

# 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: 10/3/23

Date of Event: 10/14/23

Organization: Football

School: TCMS

Number of Passengers: 40

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): Metcalfe County High School, Edmonton, KY

Planned Stops To and From: Fast Food

Departing Location: TCMS GYM

Date of Departure: 10/14/23

Time of Departure: 2:00 PM

Returning Location: TCMS GYM

Date of Return: 10/14/23

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 10/3/23

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 \_\_\_\_\_