School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian Co. High FACULTY 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, Kentucky Address Alltech Arena 4089 Iron Works Pkwy, Lexington, KY 40511 PHONE-DESTINATION 859-233-4303
Out of State Out of County Within County Overnight: give name, address, phone of lodging BEST WESTERN PLUS GEORGETOWN CORPORATE CONTROL 122 D ADDRESS OF THE STATE OF THE ST
<u>CENTER HOTEL, 132 DARBY DR, GEORGETOWN, KY 40324, +15028680055</u> DATE(S) OF TRIP 02/24/22-02/26/22 DEPARTURE TIME 12:00 PM RETURN TIME 11:00 PM
PURPOSE/EDUCATIONAL VALUE WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP <u>lkjdkdjks</u>
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 <u>fkdjskjs</u>
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Certified chaperones <u>DECOREUS LEAVELL</u>
Classified 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?
How have they been notified? Code of Conduct signed by athletes and parent
X Poler + Bum
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
×
Signature of Superintendent/Designee

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School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell SCHOOL Christian Co. High TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular Over 300 miles Under 300 miles Other (athletic, band, if applicable) Organization/Club Trip Classroom Field Trip ADDRESS 1000 South Silver Springs PHONE-DESTINATION (573) 335-8228 **DESTINATION** Central High School, Road, Cape Girardeau, MO 63703 Overnight: give name, address, phone of lodging Within County Out of County Out of State PEAR TREE BY DRURY 3248 WILLIAM STREET. CAPE GIRARDEAU, MO 63701 (573) 334-3000 RETURN TIME 11:00 PM DATE(S) OF TRIP 12/15/23-12/16/23 **DEPARTURE TIME 11:00AM** (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) START END 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 FEMALE STUDENTS 0 **NUMBER OF: STUDENTS 25** MALE STUDENTS 25 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 _ 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? How have they been notified? Code of Conduct signed by athletes and parent Police + Breun Robert A. Burnham DeCoreus Leavell Principal Signature Faculty/Sponsor Signature Trip has been approved disapproved. Reason for disapproval Signature of Superintendent/Designee

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	School-Related Student Trip Request Form
	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL C	CHS FACULTY MEMBER(S) SPONSORING TRIP Shanan Fowler (CHECK ONE): Bradley Tucker
☐ Over 300☐ Classroo	O miles Under 300 miles Cocurricular Extracurricular om Field Trip Organization/Club Trip Other (athletic, band, if applicable
☐ Out of S	orane Plaza laisville Arport Expo 830 Phillips in Laisville Ky 40209
DATE(S) OF T	TRIP Nov. 18-21 DEPARTURE TIME RETURN TIME
PURPOSE/ED	UCATIONAL VALUE KYA - Hentrolly Youth Assembly - Mock gar. experience
WHAT STAN HS. C. C SOURCE OF F	P. 2 Analyze regislative executive, and judicial branch decisions and the runding for TRIP CCHS KYA
AMOUNT OF	STUDENT FEE: 450
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF	REPENSES TO: SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER STUDENTS ☐ 1 FEMALE STUDENTS ☐ 13 RANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 CERTIFICATED COMMON CARRIER; SPECIFY SCHOOL 605
CERTIFIED (PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CLASSIFIED	CHAPERONES
students? acceptable b Signature of	Perones undergone the required records check and been designated by the principal/designee to supervise Yes \(\text{No} \) Have all students been notified of the rules and regulations regarding How have they been notified? \(\text{distributed Copy at Meeting} \) Faculty Sponsor Date Signature of Principal Date CY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Sig	mature of Superintendent/Designee Date 10-25-23 Date 10-35-33 Date ernight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
10.07	On the second se

