School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCHS/ CLMS/ HHS/ HMS FACULTY MEMBER(S) SPONSORING TRIP Anthony Darnall 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 WKU ADDRESS PHONE
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 1-4 DEPARTURE TIME 1-4 RETURN TIME 1-6 PURPOSE/EDUCATIONAL VALUE 3rd District Blank Auditions
PURPOSE/EDUCATIONAL VALUE Det 3rd District Bend Audition
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) STUDENTS Selected to Audition for 3 rd District Bank
Source of funding for trip Band
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 FEMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY
The state of the s
CERTIFIED CHAPERONES Anthony DAVABLE CALVIN WAVVEN TIMEOV CAPENTIN GREAT J.
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 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 proved 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 ##\$ \$ CC#\$ FACULTY MEMBER(S) SPONSORING TRIP #. Denail Type of Trip (CHECK ONE): Over 300 miles				
DESTINATION Galf House ADDRESS HO N. 4th st. Jansille Ky PHONE 502-587-5200 Out of State Out of County Within County Overnight: give name, address, phone of lodging Galf House - 140 N. 4th st. Jansville, Ky DATE(S) OF TRIP 2/7 - 2/10 DEPARTURE TIME 8: Dam RETURN TIME 6:00 pm PURPOSE/EDUCATIONAL VALUE KMFA Conference B All State Bans				
DATE(S) OF TRIP 2/7 - 2/10 DEPARTURE TIME 8:00 am RETURN TIME 6:00 pm				
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)				
Source of funding for trip Source 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 FEMALE STUDENTS FEMALE STUDENTS FEMALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY DISTRICT OR PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES A Daniel A. Gromm, C. Wasten				
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 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 papproved disapproved. Reason for disapproval 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

School-Related Student Trip Request For	131
SCBMITTHIS FORM FOUR (4) WEEKS PRIOR TO TAKING T	
SCHOOL HHS FACILITY MEMBER(S) SPONSORING TRIP	Aavan Stallons
Type of Trip (Check one):	
7 XOver 300 miles	Extracumicular Sheakla
DESTINATION LEXINGTON, KM ADDRESS P	HONE
□ Out of State	name, address, phone of
DATE(S) OF TRIP 4/24 - 4/24 (2624) DEPARTURE TIME 12:00 pm 4/24 RF	TURN TIME 5:30pm 4/26
PERPOSE EDUCATION I VALLE Taking Students to tow vavious Equine	Businesses & forms
Many standards related to care safety nutrition, & reproduced soler of undergood related to care safety nutrition, & reproduced soler of undergood related by the contract of the safety nutrition, & reproduced the safety nutrition of the safety nutrition of the safety safety nutrition, & reproduced the safety nutrition of the safety nutrition of the safety safety nutrition of the safety n	wetion specifically to h
AMOUNT OF STUDENT FEE:	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILIT	Y TOPAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL	□ BOARD □ OTHER.
NUMBER OF: STUDENTS 6/7 MALE STUDENTS 2 FEMALE STUD	ENIS 4 (6)
Mode of Transportation: is district transportation needed? In No. X 1	ES (SEE PROCEDURE 09.36
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY: SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES AGVON STAllons (HHS)	
Jake Saworski (ccHS)	
CLASSIFIED CHAPERONES	-
Have all chaperones undergone the required records check and been designated by the p students? A Yes \(\) No Have all students been notified of the rule acceptable betavior? A Yes \(\) No How have they been refused? Farmis \(\) \(es and regulations regarding
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THA APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE	
Trip has been papproved. disapproved. Reason for disapproval	
Signature of Sermendent psigned	1-11-1524 Date
Signature of Board Chair	Date
For overnight and or out-of-state trips, approval of the Superintendent and or Board may be	
Signature of Board Chair For overnight and or out-of-state trips, approval of the Superintendent and or Board may be Related Procedures:	1000

