School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Timothy Fwith Vickie Type of Trip (Check one): /
Over 300 miles Under 300 miles Cocurricular Extracurricular
Classroom Field Trip
DESTINATION FORT Campbell X Address Same PHONE
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP April 9, 2024 DEPARTURE TIME 8, 30 G. M. RETURN TIME 3:00 p.M.
Date(s) of Trip April 9, 2024 DEPARTURE TIME 8, 30 G.M. RETURN TIME 3:00 p.m. PURPOSE/EDUCATIONAL VALUE REVIEW JOBS ON GIRO LONG THE DISTARMY
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip JROTC AMOUNT OF STUDENT FEE: \$\frac{\pi_1}{17.00} \tag{fo} \cover \tag{for cover their Urch}
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? \(\sigma \) yes (see procedure 09.36 ap. 212.) \(\sigma \) Certificated common carrier; specify \(\sigma \)
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES 156 Tim Ye wifte
CLASSIFIED CHAPERONES ISG VICKIE PEWITTE
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? No Have all students been notified of the rules and regulations regarding acceptable behavior? Described How have they been notified? Wes—No How have they been notified? Wes—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 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

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS P	RIOR TO TAKING THE TRIP.
SCHOOL <u>CHRISTIAN CO. HS</u> FACULTY MEMBER(S) SPONSO	DRING TRIP_ PAULA GIESEKE
TYPE OF TRIP (CHECK ONE):	
O Over 300 miles O Classroom Field Trip O Organization/Club Trip O Other (icular O Extracurricular (athletic, band, if applicable
DESTINATION FRIST ART MUSEUM	
Address _919 Broadway, Nashville, TN 3720337040	
PHONE (615) 244-3340	
Out of State Out of County Owithin County oldging	
lodging	RETURN TIME 4PM
PURPOSE/EDUCATIONAL VALUEART CLUB FIELD TRIP_	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DO	DES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIPART CLUB	
AMOUNT OF STUDENT FEE: 0	
NO STUDENT SHALL BE DENIED THE TRIP BECAU	USE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SO	
NUMBER OF: STUDENTS 40 MALE STUDENTS 20	
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEED AP. 212.)O CERTIFICATED COMMON CARRIER; SPECIFY_	DED? O NO O YES (SEE PROCEDURE 09.36
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIA	
CERTIFIED CHAPERONES1	
CLASSIFIED CHAPERONES1 MONICA HOLLOWAY_	
Have all chaperones undergone the required records check and been	designated by the principal/designee to supervise
students? O Yes O No Have all students been acceptable behavior? O Yes O No How have they been	1 notified of the rules and regulations regarding
behavior P > 10	notified: _1 crimission sup/ code of deceptable
(1) 1) a Les UK 01-30-24	Ken Cuca 1.31.24
behavior Ol-30-24 Signature of Faculty Sponsor Date	Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCULAPPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIG	MSTANCES THAT MAKE PRIOR BOARD
Trip has been approved O disapproved. Reason for disapproval	
11 2	
Manilar	2-6-cm
Signature of Superintendent/Designee	Date
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintender	
For everingin and/or out-or-state trips, approval of the supermender	it allowed board may be required by policy 03.30.

RELATED PROCEDURES:

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

09.36 AP.21

STUDENTS

10001110	SchoolRelated Student Trip Request Form
	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
TAYLOR GREENFIEI TYPE OF TRIP (CHECK O	
	Under 300 miles
DESTINATIONM 270-809-3495	URRAY STATE UNIVERSITY - CURTIS CENTER ADDRESS1375 CHESTNUT STREET _ PHONE:
☐ Out of State lodging	dout of County □ Within County □ Overnight: give name, address, phone of
DATE(S) OF TRIP_ 11:30	
Purpose/Educational	VALUECOLLEGE FAIR OPPORTUNITIES FOR JUNIORS
VHAT STANDARD IS BEI	NG ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SHOWING STUDENTS TH	A STATE A STATE OF THE STATE OF
OURCE OF FUNDING FO	
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
212.) CERTIFICAT PRIVATE	50 MALE STUDENTS FEMALE STUDENTS THON: IS DISTRICT TRANSPORTATION NEEDED?
Classified	CHAPERONESTAYLOR GREENFIELD
supervise students? — acceptable behavior? — Signature of Faculty: EMERGENCY RECAPPROVAL IMPOS	enfrield How have they been notified? Email Market December 1/30/20
Signature of S	Superintendent/Designey Date
Signature of I	
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.22, 09.36 AP.23