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

Ky 186W

emergency approved

SchoolRelated Student Trip Requ	uest Form
CCHS + HHS - Cro	ss Country to
SCHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TYPE OF TRIP	
Over 300 miles Under 300 miles Cocurricular	
Classroom Field Trip Organization/Club Trip MOther (athletic	band, if applicable
DESTINATION KY HUISE PAVE ADDRESS 4089 (1011 Works, BEF)	IONE 854-235-4303
Out of State Out of County Within County Dodging Claylon Hotel - 1950 Neutroun Pike Lexis DATE(S) OF TRIP 10/27 - 10/28 DEPARTURE TIME 10:30 Any RE	Overnight: give name, address, phone of
lodging Clarion Hotel = 1950 NewHown Pike, Lexi	ngton, ky 405 11
DATE(S) OF TRIP 10/27 - 10/28 DEPARTURE TIME 10:30 ATTY RE	TURNTIME IL pm
PURPOSPIEDUCATIONAL VALUE STUTE VOLATILOVI PO	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DC	
SOURCE OF FUNDING FOR TRUP BOOM - State tou	rnament
AMOUNT OF STUDENT FEE: N/A	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF	an inability to pay.
BILL TRIP EXPENSES TO: DISPONSORING ORGANIZATION SCHOOL C	COUNCIL MODER DOTHER
NUMBER OF: STUDENTS TBA MALE STUDENTS TBA FE	MALE STUDENTS TBA
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? 212.)	
PRIVATE VEHICLE, IF ALLOWED BY POLICY: SPECIFY DRIVE	R(S)
CERTIFIED CHAPERONES ROGER VOIK, WI	nith-eg_
CLASSIFIED CHAPERONES	
acceptable behavior? New Yes I No Who we have they been notified? Signature of Faculty Sponsor Date Signature	Parent Control A 10.23.13 The of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTAN APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE	OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval	
Master	10-24-2021
Signature of Superimendyn/Designec	Date
Tom BILL Wene	10-24-23
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superimendent and or	Isoard may be required by policy 09.36.

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

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SchoolRelated Student Trip Request Form
CCHS + HHS - Cross Country State
SCHOOL 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 Wother (athletic, band, if applicable DESTINATION Y HOISE PORK ADDRESS 4089 (ron Works, Prepriore 8.59-233-4303)
Toward County Within County M Overnight; give name, address, phone of
out of State 60 Out of County Within County of Overnight: give name, address, phone of lodging Clavion Hotel - 1950 Neutown Pike, Lescington, K. 405/1
DATE(S) OF TRIP 10/27 - 10/28 DEPARTURE TIME 10:30 AND RETURN TIME 10 pm
PHIRPOSE/F DICCATIONAL VALUE STOLE TOUCHON LETTE
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
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: DSPONSORING ORGANIZATION DSCHOOL COUNCIL MEGARD DOTHER NUMBER OF: STUDENTS TBA MALE STUDENTS TBA FEMALE STUDENTS TBA
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO SEE PROCEDURE 89.36 AP. 212.) I CERTIFICATED COMMON CARRIER; SPECIFY
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S),
CERTIFIED CHAPERONES KOGEK VOIK, WINTHEY
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Yes \(\sigma\) No Have all students been notified of the rules and regulations regarding
acceptable behavior? We yes \(\text{No}\) No How have they beginnotified? VOIGH COVITY OCA
W. stolcler 10/18/23 whey are
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
10-24-2021
Signature of Superintendent Pesignee Date
Tom 8 0 0 1 Mars"
Signature of Board Chair Date
For overnight and/or our-of-state trips, approval of the Superintendent and or Board may be required by policy 69-36.

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

emergency approved

SchoolRelated Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL; CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING THIP: ANTHONY DARNALL, CALV Warren Type of Trip (check one):
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Cocurricular ☐ X- Other (athletic, band, if applicable
DESTINATION ADDRESS 601 W WASHINGTON ST, INDIANAPOLIS. IN 46204. PHONE: (317) 972-7293 X-Out of State Dout of County Within County Dovernight: give name, address, phone 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 TRIP
Source of funding for trip:
Amount of Student Fee:
NO STUDENT SHALL BE DENIED THE TRIF BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
NAMES OF: STUDENTS 115 MALE STUDENTS: 55 FEMALE STUDENTS: 60
Mode of Transportation; is district transportation needed? \[\text{D NO X YES (SEE PROCEDURE 09.36 / 212.)} \] \[\text{Certificated common carrier; specify} \]
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN, BRANDON MCKIINLEY, ALYSSA ROSS, LORI BOEHMA RANDI JETTINGHOFF
CLASSIFIED CHAPERONES: RITA WILLIAMS,
Have all chaperones undergone the required records check and been designated by the principal/designee supervise students? X Yes Do acceptable behavior? Yes Do How have they been notified of the rules and regulations regards they have all students been notified? YES. It in the rules and regulations regards they have they been notified? YES. It is party and Letter Home. Note 1/23
Trip has been Approved disapproved, Reason for disapproval
10.0000
(m) great
Signature of Superintendent/Hedgnee Date
Signature of Board Chair
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

