

School-Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP Robert A. Burnham**TYPE OF TRIP (CHECK ALL THAT APPLY):**

- ☐ Over 300 miles ☒ Under 300 miles ☐ Co curricular ☒ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION Lexington, KentuckyAddress Alltech Arena 4089 Iron Works Pkwy, Lexington, KY 40511PHONE-DESTINATION 859-233-4303

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
BEST WESTERN PLUS GEORGETOWN CORPORATE CENTER HOTEL, 132 DARBY DR, GEORGETOWN, KY 40324, +15028680055

DATE(S) OF TRIP 02/24/22-02/26/22DEPARTURE TIME 12:00 PMRETURN TIME 11:00 PM

START END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE _____

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
_____SOURCE OF FUNDING FOR TRIP lkjdkdjkjs

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER _____NUMBER OF: STUDENTS 20 MALE STUDENTS 20 FEMALE STUDENTS _____MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY fkjdskjs☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones DECOREUS LEAVELLClassified chaperones ANTHONY SMITH, RAYMOND WILLIAMS, LIVINGSTON MERRITT

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior?

☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parent**X** 

Faculty/Sponsor Signature

X 

Principal Signature

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____**X**

Signature of Superintendent/Designee



School-Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell**TYPE OF TRIP (CHECK ALL THAT APPLY):**

- ☐ Over 300 miles ☒ Under 300 miles ☐ Co curricular ☒ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION Central High School,ADDRESS 1000 South Silver Springs
Road, Cape Girardeau, MO 63703PHONE-DESTINATION (573) 335-8228

- ☒ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
PEAR TREE BY DRURY 3248 WILLIAM STREET.

CAPE GIRARDEAU, MO 63701 (573) 334-3000DATE(S) OF TRIP 12/15/23-12/16/23DEPARTURE TIME 11:00AMRETURN TIME 11:00 PM

START END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Competition

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

SOURCE OF FUNDING FOR TRIP Athletics

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER _____NUMBER OF: STUDENTS 25MALE STUDENTS 25FEMALE STUDENTS 0MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY School bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

Certified chaperones _____

Classified chaperones DEE LEAVELL, ANTHONY SMITH, AND RAYMOND WILLIAMS

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior?

☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parent**X** DeCoreus Leavell
Faculty/Sponsor Signature**X** Robert A. Burnham
Principal SignatureTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____**X**

Signature of Superintendent/Designee



STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Shanan Fowler
Bradley Tucker

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Crowne Plaza Louisville ADDRESS 830 Phillips Ln PHONE 502-367-2251

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of
lodging Crowne Plaza Louisville Airport Expo 830 Phillips Ln Louisville, KY 40209

DATE(S) OF TRIP Nov. 18-21 DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE KYA - Kentucky Youth Assembly - mock gov. experience

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

H.S. C.C.P. 2 Analyze legislative, executive, and judicial branch decisions and their impact on citizens and states

SOURCE OF FUNDING FOR TRIP CCHS KYA

AMOUNT OF STUDENT FEE: \$450

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF STUDENTS 17 MALE STUDENTS 4 FEMALE STUDENTS 13

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY School bus

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

CERTIFIED CHAPERONES Shanan Fowler, Bradley Tucker

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding
How have they been notified? distributed copy at meeting

Shanan Fowler
Signature of Faculty Sponsor

10-20-23
Date

Kern Corder
Signature of Principal

Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>10-25-23</u> Date
<u>Tom Bell "me"</u> Signature of Board Chair	<u>10-25-23</u> 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.211, 09.36 AP.212, 09.36 AP.23

K. Ash

emergency approved

STUDENTS

09.36 AP.21

School Related Student Trip Request Form

CCHS + HHS - Cross Country State

SCHOOL

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

TYPE OF TRIP

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☒ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION KY Horse Park ADDRESS 4089 Iron Works Rd PHONE 859-233-4303

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Clarion Hotel - 1950 Newtown Pike, Lexington, KY 40511

