

**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 THE WESTIN BUCKHEAD ATLANTA ADDRESS 3391 Peachtree Road NE Atlanta, GA 30326 PHONE 404-365-0065

- ☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
THE WESTIN BUCKHEAD ATLANTA 3391 Peachtree Road NE Atlanta, GA 30326 404-365-0065

 DATE(S) OF TRIP April 26 -27, 2024 DEPARTURE TIME 8 am RETURN TIME 7 pm
PURPOSE/EDUCATIONAL VALUE To Participate in the 2024 Regional Trio Scholars Bowl
 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 program.
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    ☐ OTHERNUMBER OF: STUDENTS 2 MALE STUDENTS 2 FEMALE STUDENTS 0
 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) Brittany TrotterCERTIFIED CHAPERONES Brittany Trotter - MSU UB Coordinator (270)839-6059

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? A copy of the code of conduct has been sent.

Brittany Trotter 4/9/24    Paul + Brittan 4/9/24  
 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 ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_Chris Jones  
Signature of Superintendent/Designee4-10-2024  
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.22, 09.36 AP.23

Review/Revised:1/15/09

STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL Christian County High FACULTY MEMBER(S) SPONSORING TRIP Samantha Cruz / Marvin Harness

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 Sound Waves ADDRESS 2800 Opryland Dr. Nashville, TN 37214 PHONE 615 889 1000  
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging none

DATE(S) OF TRIP 05/06/24 DEPARTURE TIME 7:00 am RETURN TIME 5:00 pm

PURPOSE/EDUCATIONAL VALUE FBLA Year end student award trip.

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
AA3, EB2, EB3, EC3, EN1.

SOURCE OF FUNDING FOR TRIP FBLA

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 46 MALE STUDENTS 23 FEMALE STUDENTS 23

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 Samantha Cruz, Marvin Harness

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? permission form & verbal

S. Cruz  
Signature of Faculty Sponsor

3/27/24  
Date

Yvonne Cuddy  
Signature of Principal

3.21.24  
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 \_\_\_\_\_

Christina Jones  
Signature of Superintendent/Designee

4.9.2024  
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 FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP : M. WYATT

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: CHRISTIAN COUNTY HOME AND GARDEN EXPOADDRESS: 2850 PEMBROKE ROAD HOPKINSVILLE, KENTUCKY 42240PHONE: (270)-886-6328

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

Not an overnight tripDATE(S) OF TRIP: 4/12/24DEPARTURE TIME: 12:00 PM ON 4/12/24 RETURN TIME: 3:30 PM ON 4/12/24PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO SELL THE PLANTS THEY HAVE GROWN IN THE GREENHOUSE OVER THE SEMESTER TO THE PEOPLE OF THE COMMUNITY.

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

SS- EA1 EXPLAIN THE IMPORTANCE OF PRIDE AND CONFIDENCE ABOUT WORK AND LEARNING NEW TASKSSOURCE OF FUNDING FOR TRIP: CCHS FFA SAFAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      ☐ OTHERNUMBER OF: STUDENTS 4      MALE STUDENTS 2      FEMALE STUDENTS 2MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO      ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY SCHOOL VAN☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S);CERTIFIED CHAPERONES MATTEA WYATT

CLASSIFIED CHAPERONES \_\_\_\_\_

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Acceptable Behavior, Permission Slip

Mattea Wyatt      3-13-24      Robert A. Bane      3/14/24  
 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>Chris</u> Signature of Superintendent/Designee	<u>3-18-2024</u> Date
<u>Tom Bell "X"</u> Signature of Board Chair	<u>3-19-24</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

*emergency approved*

**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 : M. WYATT

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: DOWNTOWN CITY OF HOPKINSVILLEADDRESS: 198 W 9TH ST, HOPKINSVILLE, KY 42240PHONE: (270)-498-1555

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

Not an overnight tripDATE(S) OF TRIP: 4/22/2024DEPARTURE TIME: 10:00 AM ON 4/22/2024 RETURN TIME: 2:30 P.M. ON 4/22/2024

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO ASSIST THE BEAUTIFICATION OF HOPKINSVILLE DIRECTOR REMOVE WINTER PLANTS AND PLANT SUMMER ONES. THE STUDENTS WILL GET TO ASSIST THE COMMUNITY AND GIVE BACK. THEY WILL ALSO BE MEETING A HORTICULTURE BASED CAREER IN CITY GOVERNMENT.