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NOTIONAL FFA Convention 09.36 AP.21

School-Related Student Trip Request Form

SCHOOL * HIGH COUNTY FACULTY MEMBER(S) SPONSOPING TRIP VICTORIA A A COLOR	
Matter (CHECK ALL THAT APPLY): Matter Wyatt	
Over 300 miles Under 300 miles Co curricular SQ CO D JAWOYS KI	
Claseroom Field Thin	
DESTINATION (AUTOLOGICAL ADDRESS COST CAPITO) Ave.	
DESTINATION CONVENTION CONTENT Within County Destination Field Trip Other (athletic, band, if applicable) ADDRESS WELL CHECK PHONE-DESTINATION 317 - 242 - 3400 Out of State Out of County Within County Overnight: give name, address, phone of lodging 317 - 3440)
FAIR Cooled to a great of todains of todains of todains	4-11001
DATE(S) OF TRIP 11/1/23 - 11/3/23 TOUT FIELD IND & SUITES INCHANGED IN FORM DEPARTURE TIME 6: OF AM RETURN TIME 4: 50 PM START FIRE ON 11/1/23	Hrport
START END (SELECT AMOD DOO) 11/12/3	46241
PURPOSE/EDUCATIONAL VALUE TO attend National FFA Charles	10271
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)	
TEZ Demonstrate est ective teath skills (e.g. setting goals listening following directions questions dividing work, conflict resolution, etc.) Source of funding for trip CCHS FIA LAVEC No student shall be denied the trip because of an inability to pay	
SOURCE OF FUNDING FOR TRIP COHS FEA LAVEC.	
DECIZOR OF AN INVADILITY TO PAY.	
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER	
NUMBER OF: STUDENTS LC MALE STUDENTS LC	
Mode of Transportation: is district transportation needed? \(\sum \text{NO} \) yes (see procedure 09.36 ap. 212.) You Certificated Common Cardinal Street, Species.	
CERTIFICATED COMMON CARRIER; SPECIFY	and
PRIVATE VEHICLE, IF ALLOWED BY POLICY: SPECIEV DRIVED(S)	4
Classified chaperones NA	red
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?	
AJ 1 CS L INO	
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	
VV-I	
X teloua monon X Venny Kinight	
3	
Faculty/Sponsor Signature Principal Signature	
Trip has been approved disapproved. Reason for disapproval	
1 motorful 1417.2001	
150 - 1	
1 enhall "Kne" 10 -1103	
for overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

STUDENTS

WISH FORED, Vet Science, & Horse Judging CPE:

School-Related Student Trip Request Form

- 1	
	SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
	NCHOOL TO ULL LAND COLLARS -
	TYPE OF TRIP (CHECK ALL THAT APPLY): FACULTY MEMBER(S) SPONSORING TRIP VILIDING MONUM TACOD TOWN'S KI
	Over 300 miles Under 300 miles Co curricular Extracurricular
	Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable) MULTAY STATE University 2101 (Olicge Farm Fal. ADDRESS MULTAY 4207 PHONE-DESTINATION 210-809-3125 Out of State Out of County Within County Overnight: give name, address, phone of lodging
	Out of State Out of County Within County Oversight single State Oversight single State Oversight State Oversig
	MACAVIC - 1512 24 1245
]	DATE(S) OF TRIP 11 123 1117 23 DEPARTURE TIME 4-00-PM RETURN TIME 4-00-PM 270-917-8000
	START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
1	TURPOSE/EDUCATIONAL VALUETO CLARGE MACLI FACAD CLARGE
	VIAA STANDARD IS KEING ADDDECCED DV TAVELO THE
	The fact of the fa
2	- IN LAVEC
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
ı	BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
1	MALE STUDENTS () FEMALE STUDENTS ()
N	TODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO N YES (SEE PROCEDURE 09.36 AP. 212.)
	Vegative Common Carrier; SPECIFY
	PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
(erined chaperones VICADNA Mohon, Mattea Wyatt, Jacob Jamurski
C	lassified chaperones M/A
H	ave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
H	ave all students been notified of the rules and regulations regarding acceptable behaviors.
H	ow have they been notified? Cook of acceptable behavior, & permission sup
	a perionistip
	~ 1
	X Victoria monon X form Knight
	O Thomas de la companya del companya del companya de la companya d
	Faculty/Sponsor Signature Principal Signature
Ty	in has been Wannana I I it
**	ip has been 🕡 approved 🗌 disapproved. Reason for disapproval
	(1m dong 10-17-2023
	Church 1
	Tom & & OD "Hyme" 10-17-23
Fo	overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO YES (SEE PROCEDURE 09.36

