

Request to Place an Item on the Agenda

Name: Leilani Campbell - TCHS

Address: _____

Telephone number: 2702652500

Name of school children attend, if applicable: _____

Group represented: Project Grad- Class of 2024

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Gee Quarries

Description of Issue: Travel

Specific Action Requested: Permission to travel to City Forum in Clarksville, TN on May 17, 2024 for Project Graduation

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

STUDENTS

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP leilani Campbell

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: Project Grad

DESTINATION City Forum ADDRESS 8261-T madison st. Suite D

Overnight; give name, address, phone of lodging clarksville, TN 37043

DATE(S) OF TRIP May 17, 2024 DEPARTURE TIME 10:30-11:00? RETURN TIME 4:00??

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS 150-160 FACULTY SPONSORS _____ TOTAL # OF PARTICIPANTS 200??

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):

leilani Campbell

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

Leilani Campbell
Signature of Faculty Sponsor

3/11/2024
Date

Approval of Site Based Council Representative [Signature] Date 3.11.24

District Use Only

Section 2

Approval of District Representative _____ Date _____

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 _____

STUDENTS

09.36 AP.21

SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SCHOOL ALL SCHOOLS FACULTY MEMBER(S) SPONSORING TRIP LISA PETRIE/EVAN CANTARELLI

TYPE OF TRIP (CHECK ONE): TRIP TO DISCOVERY PARK OF AMERICA - UNION CITY, TN

Organization requesting the Trip / Organization responsible for Payment: TCCHS Beta Club

DESTINATION DISCOVERY PARK OF AMERICA ADDRESS UNION CITY, TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP SATURDAY, APRIL 27, 2024 DEPARTURE TIME 7:00 AM RETURN TIME 6:30 PM

SOURCE OF FUNDING FOR TRIP TCCHS BETA CLUB - STUDENTS ATTENDING WILL PAY A FEE.

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

NUMBER OF: STUDENTS 60 FACULTY SPONSORS 2 TOTAL # OF PARTICIPANTS 70 (PARENT CHAPERONES AS WELL).

EAP: Person contacted at venue to discuss EAP: Michael Larkin Person making contact: Lisa Petrie

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: One inside and two outside on either side of the park.

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: 911

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).

Lisa Petrie

Signature of Faculty Sponsor

Approval of Site Based Council Representative



3/25/24

Date

Date 3.25.24

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ O d o m e t e r _____ S t a r t : _____

Date/Time Return: _____ O d o m e t e r 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 _____