DATE(S) OF TRIP 10/27-10/28 DEPARTURE TIME 10:30 AM RETURN TIME 10 pm

PURPOSE/EDUCATIONAL VALUE State tournament

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

N/A
SOURCE OF FUNDING FOR TRIP Board - State tournament

AMOUNT OF STUDENT FEE: N/A

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER

NUMBER OF STUDENTS TBA MALE STUDENTS TBA FEMALE STUDENTS TBA

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)

CERTIFIED CHAPERONES Roger Volk, Whitney Holder

CLASSIFIED CHAPERONES

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
How have they been notified? paper contract

W. Holder 10/18/23 Glenn Cook 10.23.23
Signature of Faculty Sponsor Date Signature of Principal Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval	
<u>Chris Jones</u> Signature of Superintendent/Designee	<u>10-24-2021</u> Date
<u>Tom Bell "Kane"</u> Signature of Board Chair	<u>10-24-23</u> 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.211, 09.36 AP.212, 09.36 AP.23

Handwritten: Kit Still
Emergency approved

STUDENTS

09.36 AP.21

School Related Student Trip Request Form

CCHS + HHS - Cross Country State

SCHOOL

TYPE OF TRIP

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☒ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION KY Horse Park ADDRESS 4089 Iron Works Rd PHONE 859-233-4303

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Clarion Hotel - 1950 Newtown Pike, Lexington, KY 40511

DATE(S) OF TRIP 10/27-10/28 DEPARTURE TIME 10:30 AM RETURN TIME 10 pm

PURPOSE/EDUCATIONAL VALUE State tournament

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
N/A

SOURCE OF FUNDING FOR TRIP Board - State tournament

AMOUNT OF STUDENT FEE: N/A

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER

NUMBER OF STUDENTS TBA MALE STUDENTS TBA FEMALE STUDENTS TBA

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) _____

CERTIFIED CHAPERONES

Holder

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
acceptable behavior? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding
How have they been notified? paper contract

W. Holder
Signature of Faculty Sponsor

10/18/23
Date

Andy Cripe
Signature of Principal

10-23-2023
Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Chris
Signature of Superintendent/Designee
Tom Bell
Signature of Board Chair

10-24-2024
Date

10-24-23
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.211, 09.36 AP.212, 09.36 AP.23

1/18/24

Emergency approval

STUDENTS

09.36 AP.21

School Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: ANTHONY DARNALL, CALVIN WARREN

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION ADDRESS 601 W WASHINGTON ST, INDIANAPOLIS, IN 46204. PHONE: (317) 972-7293

☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP: NOVEMBER 8TH, 2023 DEPARTURE TIME: 3:30 PM RETURN TIME: 11 PM (11/9)

PURPOSE/EDUCATIONAL VALUE: COMPETITIVE.

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

SOURCE OF FUNDING FOR TRIP:

AMOUNT OF STUDENT FEE:

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF STUDENTS 115 MALE STUDENTS: 55 FEMALE STUDENTS: 60

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)

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN, BRANDON MCKINLEY, ALYSSA ROSS, LORI BOEHMAN, RANDI JETTINGHOFF

CLASSIFIED CHAPERONES: RITA WILLIAMS,

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding acceptable behavior? ☐ Yes ☐ No
How have they been notified? YES, Itinerary and Letter Home.

Anthony Darnall
Signature of Faculty Sponsor

10/18/23
Date

Kevin L. Smith
Signature of Principal

10.18.23
Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Chris Jones
Signature of Superintendent/Designee

10-18-23
Date

Tom Bell
Signature of Board Chair

10-19-23
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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

1/2 A still

emergency approved

STUDENTS

National FFA
Convention
09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL * Christian County High School

FACULTY MEMBER(S) SPONSORING TRIP Victoria Monon

TYPE OF TRIP (CHECK ALL THAT APPLY):

☒ Over 300 miles ☐ Under 300 miles

☐ Co curricular

Matea Wyatt
Jacob Jaworski
☒ Extracurricular

☐ Classroom Field Trip

☒ Organization/Club Trip

☐ Other (athletic, band, if applicable)

DESTINATION Indiana

ADDRESS 100 S Capitol Ave.