MALE STUDENTS

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

AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY School bus

09.36 AP.21

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? Attached Copy of code of conduct Signature of Faculty Sponsor

Signature of Faculty Sponsor

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD

FEMALE STUDENTS

APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Signature of Board Chair

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

Related Procedures:

NUMBER OF: STUDENTS

STUDENTS

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

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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 Type of Trip (CHECK ONE): (ESL.
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable DESTINATION 4-H EXTROSIO D FIADRESS 2850 Reported Phone 270-886-6328
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP NO. 2 DEPARTURE TIME 3 3 AM RETURN TIME 15000000000000000000000000000000000000
PURPOSE/EDUCATIONAL VALUE SCIENCS
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP TIME THE 345 K AMOUNT OF STUDENT FEE: 3 300 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 ☐ OTHER
Number 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)
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been papproved disapproved. Reason for disapproval
Date
Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
7 750 750 1500 € 10 7500 10 10 10 15 15 15 15 15 15 15 15 15 15 15 15 15

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

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
FACULTY MEMBER(S) SPONSORING TRIP MAY COMOUNTYPE OF TRIP (CHECK ONE):
Over 300 miles Dunder 300 miles Cocurricular Cocurricul
☐ 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 ON RETURN TIME 1:00 PM
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
AMOUNT OF STUDENT FEE: 9 300 per Show 2 Shaws Scheduled
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 MALE STUDENTS FEMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO EXECUTE NO. 36 AP. 212.)
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CENTIFIED CHAPERONES
CLASSIFIED CHAPERONES VICKUE PERTY
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\) No Acceptable behavior? \(\) Yes \(\) No Acceptable behavior? \(\) Yes \(\) No Signature of Faculty Sponsor Date Signature of Principal Column Date Date Column Date Dat
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been proved disapproved. Reason for disapproval
Signature of Superintendent/Designate 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.
roi overnight and/of out-of-state trips, approval of the superintendent and/of board may be required by policy 05.50.

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

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL COME STORY FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): Under 300 miles Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable DESTINATION COLDED BOOK ADDRESS ADDRESS 238 VIII COME PHONE
☐ 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 1:400
PURPOSE/EDUCATIONAL VALUE Science losson - Danets * Swar System
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOURCE OF FUNDING FOR TRIP AMOUNT OF STUDENT FEE: 44.50
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 _ L D MALE STUDENTS _ L D FEMALE STUDENTS _ L D D D D D D D D D D D D D D D D D D
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN IN USES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY SCHOOL BUS
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES MARY CALLOND
CLASSIFIED CHAPERONES Vickie Perry 4. 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? 10/26-23 10/26-23 10/26-23 10/26-23 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 approved disapproved. Reason for disapproval
12524182
Signature of Superintendent/Designee Date
Tem 8, 11 "Mare" 10-24-23
Signature of Board Chair Date 1. Sels Superintendent and/or Board may be required by policy 09 36
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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