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian County High School FACULTY MEMBER(S) SPONSORING TRIP MSU-Upward Bound
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 Morehead State University ADDRESS 150 University Blvd, Morehead, KY 40351 PHONE (800) 585-6781
☐ Out of State ☑ Out of County ☐ Within County ☑ Overnight: give name, address, phone of lodging Hampton Inn Morehead - 500 Hampton Way, Morehead, KY 40351•(606) 780-0601
DATE(S) OF TRIP March 1-2, 2024 DEPARTURE TIME 8 am RETURN TIME 7 pm
PURPOSE/EDUCATIONAL VALUE To Participate in the 2024 Student Leadership Conference / KY Trio Day
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) To build Leadership and professional skillsets for the for the benefit and representation of CCHS and MSU-UB progra
SOURCE OF FUNDING FOR TRIP Murray State University Upward Bound - Christian County.
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 2 FEMALE STUDENTS 2
Mode of Transportation: is district transportation needed? ☐ NO ☐ YES (SEE PROCEDURE 09.30 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY
☑ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Brittany Trotter
CERTIFIED CHAPERONES Brittany Trotter - MSU UB Coordinator (270)839-6059
CLASSIFIED CHAPERONES Stephen Keene MSU PROGRAM ADVISOR (270) 809-3242
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? Yes \(\Delta \) No How have they been notified? A copy of the code of conduct has been so that they been notified? Signature of Faculty Sponsor Date 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 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.22, 09.36 AP.23

School-Related Student Trip Request Form

		THE OUT ALGEBRA TO THE PROPERTY OF THE PROPERT			
		SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO	TAKING THE TRIP.	
	CHRISTIAN CO. H P (CHECK ONE):	S	FACULTY ME	mber(s) sponsoring tri	P:J. Jaowrski
Over 30	00 miles	□ Under 300 miles	Cocurricular (□ Extracurri	cular
Classro	om Field Trip	□ Organization/Club Trip	□ Other (athletic,	band, if applicable	
, Destination	v: University of	KENTUCKY MAIN CHANCE	Horse Farm		
Address: 26	660 Equine Cam	PUS DRIVE, LEXINGTON, KY	40511	Phone: <u>3</u>	15-730-9744
DATE(S) OF THE PURPOSE/ED CAREERS, AN WHAT STANI SS-AA007 SOURCE OF ITAMICAL AMOUNT	Hotel Lexing Trip: 4/24/24 DUCATIONAL VAL DUCATIONA	FUDENT SHALL BE DENIED TH	Pike Lexing for 1 E Time: 1:00 P.M 4/ VARIOUS ASPECTS OF P? (DOES NOT APPLY EXPERSONAL COMMUN EXPERSONAL COMMUN	CY USSEL 24 RETURN TIME: 6:0 THE EQUINE SCIENCE IN TO ATHLETIC TRIPS.) ICATION (LISTENING, WRITH) N INABILITY TO PAY.	0 PM 4/26 DUSTRY, EXPLORE
	xpenses to: №-sp : students <u>7</u>	ONSORING ORGANIZATION MALE STUDENTS:		DUNCIL DESIGNATION DUNCIL DESCRIPTION BOARD	усотнек
Mode of T	RANSPORTATION:	IS DISTRICT TRANSPORTATION	NEEDED? INO	ÉYES (SEE PROCEDURE O School Von	9.36 ap. 212.)
□ Private v	EHICLE, IF ALLO	WED BY POLICY; SPECIFY DRI	ver(s)		
CLASSIFIED			ds check and been	designated by the prin	ncipal/designee to □ Yes □ No
Have all s	students been no	otified of the rules and re	gulations regarding	acceptable behavior?	□ Yes □ No
Signature of EMERGE	of Faculty Spons NCY REQUES AL IMPOSSIBI	1/18/24	Signatu EN CIRCUMSTA	ure of Principal NCES THAT MAKE	/. 18.24 Date PRIOR BOARD CHAIRPERSON
Trip has bee	n ppproved	□ disapproved. Reason for disa	approval		
Si	gnature of Superi	htenden Designed		1- 23 Date	-2021
	gnature of Board			Date	
For on	vernight and/or ou	t-of-state trips, approval of the	Superintendent and/o	r Board may be required by	policy 09.36.