PHONE-DESTINATION 317-262-3400

☒ Out of State

☐ Out of County

☐ Within County

☒ Overnight: give name, address, phone of lodging 317-244-1600
Fairfield Inn & Suites Indianapolis Airport

DATE(S) OF TRIP

11/1/23 - 11/3/23

DEPARTURE TIME 6:00 AM

RETURN TIME 4:00 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE to attend National FFA Convention

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

EF2 demonstrate effective team skills (e.g. setting goals, listening, following directions, questions, dividing work, conflict resolution, etc.)

SOURCE OF FUNDING FOR TRIP

CCHS FFA LAVEC

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 12

MALE STUDENTS 6

FEMALE STUDENTS 6

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) bus and district vans requested

☐ CERTIFICATED COMMON CARRIER; SPECIFY

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

Certified chaperones 2-Victoria Monon, Matea Wyatt, or Jake Jaworski

Classified chaperones N/A

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

Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No

How have they been notified? Code of acceptable behavior & permission slip

X Victoria Monon

X Penny Knight

Faculty/Sponsor Signature

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Christy Knight 11/1/23
Tombell "Knee" 10-17-23

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

emergency approved

STUDENTS

IVISU Rodeo, Vet science,
& Horse Judging CPEs
09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL *Christian County High School

FACULTY MEMBER(S) SPONSORING TRIP Victoria Mohon

TYPE OF TRIP (CHECK ALL THAT APPLY):

☐ Over 300 miles ☒ Under 300 miles

☐ Co curricular

Jacob Saworski
Mattea Wyah
☒ Extracurricular

☐ Classroom Field Trip

☒ Organization/Club Trip

☐ Other (athletic, band, if applicable)

DESTINATION Murray State University Expo Center

ADDRESS 2101 College Farm Rd. Murray, KY 42071

PHONE-DESTINATION 270-809-3125

☐ Out of State ☒ Out of County

☐ Within County

☒ Overnight: give name, address, phone of lodging

MARriot, 1512 N 12th St. Murray, KY 42071

270-917-8000

DATE(S) OF TRIP 11/16/23 - 11/17/23

DEPARTURE TIME 4:00 PM

RETURN TIME 4:00 PM

START END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE to attend the MSU Rodeo and compete in the vet science and horse judging contests

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

AA2 participate in conversation, discussion, and group discussions

SOURCE OF FUNDING FOR TRIP CCHS FFA LAVEC

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 12 MALE STUDENTS 12 FEMALE STUDENTS 12

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) bus requested

☐ CERTIFICATED COMMON CARRIER; SPECIFY

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

Certified chaperones Victoria Mohon, Mattea Wyah, Jacob Saworski

Classified chaperones N/A

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

Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No

How have they been notified? Code of acceptable behavior, & permission slip

X Victoria Mohon

X Penny Knight

Faculty/Sponsor Signature

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Chris Jones 10-17-23

Tom Beall "Kmev" 10-17-23

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

emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP Weston Baker, Erik Jettinghoff

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic, band, if applicable)

(KYA) DESTINATION Louisville Crowne Plaza ADDRESS 830 Phillips Ln PHONE 502-367-2251

☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Crowne Plaza Louisville Airport Expo Ctr (same address as above)

DATE(S) OF TRIP Nov. 15-18 DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE KYA - Kentucky Youth Assembly mock gov. experience

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

HS.C.2.2 Explain how active citizens affect lawmaking process

SOURCE OF FUNDING FOR TRIP CCMS KYA

AMOUNT OF STUDENT FEE: \$450

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 11 MALE STUDENTS 10 FEMALE STUDENTS 1

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY school bus

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

CERTIFIED CHAPERONES Weston Baker, Erik Jettinghoff

CLASSIFIED CHAPERONES Jennifer Jatazak (Bus Driver)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
How have they been notified? distributed copy of code of conduct

Signature of Faculty Sponsor

Date

Signature of Principal

Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

Signature of Board Chair

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.211, 09.36 AP.212, 09.36 AP.23

emergency approved

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Crofton FACULTY MEMBER(S) SPONSORING TRIP Jo Anne Brame
(ESL)

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION 4-H Extension Office ADDRESS 2854 Rembrandt Rd. PHONE 270-886-6328

- ☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP Nov 21 DEPARTURE TIME 9:30 AM RETURN TIME 1:00 PMPURPOSE/EDUCATIONAL VALUE Science