SchoolRelated Student Trip Request Form

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SCHOOL TYPE OF TRIP	SUBMIT THIS FORM FOUR (4)	WEEKS PRIOR TO TAKING THE	TRIP.	
☐ Over 300 miles	Under 300 miles		Extracurricular	
		☐ Other (athletic, band, if app	licable	DSHIBWILE
DESTINATION LOVISINE	ADDRESS EASTER	Other (athletic, band, if app	185 -824 - 190000	0000
11 Out of State	Out of County Within	County Vermight, gr	ve name, address, pl	ione of
lodging H Con a Marie	DEPARTURE TIME	10000 AM		
DATE(S) OF TRIP	DEPARTURE TIME	E WILLSON RETURN TIME	100	
PURPOSE/EDUCATIONAL V	ALUE COMPETE IN THIS	RETURN TIME THIS TRIP? (DOES NOT AP	PLY TO ATHLETIC	TRIPS.)
WHAT STANDARD IS BEI	AUDRESSED DI TARENO	This Tair. (DOES NOT AL		
SOURCE OF FUNDING FOR	TRIP			
AMOUNT OF STUDENT FEE	! <u></u>			
		TRIP BECAUSE OF AN INABILITY		
	SPONSORING ORGANIZATION		The state of the s	THER
NUMBER OF: STUDENTS	MALE STUDENTS _	FEMALE STUDI	ENTS	00 16 AD
MODE OF TRANSPORTATION 212.) CERTIFICATED	ON; IS DISTRICT TRANSPORTATION COMMON CARRIER: SPECIFY	FION NEEDED? ONO OY	ES (SEE PROCEDURE O	19.36 AP.
□ PRIVATE VE	CHICLE, IF ALLOWED BY POLIC	CY; SPECIFY DRIVER(S)		
CERTIFIED CHAPERONES	JOHN MA JORS, TIME W.	nsau		
	1 - 1 9 - 1 9 - 1 V	A CIL ADIC MINTER	 	
CLASSIFIED CHAPERONES	DATION BABB, DARIUS KA	TO 11, CHARLES VILLEN PORTS		
supervise students? Ye acceptable behavior? Ye Ye Signature of Faculty Spor	Have all signs of the second o	check and been designated tudents been notified of the ru hey been notified? Signature of Princip N CIRCUMSTANCES THATHE SIGNATURE OF THE BO	les and regulations re	egarding 31-203 BOARD
Trip has been papproved	☐ disapproved. Reason for disap	proval		
	0,			
	/ univery		16-L-Con Date	
Signature of Supe	rintendent/Designee		Date	
Signature of Boar	d Chair		Date	
		uperintendent and/or Board may b	e required by policy 09.	36.
RELATED PROCEDURE		**************************************	107	
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09.36 AP.211, 09	9.36 AP.212, 09.36 AP.23	'n	Review/Revised:1	1/21/13
		Ţ	cview/iceviscu.i	1/21/15
	Vehicle R	equest Form		
School	Faculty Membe	r(s) sponsoring trip		
	- 404119 1.1011100			
			E-M	AILED

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL 445 FACULTY MEMBER(S) SPONSORING TRIP BOUNES, 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
Tool of Took P. K. Annuar to O Took Do. Brown 2.79 - 22 1-9701
DESTINATION Trail of Tears Park Address 100 Trail of Tears Dr. PHONE 279-886-9701
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP U-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.)
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIT. (DOES NOT MILET TO THE STANDARD IS BEING ADDRESSED BY
SOURCE OF FUNDING FOR TRIP
AMOUNT OF STUDENT FEE: SI 1.00
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? IN NO LEVES (SEE PROCEDURE 09.36
AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES VICKY BOUNS, ALMY Berenguer
CERTIFIED CHAPERONES Vicky Barnes, Arnny Berenguer, Lindsey Encisto phor
Circised Files high
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise
students? ZYes No Have all students been notified of the rules and regulations regarding
acceptable behavior? ► Yes □ No How have they been notified?
Wiell Barner 10-23-23 Ollcellath 10/3923
Signature of Faculty Sponsor Date O - 23 - 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
1/200 1111 1111 1111 1111 1111 1111 1111
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