School-Related Student 111b Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian County High Faculty Member(s) sponsoring trip Samantha Cruz / Maruir Pype of Trip (check one):
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable DESTINATION MUTTAY STATE UNIVERSITY ADDRESS 1375 CHASNUTST. MUTTAY PHONE 270809 301)
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging N/A
DATE(S) OF TRIP 2 28 24 DEPARTURE TIME 6:00 AM RETURN TIME 6:00 PM
PURPOSE/EDUCATIONAL VALUE FBLA REGIONAL LEGGETSHIP CONFESCE COMPETITION
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Perkins Levac Amount of Student Fee: \$25.00 1st event 10.00 additional events
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL DO BOARD OTHER
NUMBER OF: STUDENTS <u>25</u> MALE STUDENTS <u>5</u> FEMALE STUDENTS <u>20</u>
Mode of Transportation: is district transportation needed? Do Yes (see procedure 49.36 Ap. 212.) Certificated common carrier; specify MAYUI HOVILSS—BUS DV IVO
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES Samon Ma CYUZ MOYVIN HOVINGS
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 How have they been notified? How have they been notified? 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
Trip has been proved disapproved. Reason for disapproval
Signature of Superintendent Designee 1-23-250, 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

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOLGAEWAY ACADEMY FACULTY MEMBER(S) SPONSORING TRIPBENJAMIN SMITH BENJAMIN SMITH
☐ Over 300 miles X Under 300 miles ☐ Cocurricular ☐ Extracurricular
□ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable
Destination Shelbyville, Kentucky Address 801 Discovery Boulevard Shelbyville, Kentucky 40065
_Phone
Out of State X Out of County
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: students12 Male Students10 Female Students2
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 CHAPERONES BEN SMITH, ROBERT LEE, SHAWNNA COMBES Penny Knight
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 No How have they been potified? Letter home
22/24 Penny Pringt 2.2.24
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 papproved disapproved. Reason for disapproval
P. —
1/2021
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.

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

K A Sull 2/5/24

School-Re	elated Student Trip Request Form
SUBMIT THIS	FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL GAEWAY ACADEMY TYPE OF TRIP (CHECK ONE):	FACULTY MEMBER(S) SPONSORING TRIPBENJAMIN SMITH_
□ Over 300 miles X Under 30	00 miles Cocurricular Extracurricular
☐ Classroom Field Trip X Organiza	ation/Club Trip Other (athletic, band, if applicable
	RESS 140 N Fourth Street, Louisville, KY 40202
lodging: <u>Hyatt Regency Louisville 32</u> Date(s) of Trip_Feb 29 -March 1_ Purpose/Educational ValueCTE Sh	□ Within County X Overnight: give name, address, phone of 0 W Jefferson St, Louisville, KY 40202 (502) 581-1234 DEPARTURE TIME 3 pm 2/29/24 RETURN TIME 7 PM 3/1/24 HOWCASE DED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
AMOUNT OF STUDENT FEE:	
	BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	GANIZATION
Mode of Transportation: is district to	RANSPORTATION NEEDED? NO X YES (SEE PROCEDURE 09.36 Ap. 212.)
	Y
□ PRIVATE VEHICLE, IF ALLOW	ED BY POLICY; SPECIFY DRIVER(S)
CLASSIELED CHAPERONESBEN SMITH, PER	NNY KNIGHT
CLASSIFIED CHAPERONES Have all chaperones undergone the re	quired records check and been designated by the principal/designee to
	Have all students been notified of the rules and regulations regarding
acceptable behavior? X Yes Do No Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO	How have they been notified? Letter home 2/2/2 Date Signature of Principal UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD LSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Control of the Contro	Reason for disapproval
Signature of Superintendent/Design	Z.b. 2017 Date
Signature of Board Chair	Date
For overnight and/or out-of-state trips, a	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