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

PS1.A PS1.B PS4.BSOURCE OF FUNDING FOR TRIP TIXIE III 345 KAMOUNT OF STUDENT FEE: 300 Fee per show 2 shows scheduled

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHERNUMBER OF: STUDENTS 3 MALE STUDENTS 3 FEMALE STUDENTS _____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) _____CERTIFIED CHAPERONES Jo Anne Brame

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☒ No
 acceptable behavior? ☐ Yes ☒ No
 Have all students been notified of the rules and regulations regarding
 How have they been notified? online

Jo Anne Brame
 Signature of Faculty Sponsor

11/10/23
 Date

Nancy Seeth
 Signature of Principal

11/10/23
 Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

11-10-2023
 Date

 Signature of Board Chair

 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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Freedom FACULTY MEMBER(S) SPONSORING TRIP Mary Calhoun
TYPE OF TRIP (CHECK ONE):

☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION UK Extension Office 2852 ADDRESS Pembroke Rd. PHONE 270-896-6328
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP Nov. 21 DEPARTURE TIME 10:00 am RETURN TIME 1:00 pmPURPOSE/EDUCATIONAL VALUE Science demonstrations

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

PS1.A PS2.B PS4.BSOURCE OF FUNDING FOR TRIP Tyler III 345 KAMOUNT OF STUDENT FEE: \$300 per show 2 shows scheduled

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHERNUMBER OF: STUDENTS 14 MALE STUDENTS _____ FEMALE STUDENTS _____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) _____CERTIFIED CHAPERONES Mary CalhounCLASSIFIED CHAPERONES Vickie Perry

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

Have all students been notified of the rules and regulations regarding
 How have they been notified?

Mary Calhoun
Signature of Faculty Sponsor11-10-23
DateMacey Gellert
Signature of Principal11/10/23
Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Chris J...
Signature of Superintendent/Designee11-10-2023
Date_____
Signature of Board Chair_____
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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Freedom-Sinking Fork FACULTY MEMBER(S) SPONSORING TRIP EL Program
TYPE OF TRIP (CHECK ONE): EL students Title III

☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Goldenrod Planetarium ADDRESS 238 Visitor Center Dr PHONE 602-124-4221

☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 11-17-23 DEPARTURE TIME 8:45 am RETURN TIME 1:00 pm

PURPOSE/EDUCATIONAL VALUE science lesson - planets & solar system

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
ESS1.A.3.8 seasonal patterns of Earth's & Sun's can be observed, described, & predicted

SOURCE OF FUNDING FOR TRIP Title III

AMOUNT OF STUDENT FEE: \$4.50

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER

NUMBER OF: STUDENTS 20 MALE STUDENTS 10 FEMALE STUDENTS 10

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY School Bus

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

CERTIFIED CHAPERONES Mary Calhoun

CLASSIFIED CHAPERONES Vickie Perry & Ross Peterson

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

Have all students been notified of the rules and regulations regarding
How have they been notified?

Mary Calhoun
Signature of Faculty Sponsor

10-20-23
Date

Nancy Decker
Signature of Principal

10/23/23
Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Tom Bell
Signature of Superintendent/Designee

10-24-23
Date

Tom Bell "the"
Signature of Board Chair

10-24-23
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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

Emergency approved

School Related Student Trip Request Form

SCHOOL HHS - Ball BES SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

TYPE OF TRIP ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☒ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION LOUISVILLE, KY ADDRESS EASTERN U.S. PHONE 502-485-824-12400 OLD SHELBYVILLE RD.
☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging HILTON GARDEN INN - 1530 ALLIANT AVE, Louisville, KY 40299

DATE(S) OF TRIP 12/29-12/29 DEPARTURE TIME 10:00 AM RETURN TIME TBD
 PURPOSE/EDUCATIONAL VALUE COMPETE IN MIDDLE TOWN CLASSIC
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

SOURCE OF FUNDING FOR TRIP _____
 AMOUNT OF STUDENT FEE: _____

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 15 MALE STUDENTS 15 FEMALE STUDENTS _____

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY BUS FROM DISTRICT
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES JERAMIA JONES, TAME WILSON

