

# 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: November 13th 2023 Date of Event December 6th 2023 :

Organization: Lindsey Sisco's 2nd grade class School: South Todd Elementary

Number of Passengers 20 students 1 teacher 1 bus driver

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 Nursing Home 506 Allensville St Elkton Ky 42220

Planned Stops To and From: None

Departing Location: South Todd Elementary Date of Departure: December 6th 2023 Time of Departure: 9:00

Returning Location: South Todd Elementary Date of Return: December 6th 2023 Time of Return: 11:00

Chaperone/s: Lindsey Sisco Chaperone's Phone #: 270-889-3517

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 Ogle Date: 11/13/23

## 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: \_\_\_\_\_