h +8tell 2/5/24

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. PROVINCE COMMENTAL PROPERTY OF THE PR
Type of Trip (check one):
□ Over 300 miles X Under 300 miles □ Cocurricular □ Extracurricular
☐ Classroom Field Trip X Organization/Club Trip ☐ Other (athletic, band, if applicable
Destination Louisville, Kentucky Address 140 N Fourth Street, Louisville, KY 40202
_Phone
□ Out of State X Out of County □ Within County X Overnight: give name, address, phone
lodging: Hyatt Regency Louisville 320 W Jefferson St, Louisville, KY 40202 (502) 581-1234
DATE(S) OF TRIP FEB 29 -MARCH 1 DEPARTURE TIME 3 pm 2/29/24 RETURN TIME 7 PM 3/1/24
Purpose/Educational ValueCTE Showcase
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 TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER
Number of: students3 Male Students2 Female Students1
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, PENNY KNIGHT
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee
supervise students? X Yes □ No Have all students been notified of the rules and regulations regarding
acceptable behavior? X Yes No How have they been notified? Letter home
2/2/24 Yearn Twicht 2-2-24
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOAR APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been papproved disapproved. Reason for disapproval
Clare of
Signature of Superintendent Designee
Dute
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.

School-Related	Student	Trip	Request	Form
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SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.			
SCHOOLGAEWAY ACADEMY_ FACULTY MEMBER(S) SPONSORING TRIPBENJAMIN SMITH TYPE OF TRIP (CHECK ONE):			
THE OF TRIP (CHECK ONE):			
□ Over 300 miles X Under 300 miles □ Cocurricular □ Extracurricular			
□ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable			
Destination Shelbyville, Kentucky Address 801 Discovery Boulevard Shelbyville, Kentucky 4	10065		
_PHONE	0000		
□ Out of State X Out of County □ Within County X Overnight: give name, address,	shone of		
lodging: _Holiday Inn Express 200 Crescent Avenue, Covington, Kentucky 41011 888 465 4329	Mone of		
DATE(S) OF TRIP MARCH 1-2 DEPARTURE TIME 9 AM 3/1/24 RETURN TIME 10 PM 3/2/24			
Purpose/Educational ValueVEX Robotics Competition			
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC	TRIPS.)		
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 OPERANIZATION	OTHER		
Number of: students12 Male Students10 Female Students2			
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 CHAPERONES BEN SMITH, ROBERT LEE, SHAWANA COMBES Penny Knight	*		
CLASSIFIED CHAPERONES			
Have all chaperones undergone the required records check and been designated by the principal/des	ignee to		
supervise students? X Yes \square No Have all students been notified of the rules and regulations r			
acceptable behavior? X Yes No How have they been notified? Letter home			
2/2/24 Journa Privalt 22	aul		
Date Signature of Finicipal Date			
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO	BOARD N		
Trip has been approved disapproved. Reason for disapproval			
Christian 2:6:mm			
Signature of Superintendent/Designae 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.		
	50.		