Review Revised:11/21/13

School-Related Student Trip Request Form

SUBMI	T THIS FORM FOUR (4)	WEEKS PRIOR TO TAKEN	THE TRIP.	
SCHOOL HHS	FACULTY M	EMBER(S) SPONSORING TE	Haron .	Stallon
TYPE OF TRIP (CHECK ONE):		1		
Classroom Field Tup	rganization Club Trip	Other (athletic, band, it	Li Extracurrica Famblicable	
DESTINATION MSU CURRIS (Center ADDRESS CU	vris Center, Co-1079 Hurrau	1 HHONE 270 80	9 6921
Out of Stare. A Out of Colodging	sunty Within Co	ounty Overnight	give name, addre	ss, phone of
DATE(5) OF TRIP 03 01 6	2024 DEPARTURE	TIME 7:30 Am	RETURN TIME	3:30 pm
PURPOSE/EDUCATIONAL VALUE	FFA Speakir	ig Contest		
Public Speaking la	DRESSED BY TAKING	THIS TRIP? (DOES NOT	APPLY TO ATHE	EHC IRIPS.)
SOURCE OF FUNDING FOR TRIP	CALCULATION			
AMOUNT OF STUDENT FEE:				
NOSTIDENTS	I M L BE DENIED THE T	REP BECAUSE OF AN INABI	LIIV TOTAY.	
BILL TRIP EXPENSES 10: SPONS			1	OTHER
NUMBER OF: STUDENTS _ 20_	MALE STUDENTS_	10 FEMALES	ILDENTS 10	-
Mode of Transportation: is d ap. 212.) Certificated comb	ISTRICT TRANSPORTATION CARRIER; SPECIFY	BUS (WILL Shar	I YES (SEE PROC	15) 19.36
PRIVATE VEHICLE. CERTIFIED CHAPERONES AMO	IF ALLOWED BY POLIC	Y: SPECIFY DRIVER(S)		
CERTIFIED CHAPERONES AUTO	n stallens, i	Julie Gilliam	, Jake Jaw	OYSKI
Matien Wyati				
CLASSIFIED CHAPERONES				
lave all chaperones undergone the	resoured records chack	and been decimated by th	a principal Jaciena	a fin or mark tran
students? N Yes No	Have all stuc	lents been notified of the	rules and regulation	ons regarding
iccoptable behavior? Yes 🗆 No	/ 1	es been notified? Perm	ission Slip	
Signature of Faculty Sponsor	1/10/2024	andyland	- J-	10-209
EMERGENCY REQUESTS DU	E TO UNFORSEEN	CIRCUMSTANCES TH	IAT MAKE PRI	OR BOARD
APPROVAL IMPOSSIBLE SHO	DULD ALSO HAVE T	THE SIGNATURE OF T	HE BOARD CHA	IRPERSON
Frip has been 🖸 approved 💢 disapp	proved Reason for disapp	roval		
M.	July			
Signature of Superintendent	J. J.	New A	1-11-4	M
signiture of superintentient	LI CALDIEC		Date	•
Signature of Board Chair			Date	
For overnight and or out-of-state	trips, approval of the Sup	perintendent and or Board may	y be required by polic	y (19.36
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 FO	RM TWO (2) WEEKS PRIOR TO TAKING	THE TRIP.	
SCHOOL GATEWAY ACADEMY	F.	ACULTY MEMBER(S) SPONSORING TRIP	John Menult	.y
Type of Trip (CHECK ALL ? ☐ Over 300 miles ☐ Classroom Field Trip	Under 300 miles	☐ Co curricular	Extracurricu	
		ess 1106 East Main Street, Franklist P		
☐ Out of State 💢 Ou	t of County 🔲 🛚	Within County Overnight: give		
DATE(S) OF TRIP FCD 154	and 2nd	DEPARTURE TIME 10:00 9m	RETURN TIME 6	coopm dz feb
Start	END	(Select AM or PM from Dropdown)		PM FROM DROPDOWN)
Purpose/Educational Vai	LUE Weldi	in Competition		
What standard is being a	ddressed by taking	THIS TRIP? (DOES NOT APPLY TO ATH CSSING SKILLS Obtained	DEC CURRIC	ulum
BILL TRIP EXPENSES TO: Solution Structure Stru	SPONSORING ORGANIZ. MALE STU IS DISTRICT TRANS DIMMON CARRIER; SPEC 5, IF ALLOWED BY POL	BE DENIED THE TRIP BECAUSE OF AN IN ATION SCHOOL COUNCIL BOA DENTS Y FEMALE ST SPORTATION NEEDED? SO NO A CIFY DISTRICT VAN ICY; SPECIFY DRIVER(S)	RD DOTHER	
Classified chaperones	-			
Have all chaperones undergo	one the required reco	ords check and been designated by the X Yes No regulations regarding acceptable beh		nee to supervise students Yes No
Faculty/Sponsor Signature		Principal Signature	ight	_
Trip has been paperoved D	mozam	z .		
		erintendent 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.
SCHOOLGAEWAY ACADEMYFACULTY MEMBER(S) SPONSORING TRIPBENJAMIN SMITHBENJAMIN SMITH
X Over 300 miles
□ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable
Destination Bristol Motor Speedway Address 151 Speedway Boulevard Bristol, Tennessee 37620
X Out of State X Out of County
louging. Honday Inn Express 130 Cook Street, Abingdon, Virginia 24210 (276) 477 1200
DATE(S) OF TRIP_FEBRUARY 8-12 DEPARTURE TIME 12 PM 2/8/24 DETURN TRANS (DM 2/11/04)
TURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITION
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (Does NOT APPLY TO ATHLETIC TRIPS. Engineery principles, Problem Solving, Innovative thinking.; Source of funding for trip Robotics SAF Amount of Student Fee: \$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 12 Male Students 10 Female Students 2
Mode of Transportation: is district transportation needed?□ No X yes (see procedure 09.36 ap. 212.)
□ Certificated common carrier; specify
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONESBEN SMITH, ROBERT LEE, SHAWNNA COMBES
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to
supervise students? X Yes □ No Have all students been notified of the rules and regulations regarding
acceptable behavior? X Yes \(\text{No.} \) How have they been notified? Letter home
12/73 Vanua List 12 10 12
Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been
A.
(mi) 1-3-200
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.
To overlight and/or out-or-state trips, approval of the Superintendent and/o- Daniel