CLASSIFIED CHAPERONES ANTHONY BERRY, DARIUS KNOTT, CHARLES MUMFORD

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
 Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
 How have they been notified? MEETING DOWNST

Christy Bubb
 Signature of Faculty Sponsor

10/31/23
 Date

Christy Campbell
 Signature of Principal

10.31.2023
 Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

 Signature of Superintendent/Designee

10-2-2023
 Date

 Signature of Board Chair

 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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____



E-MAILED
11/1/23

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Barnes, Vicky

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Trail of Tears Park ADDRESS 100 Trail of Tears Dr. PHONE 270-886-0701

☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 11-17-2023 DEPARTURE TIME 8:30 AM RETURN TIME 10:30 AM

PURPOSE/EDUCATIONAL VALUE _____

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____

SOURCE OF FUNDING FOR TRIP _____

AMOUNT OF STUDENT FEE: \$11.00

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 17 MALE STUDENTS 6 FEMALE STUDENTS 11

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) _____

CERTIFIED CHAPERONES Vicky Barnes, Anny Berenguer,
Lindsey Christopher

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
How have they been notified? _____

Vicky Barnes
Signature of Faculty Sponsor

10-23-23
Date

Decey Heath
Signature of Principal

10/30/23
Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

11.2.23
Date

Tom Bell "Kimo"
Signature of Board Chair

11-2-23
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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

Emergency Approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Hopkinsville High School FACULTY MEMBER(S) SPONSORING TRIP ISC Holburny / MSG Ruhl
TYPE OF TRIP (CHECK ONE):

☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☒ Organization Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION Hopkinsville, KY ADDRESS 100 J-street way PHONE 931-302-9637

☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging N/A

DATE(S) OF TRIP 11/11/23 DEPARTURE TIME 0830 RETURN TIME 1200

PURPOSE/EDUCATIONAL VALUE Ukrainian Day Parade, JROTC participation and Competition

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Duty, Respect, Selfless Service and Honor

SOURCE OF FUNDING FOR TRIP N/A

AMOUNT OF STUDENT FEE: N/A

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 50 MALE STUDENTS 25 FEMALE STUDENTS 25

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) _____

CERTIFIED CHAPERONES ISC Holburny / MSG Ruhl

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding
How have they been notified? Self

[Signature]
Signature of Faculty Sponsor

10/26/23
Date

[Signature]
Signature of Principal

10-30-2023
Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent Designee	<u>10-27-23</u> Date
<u>TOM BELL</u> Signature of Board Chair	<u>10-30-23</u> 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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

emergency approval

SCHOOL: HOPKINSVILLE HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: NICHOLAS JONES

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION: BARREN COUNTY HIGH SCHOOL ADDRESS: 507 TROJAN TRAIL, GLASGOW, KY

PHONE: 270-651-6315

☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP: 10/27/23 - 10/28/23 DEPARTURE TIME: 4:30PM RETURN TIME: TBD

PURPOSE/EDUCATIONAL VALUE: KMEA MARCHING BAND

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____

SOURCE OF FUNDING FOR TRIP: BOARD

AMOUNT OF STUDENT FEE: NA

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER

NUMBER OF: STUDENTS 66 MALE STUDENTS: 30 FEMALE STUDENTS: 36

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) _____

CERTIFIED CHAPERONES: NICHOLAS JONES, ADDISSON GRIMM, TAYLOR CAPERTON

CLASSIFIED CHAPERONES: ROSS PENDLETON, TROY JONES

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

acceptable behavior? X Yes ☐ No

How have they been notified? Hard copy of acknowledgment signed

Signature of Faculty Sponsor _____ Date 10/27/23

Signature of Principal _____ Date 10/24/23

Signature of _____

EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____ Date 10-25-23

Signature of Board Chair _____ Date 10-25-23

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.211, 09.36 AP.212, 09.36 AP.23

KA Sted

Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP GILLIAM & STALLONS

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☒ Co-curricular ☐ Extracurricular
☐ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION MURRAY, KY ADDRESS MSU EXPOSITION CENTER PHONE _____

