Request to Place an Item on the Agenda

Name: Brandi Francies & Alex Carrington

Address: TCCHS

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): Lee Quarles

Description of Issue: travel

Specific Action Requested: Permission to travel to City Forum in Clarksville, TN for a Student reward trip.

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 & Event Specific Emergency Action Plan (EAP)

SCHOOL _TCCHS_ **FACULTY MEMBER(S) SPONSORING TRIP** _Carrington_

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION _City Forum_ **ADDRESS** _2231-J 2231 Madison St._

☐ Overnight; give name, address, phone of lodging _Suite D, Clarksville, TN 3704_

DATE(S) OF TRIP _March 21 2024_ **DEPARTURE TIME** _8:30 a.m._ **RETURN TIME** _2:00 p._

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS _40_ **FACULTY SPONSORS** _3_ **TOTAL # OF PARTICIPANTS** _43_

EAP: Person contacted at venue to discuss EAP _Carlie_ Person making contact: _Carrington_

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: _____

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

Alex Carrington - CPR   _Brandi Francies_

Angela Higgins - Nurse   _____

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

_____   _2/26/24_
Signature of Faculty Sponsor   **Date**

Approval of Site Based Council Representative _____ Date _2-28-24_

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District Use Only

Section 2

Approval of District Representative _____ Date _____

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DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time 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 _____