

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL CCHS/CMS/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 ~ 1-6 DEPARTURE TIME 1-4 RETURN TIME 1-6

PURPOSE/EDUCATIONAL VALUE WKU 3rd District Band Audition

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Students selected to Audition for 3rd District Band

SOURCE OF FUNDING FOR TRIP Band

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 15 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 Anthony Darnall Calvin Warren Taylor Capertine Grant Jones

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? signature

Anthony Darnall 1-3-24 Glenn Carter 1-3-24
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>Chunizong</u> Signature of Superintendent/Designee	<u>1-3-24</u> Date
<u>Tom Bell "kme"</u> Signature of Board Chair	<u>1-3-24</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 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 & CCHS FACULTY MEMBER(S) SPONSORING TRIP N. Jones, A. 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 Galt House ADDRESS 140 N. 4th St. Louisville, KY PHONE 502-587-5200
☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Galt House - 140 N. 4th St. Louisville, KY
DATE(S) OF TRIP 2/7-2/10 DEPARTURE TIME 8:00am RETURN TIME 6:00pmPURPOSE/EDUCATIONAL VALUE KME# Conference & All State 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: —

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 6 MALE STUDENTS 6 FEMALE STUDENTS —MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY District Van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) —CERTIFIED CHAPERONES N. Jones, A. Darnall, A. Grimm, C. WarrenCLASSIFIED 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? Hard Copy Provided

 Signature of Faculty Sponsor [Signature] Date 1/19/24
 Signature of Principal [Signature] Date 1/16/24

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>—</u>	
Signature of Superintendent/Designee <u>[Signature]</u>	Date <u>1-10-2024</u>
Signature of Board Chair <u>—</u>	Date <u>—</u>

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 Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Aaron Stallons

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 Lexington, KY ADDRESS _____ PHONE _____
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging _____
DATE(S) OF TRIP 4/24 - 4/26 (2024) DEPARTURE TIME 12:00pm 4/24 RETURN TIME 5:30pm 4/26PURPOSE/EDUCATIONAL VALUE Taking students to tour various Equine Businesses & farms

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

Many standards related to care, safety, nutrition, & reproduction specifically to horsesSOURCE OF FUNDING FOR TRIP WAVEC

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 ☐ OTHERNUMBER OF STUDENTS 6/7 MALE STUDENTS 2 FEMALE STUDENTS 4 (5)MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36AP. 212.) ☒ CERTIFICATED COMMON CARRIER: SPECIFY District Owned Van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY: SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Aaron Stallons (HHS)Jake Saworski (ECHS)

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding

How have they been notified? Permission SlipSignature of Faculty Sponsor [Signature]Date 1/10/2024Signature of Principal [Signature]Date 1-10-2024

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 1-11-2024

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 HHS FACULTY MEMBER(S) SPONSORING TRIP Aaron Stallens

TYPE OF TRIP (CHECK ONE):

- ☐ 0-200 miles ☒ Under 200 miles ☒ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION MSU Curris Center ADDRESS Curris Center, Co-1079 ^{Murray} _{Idaho} PHONE 270 809 6921

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

DATE(S) OF TRIP 03/01/2024 DEPARTURE TIME 7:30am RETURN TIME 3:30pmPURPOSE EDUCATIONAL VALUE FFA Speaking Contest

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

Public Speaking, Employment SkillsSOURCE OF FUNDING FOR TRIP ~~FFA~~

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 ☐ OTHERNUMBER OF STUDENTS 20 MALE STUDENTS 10 FEMALE STUDENTS 10MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36AP. 212.) ☒ CERTIFICATED COMMON CARRIER: SPECIFY Bus (will share w/ CCHS)☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Aaron Stallens, Julie Gilliam, Jake Jaworski
Mattea Wyatt

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? Permission Slip

[Signature]
 Signature of Faculty Sponsor

1/10/2024
 Date

Andy Campbell
 Signature of Principal

1-10-2024
 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

1-11-2024
 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 TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**

SCHOOL GATEWAY ACADEMY

FACULTY MEMBER(S) SPONSORING TRIP John McNulty**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 Franklin Co, Career and Tech ADDRESS 1106 East Main Street, Frankfort, Ky PHONE-DESTINATION _____

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

DATE(S) OF TRIP <u>Feb 1st and 2nd</u>	DEPARTURE TIME <u>10:00 am</u>	RETURN TIME <u>6:00 PM 02 Feb</u>
START END	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE <u>Welding Competition</u>		
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) <u>Welding Competition addressing Skills obtained per Curriculum</u>		
SOURCE OF FUNDING FOR TRIP _____		

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 4 MALE STUDENTS 4 FEMALE STUDENTS 0MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY District Van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones 1

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? Letter home
 X [Signature]
 Faculty/Sponsor Signature

 X [Signature]
 Principal Signature
Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____
 X [Signature]
 Signature of Superintendent/Designee

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL GAEWAY ACADEMY FACULTY MEMBER(S) SPONSORING TRIP BENJAMIN SMITH

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 Bristol Motor Speedway ADDRESS 151 Speedway Boulevard Bristol, Tennessee 37620
☒ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging: Holiday 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 RETURN TIME 6 PM 2/11/24PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITIONWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Engineering principles, Problem Solving, Innovative thinking;SOURCE OF FUNDING FOR TRIP ROBOTICS SAFAMOUNT 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 ☐ OTHERNUMBER OF: STUDENTS 12 MALE STUDENTS 10 FEMALE STUDENTS 2MODE 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 BEN 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? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Letter homeSignature of Faculty Sponsor [Signature]Date 12/17/23Signature of Principal Penny KnightDate 12-19-23