RELATED PROCEDURES:

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

11145	FACILI	Y MEMBER SP	ONSORING TRIPL	Juli O	Silliam
SCHOOL: HHO				0	
4/	der 300 miles	Que o-carrio		O Estracumicula	i'
				plicables	1-7510-2301
be Acal cles	- Tulling	111	I D GLO II /X	HIJPE VI) 1302 100 - 1
Conservation (1) (1) of (1)	IBE O WEITH	Course	Overnight give	e name, address	s, phone or
74-28	DEPARTU	RE LIME 0 141	W RE	TER THE A	111
PURPOSE/EDUCTIONAL VALUE	readership	Transp	ng		The second secon
WHAT STANDARD IS BEING ADD all Career ready Source of Funding For TRIP	RESSED BY TAKE	G THIS TRIP	? POOES NOT A	PPLA TO ATHLE	TH TRUS.
all career ready	aptions a	for all	pasnwa	go	
SOURCE OF FUNDING FOR TRIP	Lavec	y			A many A
AMOUNT OF STUDENT LESS					
NO STUDENT SH	ALL BE DENIED TH	E TRIP BECAUS	SE OF AN INABIL I	IY TOPAY.	_/
		ION OSCI	TOOL COUNCIL	O BOARD	ØOTHER
16	MALE STIDENT	1157	FEMALESIL	DENTS 1 BF	
MODE OF TRANSPORTATION: IS D	ISTRICT TRANSPOR	TATION NEEDS	D? ONO VIE	S (SEE PROCEDURE)	19.36 AP. 212.)
O CERTIFICATED COMM	ON CARRIER; SPEC	II. /			
O PRIVATE VEHICLE, IF AL	LOWED BY POLICY	; SPECIFY DRIV	TER(S)	01- 1	
O PRIVATE VEHICLE, IF ALL CERTIFIED CHAPERONES Quel	ii Billi	am/lla	ron ta	llons	0
0					
CLASSIFIED CHAPERONES					
					aa ta cuparvisa
Have all chaperones undergone the	required records c	heck and been o	designated by the notified of the r	principal designe	ons regarding
enudents? Ø Yes O No	Have all	Studethe Cech	hied Write	Control of the Contro	
Oacceptable behavior? O Yes O No	1-4-2	H /	my fall	Tu 1	-5/2024
Guli Gilliam	Date		signature of Princ	ripal	Date
Signature of Faculty Sponsor					
EMERGENCY REQUESTS DU	E TO UNFORES	SEEN CIRCU	MSTANCES TH	HAT MAKE PR	IOR BOARD
APPROVAL IMPOSSIBLE SH	OULD ALSO HA	A C THE SIG:	NATURE OF TH	HE BOARD CH.	AIRLENSON
Trip has been Q approved O disag	proved Reason for	disapproval			
Clan 3m	N			-6-2024	
Signature of Superintende	Designee			Date	
Signature of Superinceme					
			1 =	Date	
Signature of Board Chair For overnight and or out-of-sta	o teles approval of t	he Superintende	nt and or Board m	av be required by p	policy 09.36.
For overnight and or out-of-sta	ie trips, approvat of t	ne Superimente			
RELATED PROCEDURES:				Review Revis	ed-11-21-13
	2 09 36 AP 23			VELIEN VELIE	NAME OF BRIDE PARTY.

