## **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: 10/23/2023

Date of Event: 12/12/2023

Organization: PK, K, 1, 2 School: NTES

		Number of Passenge	rs: 253		
Type of Trip (Check One)					
⊠In-County Instr	uctional	☐ In-County Athletic		⊠Other: (E	xplain In Detail).
Student reward trip to celeb	orate a successful first semest	er of school. Students wi	Il be watching a r	movie, TBD,	
☐ Out-of-County Instructional		□ Out-of-County Athletic			
☐ Out-of-State Instructional		□ Out-Of-State Athletic			
Destination (Event, City, a	nd State): <b>Todd County Cen</b> t	tral High School, Elkton	, KY		
Planned Stops To and Fro	om: NONE				
Departing Location: NTES	S Date of Departure: 12/12/2	2023 Time of Departure:	8:30 AM		
Returning Location: NTE	S Date of Return: 12/12/202	3 Time of Return: 11:30	) AM		
Chaperone/s: PK, K, 1, 2	Teachers/Bruce Voth Ch	aperone's Phone: (270)	604-5094		
Special Requests (Check	One)				
□Van	⊠Wheelchair Accessible	□Monitor	□Otl	ner: (Explain In Detail)	
If requesting the Van, has	the person driving been ce	ertified and approved to	drive? □Yes	□No (Check One)	
Person Driving Van: Click	k here to enter text.	Tri	p Requested By	y: Bruce Voth	
Organization Responsible	e for Payment: NTES PTO 2	55.000			
Approval of Site Based C	ouncil Representative	55	\	Date	10/24/23
Section 2		DISTRICT USE ONL	<u>Y</u>		
Approval of District Repr	•••••	Date:			
Section 3	DRIVER -	TURN THIS FORM IN	WITH TIMES	HEETS	
Date/Time of Departure:		Odometer Start:			
Date/Time of Return:			Odometer End:		
I hereby certify that the a	bove information is correct	to the best of my knowl	edge.		
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: 10/23/2023 Date of Event: 12/13/2023 Organization: PK, 3, 4, 5 School: NTES Number of Passengers: 242 Type of Trip (Check One) ⊠In-County Instructional ☐ In-County Athletic Other: (Explain In Detail). Student reward trip to celebrate a successful first semester of school. Students will be watching a movie, TBD ☐ Out-of-County Instructional ☐ Out-of-County Athletic ☐ Out-of-State Instructional ☐ Out-Of-State Athletic Destination (Event, City, and State): Todd County Central High School, Elkton, KY **Planned Stops To and From: NONE** Departing Location: NTES Date of Departure: 12/13/2023 Time of Departure: 8:30 AM Returning Location: NTES Date of Return: 12/13/2023 Time of Return: 11:30 AM Chaperone/s: PK, 3, 4, 5 Teachers/Bruce Voth Chaperone's Phone: (270) 604-5094 Special Requests (Check One) □Van ☐ 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: Bruce Voth Organization Responsible for Payment: NTES PTO 255,000 Approval of Site Based Council Representative Section 2 DISTRICT USE ONLY Approval of District Representative \_\_\_\_\_ 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:** 

Date \_\_\_\_\_

Coach or School Representative Signature \_\_\_\_\_