School-Related Student 1119 Request Fo.	1111
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING I	71 A A A
SCHOOL TOPKING THE TYPE OF TRIP (CHECK ONE):	SAddion
□ Over 300 miles □ Cocurricular	Extracurricular
□ Classroom Field Trip □ Organization Club Trip □ Other (athletic, band) if an	phlicable
Out of State Out of County Within County Overnight: give lodging N	e name, address, phone of
DATE(S) OF TRIP MOU 10, 2024 DEPARTURE TIME 9:00 AM RE	TIPN TIME 4:0 PM
PERPOSE/EDUCATIONAL YALLE SENIOR POST SECONDARY RE	adines sup
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT A	PPLY TO ATHLETIC TRIPS.)
Source of funding for trip	
AMOUNT OF STUDENT FEF:	
NO STUDENT SHALL BE DESIED THE TRIP BECAUSE OF AN INABILIT	Y 1014Y.
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL	□ BOARD □ OTHER
NUMBER OF: STUDENTS FEMALE STU	DENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO 12 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY.	
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES KATE TUMENTON, JOSICA HULL ANTHONY HOLLOWAY, Shelly (add, Deborah Ca CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the pstudents? A Yes A No Have all students been notified of the rule acceptable behavior? A Yes No How have they been notified? How have they have have have they been notified? How have they been notified? How have they have have have have have have have have	les and regulations regarding Subtlem & Class Learn 27-34 al Date T. MAKE PRIOR BOARD
Trip has been Dapproved	
Signature of Superintendent Designee	2-7-220 Date
Signature of Board Chair	Date
For overnight and or out-of-state trips, approval of the Superintendent and or Board may be	e 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	m
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING I	
SCHOOL Hopking Oc High School FACULTY MEMBER(S) SPONSORING TRIP Type of TRIP (CHECK ONF):	Lisa Roberts C. Shay
Over 300 miles Under 300 miles Cocurricular Classroom Field Trip Organization Club Trip Other (athletic, band, if an DESUNATION MUSCOLUSTED MANY ADDRESS 13.75 Chesned St.	mbeable
DESTINATION Murray State Univ. Address 1375 Chosned St. F. Out of State De Out of County Within County Overnight: give lodging	hamel address, phone of
DATE(S) OF TRIP March 7 , 2024 DEPARTURE TIME 8:30 honto REPURPOSE/EDUCATIONAL VALUE	TURN TIME 1815-1000
PURPOSE/EDUCATIONAL VALUE	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT A	PPLY TO ATHLETIC TRIPS.)
Source of Funding For Trip HHS/CCHS youth Services Jundo	
NO STUDENT SHALL, BE DENIED THE TRIP BECAUSE OF AN INABILE	Y TOPAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL	
NUMBER OF: STUDENTS 60-HH5 MALE STUDENTS FEMALE STU	DENTS
Mode of Transportation: is district transportation needed? □ no □ AP. 212.)□ Certificated common carrier; specify	YES (SEE PROCEDURE 09.36
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES USA Robert Shauma Johnson Katu Haruston	
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the p students? Yes \(\text{No} \) Have all students been notified of the rule acceptable behavior? Yes \(\text{No} \) How have they been notified? How have they been notified? Date Signature of Procing the required records check and been designated by the p students? Have all students been notified of the rule acceptable behavior? Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT	J-7-24 pal Dute T 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	2.7-200 Date
Signature of Board Chair For overnight and or out-of-state trips, approval of the Superintendent and or Board may be	Date e required by policy 09.36.
Related Procedures:	

