Start: _____ Date/Time of Departure: ____ Odometer End: ____ Date/Time of Return: ____ I hereby certify that the above information is correct to the best of my knowledge. **Driver Signature Driver Comments:**

Date _____

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-Cour	nty Athletic	Other: (Explain In Detail)
☐ Out-of-County Instructiona	I ⊠ Out-of-	County Athletic	
☐ Out-of-State Instructional	☐ Out-Of-	-State Athletic	
Destination (Event, City, and State): J	o Byrns Middle School, Cedar I	Hill, TN	
Planned Stops To and From: Fast Fo	od		
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 P	hone: 270-697-2293
Special Requests (Check One)			
□Van □Whee	Ichair Accessible	☐ Monitor	☐ Other: (Explain In Detail)
If requesting the Van, has the perso	n driving been certified and a	approved to drive	Y Yes No (Check One)
Person Driving Van: Click here to	enter text.	Trip Rec	uested By: Steven McGhee
Organization Responsible for Paym	ent: Click here to enter te	×t.	0/22/22
Approval of Site Based Council Rep	resentative A	√	Date 9/22/27
Section 2	/	T USE ONLY	
Approval of District Representative			Date:
Section 3	DRIVER – TURN THI		
Date/Time of Departure:		_	meter Start:
			meter End:
I hereby certify that the above infor			
Driver Signature			
Driver Comments:			
Coach or School Representative Si	onature		Date

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 Instructiona	I ⊠ Out-of-County Athle	etic
☐ Out-of-State Instructional	☐ Out-Of-State Athle	etic
Destination (Event, City, and State): N	lew Providence Middle School, Clarksville,	TN
Planned Stops To and From: Fast Fo	bod	
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	Chapero	one's Phone: 270-697-2293
Special Requests (Check One)		
□Van □Whee	elchair Accessible	☐ Other: (Explain In Detail)
If requesting the Van, has the perso	n driving been certified and approved to	drive? Yes No (Check One)
Person Driving Van: Click here to	_	rip Requested By: Steven McGhee
Organization Responsible for Paym	ent: Click here to enter text.	9/2-123
Approval of Site Based Council Rep	presentative Dr. Company	Date 9/22/23
Section 2	DISTRICT USE ON	ILY
Approval of District Representative		Date:
Section 3	DRIVER - TURN THIS FORM I	
		Odometer Start:
Date/Time of Return:		Odometer End:
I hereby certify that the above info	rmation is correct to the best of my know	
Driver Signature		Date
Driver Comments:		
Coach or School Representative S	ignature	Date

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Pate	e of Request: Septemb			November 18, 2023
	Organization: TCMS Cho		: Todd County Mic	
`	•	assengers:		
Type of Trip (Check One)	Halling, of the			
☐ In-County Instruction	al	☐ In-County Athletic	;	☐ Other: (Explain In Detail)
☐ Out-of-County Instru		☑ Out-of-County Athletic		
☐ Out-of-State Instructi		□ XX Out-Of-State		
	• • • • • • • • • • • • • • • • • • • •			
Destination (Event, City, and Sta				
Planned Stops To and From: Di				
Departing Location:TCMS Date				n.
Returning Location: TCMS Da	te of Return: Novembe	18 Time of Return	ı <mark>: 8:00 p.m.</mark>	
Chaperone/s: Kasey Wilson/Rei	becca Glenn Chapero	ne's Phone: 270-60	4-0869 / <mark>270-889-37</mark>	<mark>777</mark>
Special Requests (Check One)				
□ Van □ V	Vheelchair Accessible	☐ Monitor	☐ XXOth	ner: (Explain In Detail) Parents to transpo
f requesting the Van, has the p	erson driving been certi	fled and approved t	odrive? □Yes □	No (Check One)
Person Driving Van: Click here	e to enter text.	•	Trip Requested By: K	asey Wilson
Organization Responsible for P	ayment: TCM5 Chee	$\sim G_{\lambda}$		
Approval of Site Based Council	Representative	/ XX	5	Date 4(2-2-(2-
Section 2		DISTRICT USE ON	ILY:	
Section 2	f e	J.0111101 002 01		
Approval of District Representa	tive	• • • • • • • • • •		Date:
Section 3	DRIVER - TU	JRN THIS FORM	IN WITH TIMESHE	<u>ETS</u>
Date/Time of Departure:			Odometer Start: _	
Date/Time of Return:			Odometer End:	
hereby certify that the above i				
Driver Signature				Date
Driver Comments:				
Coach or School Representativ	e Signature			Date