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging TBD, Murray KY

DATE(S) OF TRIP Nov 16-17 DEPARTURE TIME 4:00 PM RETURN TIME 4:30 PM

PURPOSE/EDUCATIONAL VALUE ATTEND AND PARTICIPATE IN HORSE EVALUATION CONTEST & VET SCI CONTEST

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____ LEADERSHIP AND CAREER DEVELOPMENT

SOURCE OF FUNDING FOR TRIP LAVEC AMOUNT OF STUDENT FEE: _____ \$0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 10 MALE STUDENTS 2 FEMALE STUDENTS 8MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY SHARING SCHOOL BUS w/ CCHS FFA ✓☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES JULIE GILLIAM & AARON STALLONS

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding

acceptable behavior? ☐ Yes ☐ NoHow have they been notified? Alg Dept ExpectationsSignature of Faculty Sponsor [Signature]Date 10/5/23Signature of Principal [Signature]Date 10/6/23

EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date 10-17-2023Signature of Board Chair Tom Boel "X"Date 10-17-23

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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:11/21/13

emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Indian Hills FACULTY MEMBER(S) SPONSORING TRIP Tina Mullins

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☒ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Extension Office ADDRESS Pembroke Rd 2850 PHONE 886-6328

- ☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 11-21-23 DEPARTURE TIME 9:30 RETURN TIME 1:00PURPOSE/EDUCATIONAL VALUE Science Guys

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

PS1.A PS1.B PS4.BSOURCE OF FUNDING FOR TRIP Title III 345K- EL dept.AMOUNT OF STUDENT FEE: 300.00 per show

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHERNUMBER OF STUDENTS 36 MALE STUDENTS 22 FEMALE STUDENTS 14MODE 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) _____CERTIFIED CHAPERONES Tina MullinsCLASSIFIED CHAPERONES N/A

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? ☐ Yes ☐ No How have they been notified? yes, handbook

Signature of Faculty Sponsor Tina MullinsDate 11-10-23Signature of Principal Anna S. GohrDate 11-10-23

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved: ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee ChristyDate 11-10-2023

Signature of Board Chair _____

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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL MLK FACULTY MEMBER(S) SPONSORING TRIP Mary Calhoun

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION UK Extension Office ADDRESS 2850 Pembroke Rd PHONE 270-886-6328

- ☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP Nov 21 ^{Arrival} DEPARTURE TIME 10:00 RETURN TIME 1:00 pmPURPOSE/EDUCATIONAL VALUE Science demonstrations

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

PS1.A PS1.B PS4.BSOURCE OF FUNDING FOR TRIP TITLE III 345 KAMOUNT OF STUDENT FEE: \$3.00 per show 2 shows scheduled

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHERNUMBER OF: STUDENTS 28 MALE STUDENTS _____ FEMALE STUDENTS _____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) _____CERTIFIED CHAPERONES Mary CalhounCLASSIFIED CHAPERONES Gabriela Steinmetz

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

Have all students been notified of the rules and regulations regarding acceptable behavior? ☐ Yes ☐ No

How have they been notified? orally

Signature of Faculty Sponsor Mary CalhounDate 11-10-23Signature of Principal Nacey SmithDate 11/10/23

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
Signature of Superintendent/Designee <u>Clifford</u>	Date <u>11-10-23</u>
Signature of Board Chair _____	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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Millbrooke FACULTY MEMBER(S) SPONSORING TRIP Gracie Darnell
TYPE OF TRIP (CHECK ONE):☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☒ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)DESTINATION Hopkinsville Extension ADDRESS Office 2850 Pembroke rd. PHONE 886 - 6328☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodgingDATE(S) OF TRIP 11-21-2023 DEPARTURE TIME 10:00 RETURN TIME 9:30 12:30 1:00PURPOSE/EDUCATIONAL VALUE Science Guys

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

PS1.A PS1.B PS4.BSOURCE OF FUNDING FOR TRIP 100% of Departmental + title 3 345KAMOUNT OF STUDENT FEE: \$300.00 per show

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHERNUMBER OF: STUDENTS 22 MALE STUDENTS 12 FEMALE STUDENTS 10MODE 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) _____CERTIFIED CHAPERONES Gracie DarnellCLASSIFIED CHAPERONES N/AHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
How have they been notified? School handbookGracie Darnell
Signature of Faculty Sponsor11/10/2023
DateKella O
Signature of Principal11/10/23
Date 11/01/23