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

TOTAL CONTROL OF THE
SCHMELTHIS FORM FOLK (4) WEEKSTRIOR TO LIKEVE THE CHIP.
Type OF TRIP CHECK ON 1:
Disposition and the Company of the C
DESTRUTION MOVING State University 1375 Chest not Monthly 800-272-4678
PURPOSE EDUCATION IN LEADERSHIP & employebility Skills
MINI STANDARD IN BLING ADDRESSED BY TAKING THIS TROP? (DOES NOT APPLY TO MINISTER TROPS) Employability Skills, Leadership, Career Readiness SOURCE OF FLADING FOR TRIP LAVEC AMOUNT OF STUDENT FEE: 300
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BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COLNCIL BOARD KOTHER LAVE NUMBER OF: STUDENTS S MALE STUDENTS 6 FEMALE STUDENTS 9
Mode of Transportation: Is district transportation needed? In 1975 (SEE PROCEDURE 199.36 AP. 212.) Certificated common carrier; specify Marvin Harness Bus curver
CERTIFIED CHAPERONES Deborah Couther US.
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designer to supervise students? Dives Dive Have all students been notified of the rules and regulations regarding acceptable behapior? Dives Dive How have they been notified? Description Date 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
Trip has been 🗆 approved – 🗆 disapproved. Reason for disapproval
Signature of Superintendent Designee Date
Signature of Board Chair For overnight and or out-ori-state trips, approval of the Superintendent and or Board may be required by policy on 3n
Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 Review Revised:11 21 13

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FACTLIS MEMBER SPONSOPING IPIP Gulu Dilliam SCHOOL: HIH TYPE OF TRIP (CHECK ONE): Onder 300 miles d Extracurricular O Co-curricular O Over 300 miles O Organization Club Trip O Other (athletic, band, if applicable) O Classroom Field frip DESTINITION MUNTALY State ADDRESS 102 Curris Center PHINE 800-272-4678 O Within County O Overnight give name, address, phone of O Out of State lodging DATE(S) OF TRIP MOULH 4th DEFARTURE TIME 8AM RETERNTIME 4PM PERPOSE/EDICATIONAL VALLE Town, meeting w/ department advisors for 65en/or WHAT STANDARD IS BEING ADDRESSED BY TAKING THE TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOURCE OF FLADING FOR TRIP HHS HOY AMOUNT OF STUDENT FEE: S NO STUDEND HALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY BILL TRIP EXPENSES TO: PONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD OOTHER FEMALE STUDENTS NUMBER OF: STUDENTS MALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ON ONE SEE PROCEDURE (19.36 SP. 212.) O CERTIFICATED COMMON CARRIER; SPECIFY Lahor Van if a vallable OPRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES July Gilliam 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? O Yes O No How have they been how ifie acceptable behavior, O Yes O No

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

has been O'approved O disapproved Reason for disapproval	
(fright	1.4.4
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 09.5

RELATED PROCEDURES:

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

Review Revised: 11-21-13

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STUDENTS 09.36 AP.21 School-Related Student Trip Request Form

Submit this form Four (4) Weeks prior to taking the trip.

SCHOOL Pembroke Elementary FACULTY MEMBER(S) SPONSORING TRIP Lindsay Christopher (ESL)
Type of Trip (check one):
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable DESTINATION The Homeplace and Elk & Bison Prairie in LBL PHONE (931) 232-6457
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP Wednesday, March 20, 2024 (3/20/24) DEPARTURE TIME Between 8:30-9:00PM RETURN TIME
1:30-2:00PM PURPOSE/EDUCATIONAL VALUE Students will see what life was like in the United States back in
<u>the 1850s.</u>
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) 8.E.KE.1 Explain how regional trends and policies impacted Kentucky's economy prior to the Civil War. 8.E.KE.2 Explain how the availability of resources in Kentucky led people to make economic choices from the Colonial Era to Reconstruction from 1600-1877.
SOURCE OF FUNDING FOR TRIP Title III 345 K
AMOUNT OF STUDENT FEE: Elk & Bison Prairie - \$5 per vehicle: Homeplace - \$5-7 per person
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \Box SPONSORING ORGANIZATION \Box SCHOOL COUNCIL \Box BOARD \Box OTHER NUMBER OF:
STUDENTS 23 MALE STUDENTS 13 FEMALE STUDENTS 10
Mode of Transportation: is district transportation needed? \square no \square yes (see procedure 09.36 ap. 212.) \square Certificated common carrier; specify School bus w/ undercarriage
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Lindsay Christopher
CLASSIFIED CHAPERONES Vickie Perry
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No How have they been notified? Signature of Faculty Sponsor Date Signature of Principal Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval
Signature of Superintent/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.