brougency approved

School-Related Student Trip Request F	`orm
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING	
SCHOOL Hope the High School FACULTY MEMBER(S) SPONSORING TR	AIP ISE Holbray Juse Rivi,
Classroom Field Trip Organization Club Trip Other (athletic, band, if	☐ Extracurricular applicable
DESTINATION HOPKING IR IS ADDRESS 100 Jetter with	PHONE 931-302-9637
□ Out of State □ Out of County ☑ Within County □ Overnight: glodging	rive name, address, phone of
DATE(S) OF TRIP 11/11/23 DEPARTURE TIME 0830	RETURN TIME 1200
PURPOSE/EDUCATIONAL VALUE UKKEINS By frak TROTE principal	in al Confetition
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT	APPLY TO ATHLETIC TRIPS.)
Source of funding for trip 1/4,	
AMOUNT OF STUDENT FEE: M/G	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABII	LITY TO PAY,
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION SCHOOL COUNCIL	□ BOARD □ OTHER
NUMBER OF: STUDENTS 50 MALE STUDENTS 25 FEMALE ST	UDENTS \(\lambda\)
Mode of Transportation: is district transportation needed? NO AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY	YES (SEE PROCEDURE 09.36
☐ PŘIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES 156 Hollowy / MSG Ritt.	
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the students? \(\Delta \) Yes \(\Delta \) No Have all students been notified of the acceptable behavior? \(\Delta \) Yes \(\Delta \) No How have they been notified? Self \(\Delta \) 10/26/23 Signature of Faculty Sponsor Date Signature of Frince EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THE	rules and regulations regarding 1031 202 ipal Date
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE	HE BOARD CHAIRPERSON
Frip has been □ approved □ disapproved. Reason for disapproval □	
Christy	10-27-2m
Signature of Superintendent Designee	Date
Signature of Board Chair	10~30~33 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 REQUESTS DUE TO UNFORESEEN CIRCUMSHANCES THAT MAKE PRIOR BOARD Have all chaperones undergone the required records check and been designated by the principal/designee to Have all students beer potified of the rules and regulations regarding □ NO X YES (SEE PROCEDURE 09.36 AP. X Overnight: give name, address, phone of APPLY TO ATHLETIC TRIPS.) ☐ OTHER Spv of addnowledgment signed For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36. APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON 10-25-23 □ Extracurricular X BOARD FEMALE STUDENTS: 36 SCHOOL: HOPKINSVILLE HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: NICHOLAS JONES □ Organization/Club Trip X Other (athletic, band, if applicable No student shall be denied the trip because of an inability to pay. DESTINATION: BARREN COUNTY HIGH SCHOOL ADDRESS: 507 TROJAN TRAIL, GLASGOW, KY Signature of Principal Date(s) of Trip: <u>10/27/23 - 10/28/23</u> Departure Time: <u>4:30pm</u> Return Time: <u>TBD</u> NOT How have they been Joyffied Hard of □ SCHOOL COUNCIL CERTIFIED CHAPERONES: NICHOLAS JONES, ADDISSON GRIMM, TAYLOR CAPERTON (Does DRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) □ Cocurricular BEING ADDRESSED BY TAKING THIS TRIP? Mode of Transportation: is district transportation needed? □ disapproved. Reason for disapproval □ Within County MALE STUDENTS: 30 PURPOSE/EDUCATIONAL VALUE: KMEA MARCHING BAND CLASSIFIED CHAPERONES: ROSS PENDLETON, TROY JONES BILL TRIP EXPENSES TO:

SPONSORING ORGANIZATION □ CERTIFICATED COMMON CARRIER; SPECIFY □ Under 300 miles Signature of Superintendent Designee On Bell water □ Out of County SOURCE OF FUNDING FOR TRIP: BOARD Signature of Board Chair acceptable behavior? № Yes 🗆 No supervise students? X Yes □ No Signature of Faculty Sponsor AMOUNT OF STUDENT FEE: NA TYPE OF TRIP (CHECK ONE): Related Procedures: NUMBER OF: STUDENTS 66 Trip has been approved □ Classroom Field Trip IS PHONE: 270-651-6315 □ Over 300 miles WHAT STANDARD □ Out of State lodging