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

Page 1 of 1

mo/ cuts will share kus

SCHOOL: HHS/CCHS FACULIA MEMBER SPONSORING TRIP Quela William
Type OF TRIP (CHECK ONE): Victoria Mono
O Over 300 miles O Co-curricular O Extracurricular
· O Classroom Field Trip O Organization Club Trip O Other (athletic, band, if applicable) Farm Machine
DESTINATION Ky expo Center Address PHONE
O Out of State O Out of County O Within County O Overnight give name, address, phone of lodging
DATE(S) OF TRIP 2-15- 2000 2004 DEPARTURE TIME 7:30 AM RETURN TIME 8 PM
PURPOSE/EDUCATIONAL VALLE NOTIONAL FORM Machinem Show
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of Funding for TRIP & a Mec 0
AMOUNT OF STUDENT FEE: 8 Ma (Good money)
NO STODENT SHALL BE DENIED THE TRIP BELAUSE OF AN INABILITY TOPAL.
NUMBER OF: STUDENTS 40+ MALE STUDENTS TBD FEMALE STUDENTS TBD
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO OFFS (SEE PROCLIDERE 09.36 AP. 212.) O CERTIFICATED COMMON CARRIER; SPECIFY
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Mohan Osvoves Garvorki
CLASSIFIED CHAPERONES 10
Have all chape ones undergone the required records check and been designated by the principal designee to supervise students? Yes O No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes O No How have they been notified? WILLER AND LEE DON'S
Signature of Faculty Sponsor Date Signature of Principal Date
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 O disapproved Reason for disapproval
Chmizny - 6-2024
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

Page 1 of 1

agrantare Legislative Page Day
1 - (4) 1/1/. (4)
SCHOOL: HHS FACULTY MEMBER SPONSORING TRIPS JULIU OF LUCION
Fype of Trip (CBECK ONE): O Over 300 miles
O Over 300 miles
DESTINATION State Capital ADDRESS Frankfort KY 406 Commerce 502 - 564-3472
O Out of State Obut of County O Within County O Overnight give name, address, phone of
Indaina N/a
DEPARTURE TIME S. 30 AM RETURN TIME & PIX
PLRPOSE/EDICATIONAL VALLE Meet Clawmakes attend gallery
WHAT STANDARD IS BEING ADDRESSED BY LAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Social Studies, Claderonics, agriculture
SOURCE OF FUNDING FOR TRIP COLVEC
AMOUNT OF STUDENT FEE: S N/9
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD OTHER
NUMBER OF: STUDENTS 6 MALE STUDENTS TBD FEMALE STUDENTS TBD
Mode of Transportation: Is district transportation Needed? One Otes (see procedure 09.36 ap. 212.) (May &
O PRIVATE VEHICLE IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
O PRIVATE VEHICLE IF ALLOWED BY POLICY: SPECIFY DRIVER(S) CERTIFIED CHAPERONES JULIU USILLU'AM
CLASSIFIED CHAPERONES
the state of the s
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Oldes O No Have all students been notified of the rules and regulations regarding
acceptable behavior? O Yea Q No How have they been my field?
Villie Gilliam Inde finde 1-5-2029
Signature of Faculty Sponsor Date Signature of Principal Date
U TAMES THE TAMES PRIOR BOARD
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been Vapproved O disapproved Reason for disapproval
AT 3
1-6-2024
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

Page 1 of 1

SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.

NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

NOTE: DISTRICT WILL NEW STATES	
STUDENTS	09.36 AP.21
School-Related Student Trip Request F	<u>'orm</u>
School-Related Student Trip Request F SCHOOL:	O Extracurricular
Club Twin Of Other (4th letic) hand 1	t applicable)
O Classroom Field Trip O Organization/Club Trip O Other Cameric States DESTINATION Russell Springs Address 2167 US-127 O Out of State V O Other of County O Within County	PHONE 270 a feet by give name, address, phone of
DATE(S) OF TRIP 9/16/24-3/17 DEPARTURE TIME 8:00 A M PURPOSE/EDUCATIONAL VALUE SCHILL STATE SWIND /	RETURN TIME 8:00 SIM
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NO	T APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP	
AMOUNT OF STUDENT FEE; \$	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INA	BILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCE NUMBER OF: STUDENTS MALE STUDENTS FEMALE MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO	L ØBOARD OOTHER STUDENTS 6 52 HCC L VA A
O CERTIFICATED COMMON CARRIER; SPECIFY	
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES	
CLASSIFIED CHAPERONES KEITH WARGUESS, LYNNE (6	
Have all chaperones undergone the required records check and been designated by students? Yes O No Have all students been notified of the acceptable behavior? Yes O No How have they been notified? How have they been notified? Signature of Faculty Sponsor Date Signature of Faculty Sponsor	PARLY + WRITTIN
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF	THAT MAKE PRIOR BOARD THE BOARD CHAIRPERSON
Trip has been approved O 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 Boan	d 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

SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.

NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

NOTE: DISTRICT WILL NEVIEW SIX THE	
STUDENTS	09.36 AP.21
School-Related Student Trip Request F	orm
STUDENTS SCHOOL: HHS / CC HS FACULTY MEMBER SPONSORING TO	P: K. Marquess/ L. Cohn
Over 300 miles O Co-curricular	O Extracurricular
- i cot i m' Orth- fathlatid hand i	fannicable)
O Classroom Field Trip Q Organization/Club Trip Q Other fathlette, band, if DESTINATION Landes Let Peal Under State O Out of State O Out of County O Within County O Vernight:	PHONE 859 257 7940
DESTINATION LANGES HE TEST OF ADDRESS TO COUNTY O Overnight:	give name, address, phone of
DATE(S) OF TRIP 2/22-2/24/24 DEPARTURE TIME GICC Q IM PURPOSE/EDUCATIONAL VALUE STATE Swim MEET	RETURN TIME 9.00 pm
PURPOSE/EDUCATIONAL VALUE STATE Swith MEET	,
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NO	APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP CCPS	
AMOUNT OF STUDENT FEE: \$	_
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INAR	SILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCI	L OBOARD OOTHER
NUMBER OF: STUDENTS MALE STUDENTS FEMALE	STUDENTS 6 - 16.00
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO	VES (SEE PROCEDURE 09.36 AF. 212.)
O CERTIFICATED COMMON CARRIER; SPECIFY	
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES	
CERTIFIED CHAPERONES	
CLASSIFIED CHAPERONES K. Marzuess LOhn	
Have all chaperones undergone the required records check and been designated by students? O Yes O No Have all students been notified of the acceptable behavior? O Yes O No How have they been notified?	194669 14MD IN WEITIN
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF	THAT MAKE PRIOR BOARD THE BOARD CHAIRPERSON
Trip has been approved O disapproved. Reason for disapproval	
C/m33mm	1-6-2024
Signature of Superintendent/Designee	Date
	*
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Boan	d may be required by policy 09.36.
Day of the control of	

RELATED PROCEDURES:

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

Review/Revised: 11/21/13