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Chris J. J.
Signature of Superintendent/Designee11-10-2023
Date_____
Signature of Board Chair_____
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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Pembroke FACULTY MEMBER(S) SPONSORING TRIP El Pagan T314 III

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Goldenland Planetarium ADDRESS 238 V. S. Carter Dr. PHONE 407-244-4221

☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 11-17-23 DEPARTURE TIME 8:45 AM RETURN TIME 1:00 PM

PURPOSE/EDUCATIONAL VALUE Science Lesson - Planets & Solar System

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

ESS: A.9.B. Recognizes patterns of sunrise & sunset can be observed, described, & predicted.
Patterns of the sun, moon, & stars

SOURCE OF FUNDING FOR TRIP T314 III

AMOUNT OF STUDENT FEE: \$4.50

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 21 MALE STUDENTS 10 FEMALE STUDENTS 11

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY School Bus

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

CERTIFIED CHAPERONES Lindsay Christopher

CLASSIFIED CHAPERONES Ross Peterson

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
How have they been notified? _____

Signature of Faculty Sponsor

Date

Signature of Principal

Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

Signature of Board Chair

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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

Emergency approved

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Pembroke FACULTY MEMBER(S) SPONSORING TRIP ESL

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Ull Extension Office ADDRESS 2850 Pembroke Rd PHONE (270) 886-6328

- ☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 11/21/23 DEPARTURE TIME 9:30 AM RETURN TIME 1:00 PMPURPOSE/EDUCATIONAL VALUE science

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

PS1.A, PS1.B, PS4.BSOURCE OF FUNDING FOR TRIP Title # 345KAMOUNT OF STUDENT FEE: \$300 per show, 2 shows booked

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHERNUMBER OF: STUDENTS 20 MALE STUDENTS 10 FEMALE STUDENTS 10MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY bus w/ undercarriage☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES Lindsay Christopher

CLASSIFIED CHAPERONES

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

Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No

How have they been notified? YES

Signature of Faculty Sponsor

Date

Signature of Principal

Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

Date

Signature of Board Chair

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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Sinking Fork FACULTY MEMBER(S) SPONSORING TRIP Mary Calhoun

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION UK Extension Office 2852 ADDRESS Pembroke Rd. PHONE 270-886-6328

- ☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP Nov. 21 DEPARTURE TIME 10:00 am RETURN TIME 1:00 pmPURPOSE/EDUCATIONAL VALUE Science demonstrations

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

PS 2.A. PS 1.B PS 4.BSOURCE OF FUNDING FOR TRIP Tuition 345KAMOUNT OF STUDENT FEE: \$300 per show 2 shows scheduled

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHERNUMBER OF: STUDENTS 7 MALE STUDENTS 3 FEMALE STUDENTS 4MODE 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) _____CERTIFIED CHAPERONES Mary Calhoun

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? ☐ Yes ☐ No How have they been notified? _____

Signature of Faculty Sponsor Mary CalhounDate 11-10-23Signature of Principal Tracey SeethDate 11/10/23

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee Chris JonesDate 11-10-2023

Signature of Board Chair _____

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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL South Christian FACULTY MEMBER(S) SPONSORING TRIP Jo Anne Brame
(ESL)

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION 4 H Extension office ADDRESS Tembroke Rd PHONE 272-886-6328

- ☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP Nov 21 DEPARTURE TIME 10:30 am RETURN TIME 1 pmPURPOSE/EDUCATIONAL VALUE Science

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

PS1.A PS1.B PS4.BSOURCE OF FUNDING FOR TRIP T:tile III 345 KAMOUNT OF STUDENT FEE: \$300 per show 2 shows scheduled

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHERNUMBER OF: STUDENTS 20 MALE STUDENTS _____ FEMALE STUDENTS _____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) _____CERTIFIED CHAPERONES Jo Anne Brame

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No How have they been notified? org 11/1/13

Signature of Faculty Sponsor Jo Anne Brame

Date _____

Signature of Principal Nancy SeethDate 11/10/13

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date 11-10-13

Signature of Board Chair _____

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.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13