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

brown approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOLHHS FACULTY MEMBER(S) SPONSORING TRIPGILLIAM & STALLONS
□ 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 add
lodgingTBD, Murray KY
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
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 ☐ OTHER
Number of: students 10 Male Students 2 Female Students 8
Mode of Transportation: is district transportation needed?
212.) CERTIFICATED COMMON CARRIER; SPECIFY SHARING SCHOOL BUS W/ CCHS FFA
□ Private vehicle, if allowed by policy; specify driver(s)
Certified chaperonesJulie 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 No How have they been notified? Ag Dept Expectations
Signature of Faculty Sponsor Date Signature of Principal Date
DIVIDENCE REQUESTS DUE TO UNEOPEREN CIDCUMSTANCES THAT MAKE THE
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval
(10-17-10)
Signature of Superintendent/Designee Date
Signature of Board Chair
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 111p Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Tradian Hills FACULTY MEMBER(S) SPONSORING TRIP Tipa 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 1:00
PURPOSE/EDUCATIONAL VALUE SCIENCE GM/S
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of Funding For Trip Title 111 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 TOTHER
Number of: students 36 Male Students 22 Female Students 14
Mode of Transportation: is district transportation needed? ☐ no ☑ yes (see procedure 09.36 ap. 212.)☐ Certificated common carrier; specify
CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES NA
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 No How have they been notified of the rules and regulations regarding acceptable behavior? Yes No How have they been notified? Yes No How have they been notified of the rules and regulations regarding acceptable behavior? Yes No How have they been notified? Yes No How have they been
Trip has been approved. disapproved. Reason for disapproval
1/10-2-1
Signature of Superintendent/Designed 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.

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

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL MAK FACULTY MEMBER(S) SPONSORING TRIP MAY CALIDOUN 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 □ EXTRACTION □ PHONE 275 - 886 - 632
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP NOV. 71 DEPARTURE TIME 10.00 RETURN TIME 1.00 PC
Purpose/Educational Value Science demonstrations
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Tills TIL 345 K
SOURCE OF FUNDING FOR TRIP TIVE TIL 345 K AMOUNT OF STUDENT FEE: \$ 3 46 per show 7 shows I shows
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 MALE STUDENTS FEMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN DECYES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES May Callow
CLASSIFIED CHAPERONES GOBOICLA STAINMETZ
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\Delta \) No Have all students been notified of the rules and regulations regarding acceptable behavior? \(\Delta \) Yes \(\Delta \) No How have they been notified? Order 1 0 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 proved disapproved. Reason for disapproval
//min/m/ 11-10-2021
Signature of Superintendent/Designee Date
Signature of Board Chair Date Date Date
The second of state tring approved of the Superintendent and/or Roard may be required by policy U.S. 10.

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

School-Related Student Trip Request Form		
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.		
SCHOOL MILL TOOKE FACULTY MEMBER(S) SPONSORING TRIP GOO'S DONNELL STORE OF TRIP (CHECK ONE):		
Over 300 miles		
DESTINATION HOPKINSVILLE EXPERSION ADDRESS 2850 PEMBYOKE Yd. PHONE 080 - 6328		
Out of State Out of County Within County Overnight: give name, address, phone of lodging		
DATE(S) OF TRIP 11-21-2073 DEPARTURE TIME 10:009.30 RETURN TIME 17:30 1:00		
PURPOSE/EDUCATIONAL VALUE SCIENCE GUYS		
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)		
SOURCE OF FUNDING FOR TRIP TO THE SOURCE OF FUNDING FOR TRIP TO THE SOURCE OF SHOW		
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 77 Male Students 12 Female Students 10		
Mode of Transportation: is district transportation needed? □ no □ yes (see procedure 09.36 ap. 212.) □ Certificated common carrier; specify		
CERTIFIED CHAPERONES OVOCIO DOVORI		
CLASSIFIED CHAPERONES 1		
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? SCOOL DOOK NOTION NOTICE NOTION NOTICE NOTION NOTICE NOT		
Trip has been approved disapproved. Reason for disapproval		
Signature of Superintendent/Designee J 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.		

