

Request to Place an Item on the Agenda

Name: Lisa Petrie

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: Beta Buddies

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: Permission to travel to the Roxxy theater to see a Christmas Carole

Specific Action Requested: _____

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: 3/13/06

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: 10/29/23 Date of Event: December 1 thru 8, 2023- depending on when I can get the tickets

Organization Beta Buddies School Call Schools

Number of Passengers approximately 50

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): Roxy Regional Theater - A Christmas Carole.

Planned Stops To and From: Fazoli's for dinner

Departing Location: TCCHS Date of Departure: Day of event ticket Time of Departure: 4:00 (when bus is ready after bus run is complete)

Returning Location: TCCHS Date of Return: Day of event Ticket Time of Return: 10:00 PM

Chaperone/s: Evan Cantarelli/ Lisa Petrie Chaperone's Phone # 20-498-0452

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: Click here to enter text. Trip Requested By: Click here to enter text.

Organization Responsible for Payment TCCHS BETA

Approval of Site Based Council Representative  Date Click here to enter a date. 12-23

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date: Click here to enter a date.

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure: Click here to enter text. Odometer Start: Click here to enter text.

Date/Time of Return: Click here to enter text. Odometer End: Click here to enter text.

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date Click here to enter a date.

Driver Comments: Click here to enter text.

Coach or School Representative Signature _____ Date Click here to enter a date.

School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Lisa Petrie

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Class Trip (i.e., junior, senior), specify _____

Organization/Club Trip, specify Beta Buddies Other (athletic, band, if applicable)

DESTINATION Roxy Theater ADDRESS Clarksville, TN PHONE 931-6457699

Out of State Out of County Within County

Overnight; give name, address, phone of lodging

Dec 7 or 8th - Looking for Ticket availability

DATE(S) OF TRIP TBD DEPARTURE TIME 4:00pm RETURN TIME 10:00pm

PURPOSE/EDUCATIONAL VALUE To see a performance of A Christmas Carole

SOURCE OF FUNDING FOR TRIP Beta Club - students purchase ticket/seat

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY

Beta Club

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 2+ OTHER CHAPERONES as volunteered

TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Person contacted at venue to discuss EAP: ~~At~~ Katie Kennedy Person making contact: Lisa Petrie

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted:

Theater-

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Lisa Petrie
evan cantarelli

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor

Date

Trip has been approved disapproved. Reason for disapproval



10-2-23

Signature of Superintendent/Designee

Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023

Students or Chaperones attending the trip will pay \$20⁰⁰. Beta will be charged \$10⁰⁰. Meal at Fazoli's is also purchased by the students.