

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: 10/16/23 Date of Event: 1/11/24

Organization: School: South Todd Elementary

Number of Passengers

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 Public Library, Hopkinsville, KY

Planned Stops To and From: None

Departing Location: South Todd Elementary Date of Departure: 1/11/24 Time of Departure: 9:00am

Returning Location: South Todd Elementary Date of Return: 1/11/24 Time of Return: 12:00pm

Chaperone/s: Chaperone's Phone #: 3rd Team 2708479923 / 6157141601

Special Requests (Check One)

Van Handicap Access 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: N/A

Trip Requested By: Stevee Higgins

Organization Responsible for Payment

Approval of Site Based Council Representative Jennifer Byrd Date: 10-16-23

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date: _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

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: Click here to enter text.

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: 10/30/23 Date of Event: 12/13/23

Organization: School: South Todd Elementary

Number of Passengers 39

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): Hearthstone Elkton Ky + Rotary (Milliken Community House) Elkton Ky

Planned Stops To and From: None Hearthstone @ 10:45 Milliken @ 11:40

Departing Location: South Todd Elementary Date of Departure: Time of Departure:

12/13/23 10:30

Returning Location: South Todd Elementary Date of Return: Time of Return:

12/13/23 12:30?

Chaperone/s: Chaperone's Phone #:

Erica Skipworth
Special Requests (Check One)

Van Handicap Access 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: N/A

Trip Requested By:

Organization Responsible for Payment

Approval of Site Based Council Representative

Jennifer Oyle

Date: 10/30/23

DISTRICT USE ONLY

Section 2

Approval of District Representative

Date:

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

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: Click here to enter text.

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: 10/30/23 Date of Event: 11/10/23

Organization: School: South Todd Elementary

Number of Passengers 148

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): TCCHS Elkton KY

Planned Stops To and From: None

Departing Location: South Todd Elementary

Date of Departure: 11/10/23 Time of Departure: 8:20

unload at Door #2

Returning Location: South Todd Elementary

Date of Return: 11/10/23 Time of Return: 10:00

Chaperone/s: Chaperone's Phone #:

Rachel Meyer 270 604-2272

Miranda Mansfield (270) 421-4750

Special Requests (Check One)

Van

Handicap Access

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: N/A

Trip Requested By:

Organization Responsible for Payment

BoE

Approval of Site Based Council Representative

Jennifer Oyle

Date: 10/30/23

DISTRICT USE ONLY

Section 2

Approval of District Representative

Date:

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

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: Click here to enter text.

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: 10/31/2023 Date of Event: 12/12/2023

Organization: School: South Todd Elementary

Number of Passengers 39

Type of Trip (Check One)

In-County Instructional

In-County Athletic

Other: (Explain In Detail) Choirs singing for Todd County Retired Teachers Association

Out-of-County Instructional

Out-of-County Athletic

Out-of-State Instructional

Out-Of-State Athletic

Destination (Event, City, and State): Elkton Baptist Building, Elkton, KY

Planned Stops To and From: Todd County Central High School

Departing Location: South Todd Elementary Date of Departure: 12/12/2023 Time of Departure: 11:45 am

Returning Location: South Todd Elementary Date of Return: 12/12/2023 Time of Return: 1:00 PM

Chaperone/s: Erica Skipworth Chaperone's Phone #: 270.604.3011

Special Requests (Check One)

Van

Handicap Access

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: N/A

Trip Requested By: Erica Skipworth

Organization Responsible for Payment

Approval of Site Based Council Representative

Janifer Ocker

Date: 10/31/23

DISTRICT USE ONLY

Section 2

Approval of District Representative _____

Date: _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

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: Click here to enter text.

Coach or School Representative Signature _____

Date: _____