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

School-Related Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP [] SCHOOL Yembrales TYPE OF TRIP (CHECK ONE): ☐ Extracurricular ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable Classroom Field Trip DESTINATION A LANGE PHONE ☐ Overnight: give name, address, phone of ☐ Within County Out of County ☐ Out of State lodging DATE(S) OF TRIP 1/-17-23 DEPARTURE TIME 8.45 AM RETURN TIME 1/64000 PURPOSE/EDUCATIONAL VALUE Science Lesson - Planets 5 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. ☐ SCHOOL COUNCIL ☐ BOARD □ OTHER BILL TRIP EXPENSES TO:

SPONSORING ORGANIZATION FEMALE STUDENTS NUMBER OF: STUDENTS 7 MALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)□ CERTIFICATED COMMON CARRIER; SPECIFY SM. 661 BUS ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)_ CLASSIFIED CHAPERONES 1205 Have all chaperones undergone the required records check and been designated by the principal/designee to supervise Have all students been notified of the rules and regulations regarding students? Yes I No acceptable behavior? □ Yes □ No How have they been notified? Signature of Principal Signature of Faculty Sponsor Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Related Procedures:

Trip has been approved

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

Signature of Superintendent/Designee

Dem Be

Signature of Board Chair

☐ disapproved. Reason for disapproval

Review/Revised:11/21/13

Date

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

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP (-S) SCHOOL PEMBALIC TYPE OF TRIP (CHECK ONE): ☐ Extracurricular ☐ Under 300 miles ☐ Cocurricular ☐ Over 300 miles Drganization/Club Trip Other (athletic, band, if applicable ☐ Classroom Field Trip DESTINATION LIVE EXTENSION CHARGES 2850 Pembrice Hydre (270) 886-6328 Within County Overnight: give name, address, phone of ☐ Out of County ☐ Out of State lodging 9.30 AMRETURN TIME_ DEPARTURE TIME DATE(S) OF TRIP PURPOSE/EDUCATIONAL VALUE SCIEDO WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOURCE OF FUNDING FOR TRIP AMOUNT OF STUDENT FEE: D-NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. SCHOOL COUNCIL OTHER BILL TRIP EXPENSES TO:

SPONSORING ORGANIZATION FEMALE STUDENTS MALE STUDENTS NUMBER OF: STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO IN YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY_ ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise Have all students been notified of the rules and regulations regarding students? Yes I No acceptable behavior? Yes I No How have they been notified? Signature of Principal Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON ☐ disapproved. Reason for disapproval Trip has been approved Signature of Superintendent Designee Signature of Board Chair 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

STUDENTS 09.36 AP.21
School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOLSINKING FOOK FACULTY MEMBER(S) SPONSORING TRIP MON CO WOWN 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 ☐ Extracurricular ☐ Other (athletic, band, if applicable ☐ DESTINATION ☐ Extracurricular ☐ Other (athletic, band, if applicable ☐ Other ☐ DESTINATION ☐ DE
☐ 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 CONTRETURN TIME 1:00 PM PURPOSE/EDUCATIONAL VALUE SCIENCE CONTRETURE TIME 1:00 PM
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of Funding for trip Sille III 345 K Amount of Student Fee: \$366 per show Z shows should
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 7 MALE STUDENTS 3 FEMALE STUDENTS 4
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
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Have all students been notified of the rules and regulations regarding acceptable behavior? 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 paperoved disapproved. Reason for disapproval
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:

Signature of Board Chair

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

Review/Revised:11/21/13

Date

School-Related Student 1 rip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL South Christian Faculty Member(s) sponsoring trip Jo Anne Brame (ES)
□ Over 300 miles □ Under 300 miles □ Cocurricular □ Extracurricular □ Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable DESTINATION □ HEXTENSION □ ADDRESS □ COCURRICULAR □ PHONE □ PHONE □ SSL - L32
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of
DATE(S) OF TRIP DO 2 DEPARTURE TIME DEPARTURE TIME RETURN TIME Prv
Purpose/Educational Value Science
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of Funding for TRIP TILL 345 K AMOUNT OF STUDENT FEE: \$300 per Show 2 Show Sone 2010
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 Q Q 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 To Anne Brame
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Test No Have all students been notified of the rules and regulations regarding acceptable behavior? Test No How have they been notified? Test No 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
Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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