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 1-8-2024

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: HHS FACULTY MEMBER SPONSORING TRIP: Julie William

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: Kentucky FFA leadership training center ADDRESS: 111 FFA Camp Rd. Hardinsburg PHONE: 270-756-2301

☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight give name, address, phone of lodging: same (FFA Camp cabins)

DATE(S) OF TRIP: June 24-28 DEPARTURE TIME: 8AM RETURN TIME: 2PM

PURPOSE/EDUCATIONAL VALUE: leadership training

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
all career ready options for all pathways

SOURCE OF FUNDING FOR TRIP: Lavac

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: 15 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: Julie William / Aaron Stallons

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? Written
Julie William 1-4-24 Cindy Apple 1-5-2024
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 <input checked="" type="radio"/> approved <input type="radio"/> disapproved Reason for disapproval _____	
<u>Ann Engel</u> Signature of Superintendent Designee	<u>1-6-2024</u> 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

HHS/CCHS will share bus

SCHOOL: HHS/CCHS FACULTY MEMBER SPONSORING TRIP: Julia Gilliam
TYPE OF TRIP (CHECK ONE): Victoria Mohon
☐ Over 300 miles ☒ Under 300 miles ☐ Co-curricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other (athletic, band, if applicable) Farm Machinery Show
DESTINATION: Ky expo center ADDRESS: _____ PHONE: _____
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight (give name, address, phone of lodging) _____
DATE(S) OF TRIP: 2-15-2024 DEPARTURE TIME: 7:30 AM RETURN TIME: 8 PM
PURPOSE/EDUCATIONAL VALUE: National Farm Machinery Show
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Careers, ag technology
SOURCE OF FUNDING FOR TRIP: None
AMOUNT OF STUDENT FEE: \$ n/a (food money)

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: 40+ MALE STUDENTS: TBD FEMALE STUDENTS: TBD

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: Gilliam / Hallens
Mohon / Groves / Javorski
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

Julia Gilliam
Signature of Faculty Sponsor

11/30/23
Date

Andy Adre
Signature of Principal

1-5-2024
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 ☐ disapproved Reason for disapproval: _____

Chris Bny
Signature of Superintendent Designee

1-6-2024
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

Agriculture Legislative Page Day

SCHOOL: HHS

FACULTY MEMBER SPONSORING TRIP

Julie Gilliam

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 State Capital

ADDRESS Frankfort KY 40601

PHONE 502-564-3472

- ☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight give name, address, phone of lodging n/a

DATE(S) OF TRIP Feb 21st

DEPARTURE TIME 5:30 AM

RETURN TIME 8 PM

PURPOSE/EDUCATIONAL VALUE meet lawmakers attend gallery

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

Social Studies, Leadership, Agriculture

SOURCE OF FUNDING FOR TRIP Lavec

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 6 MALE STUDENTS TBD FEMALE STUDENTS TBD

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY

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

CERTIFIED CHAPERONES Julie Gilliam

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?

Julie Gilliam
Signature of Faculty Sponsor

Date

Andy Gifford
Signature of Principal

1-5-2024
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 ☐ disapproved Reason for disapproval

Ann Jorgensen
Signature of Superintendent Designee

1-6-2024
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

09.36 AP.21

STUDENTS

School-Related Student Trip Request Form

School van per King

SCHOOL: HHS/CCPS FACULTY MEMBER SPONSORING TRIP: K. Marguess / L. Cohn

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Russell Springs ADDRESS 2167 US-127 PHONE 270 866 6300
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight give name, address, phone of lodging

DATE(S) OF TRIP 2/16/24 - 2/17 DEPARTURE TIME 8:00 am RETURN TIME 8:00 pm

PURPOSE/EDUCATIONAL VALUE SEMI STATE SWIM MEET

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

SOURCE OF FUNDING FOR TRIP CCPS

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 7 MALE STUDENTS 1 FEMALE STUDENTS 6 SCHOOL VANS

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 KEITH MARGUESS, LYNN COHN

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? VERBALLY & WRITTEN

Lynn Cohn
Signature of Faculty Sponsor

1/4/24
Date

Andy Gille
Signature of Principal

1-5-2024
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 ☐ disapproved. Reason for disapproval

Chris Jones
Signature of Superintendent/Designee

1-6-2024
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

09.36 AP.21

STUDENTS

School van per King

School-Related Student Trip Request Form

SCHOOL: HHS / CCHS FACULTY MEMBER SPONSORING TRIP: K. Marguless / L. Cohen

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 Lancaster Pool UK ADDRESS 416 Complex Rd Lexington PHONE 859 257 7940

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

DATE(S) OF TRIP 2/22 - 2/24/24 DEPARTURE TIME 9:00 am RETURN TIME 9:00 pm

PURPOSE/EDUCATIONAL VALUE STATE SWIM MEET

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

SOURCE OF FUNDING FOR TRIP CCPS

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 7 MALE STUDENTS 1 FEMALE STUDENTS 6

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 K. Marguless, L. Cohen

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

acceptable behavior? ☒ Yes ☐ No

L. Cohen
Signature of Faculty Sponsor

Have all students been notified of the rules and regulations regarding

How have they been notified? VERBALLY AND IN WRITING

1/4/24
Date

[Signature]
Signature of Principal

1-5-2024
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 ☐ disapproved. Reason for disapproval

[Signature]
Signature of Superintendent/Designee

1-6-2024
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