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

SS-EK3 IDENTIFY AND SEEK VARIOUS WORK EXPERIENCE OPPORTUNITIES, E.G., VOLUNTEERISMSS- EA1 EXPLAIN THE IMPORTANCE OF PRIDE AND CONFIDENCE ABOUT WORK AND LEARNING NEW TASKSSOURCE OF FUNDING FOR TRIP: CCHS FFA SAFAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      ☐ OTHERNUMBER OF: STUDENTS 14      MALE STUDENTS 5      FEMALE STUDENTS 9MODE 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 MATTEA WYATT

CLASSIFIED CHAPERONES \_\_\_\_\_

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Acceptable Behavior, Permission Slip

Matt Wyatt      3-13-24      Robert Bunn      3/14/24  
 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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chunfeng</u> Signature of Superintendent/Designee	<u>3-18-2024</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.



09.36 AP.21

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

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

X Out of State      X Out of County      ☐ Within County      X Overnight: give name, address, phone of  
lodging: Dallas Omni 555 S Lamar St, Dallas, TX 75202

**PURPOSE/EDUCATIONAL VALUE \_\_ VEX ROBOTICS COMPETITION**

SOURCE OF FUNDING FOR TRIP ROBOTICS SAF

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

NUMBER OF: STUDENTS 8 MALE STUDENTS 8 FEMALE STUDENTS 0

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

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

CERTIFIED CHAPERONES BEN SMITH, ROBERT LEE,

**CLASSIFIED CHAPERONES**

acceptable behavior? X Yes ☐ No

Have all students been notified of the rules and regulations regarding

acceptable behavior? ☒ Yes ☐ No

How have they been notified? Letter home

Signature of Faculty Sponsor

3/13/24  
Date

Signature of Principal

3-20-24  
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 of Superintendent/Designee*

3-22-2024  
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.

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

Review/Revised:11/21/13

STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL 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 Kay Bailey Hutchison Convention Center Dallas ADDRESS 650 S Griffin St, Dallas, TX 75202

☒ Out of State      ☒ Out of County      ☐ Within County      ☒ Overnight: give name, address, phone of lodging: Dallas Omni 555 S Lamar St, Dallas, TX 75202

DATE(S) OF TRIP APRIL 22-29 DEPARTURE TIME 4 pm 4/22 RETURN TIME 4 PM 4/29

PURPOSE/EDUCATIONAL VALUE VEX 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 ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      ☐ OTHER

NUMBER OF: STUDENTS 8 MALE STUDENTS 8 FEMALE STUDENTS 0

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 BEN SMITH, ROBERT LEE,

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? Letter home

[Signature]  
Signature of Faculty Sponsor

3/13/24  
Date

[Signature]  
Signature of Principal

3-20-24  
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

4-3-24  
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

[Signature] 3/25/24

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 REQUESTING TRIP

Julia Gilliam

TYPE OF TRIP (CHECK ONE)

☐

☐

DESTINATION MSA

ADDRESS 2102 College Fm Rd.

PHONE 270-809-3125

DEPART DATE April 17, 2024 DEPARTURE TIME

RETURN TIME 3:00pm

TRIP GOAL/EDUCATIONAL VALUE Career Development Events

WHICH STANDARD IS THIS ADDRESSING? (CHECK ALL THAT APPLY) (DOES NOT APPLY TO ALL OF THE TYPES)

all of them

SOURCE OF FUNDING FOR TRIP

ADDITIONAL STUDENT FEE 0

NO STUDENT SHALL BE LEFT OUT OF THE TRIP DUE TO A DISABILITY

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

NUMBER OF STUDENTS 40 ADULT STUDENTS TBD TEACHER STUDENTS TBD

MODE OF TRANSPORTATION (IS DISTRICT TRANSPORTATION NEEDED?) ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP.212) ☐ CERTIFIED ATEC COMMON CARP REQUEST BY

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

CERTIFIED DRIVER(S) Gilliam/Stallons

CLASSIFIED MATERIALS

By checking this box, I certify that I have read and understand the proposed design and layout of the trip and have approved it. ☒ Yes ☐ No

Julia Gilliam  
Signature of Faculty Sponsor

3/22/24  
Date

Andy Wright  
Signature of Principal

3-22-24  
Date

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

<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Forward to Board</p> <p><u>Chris J...</u> Signature of Superintendent/Designee</p> <p><u>Tom Bell "Kore"</u> Signature of Board Chair</p>	<p><u>3-22-24</u> Date</p> <p><u>3-22-24</u> Date</p>
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Related Procedures:

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

Review Revised 11.21.13

Emergency Approved



School Related Student Trip Request FormSCHOOL  
TYPE OF TRIP

LMS

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

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

DESTINATION DESTIN, FL ADDRESS FLORIDA BEACH BAY - PHONE \_\_\_\_\_

☒ Out of State    ☐ Out of County    ☐ Within County    ☐ Overnight: give name, address, phone of lodging  
COMMANDERS PALACE 4518 LUKE AVE. DESTIN, FL

DATE(S) OF TRIP 3/30 - 4/6/24 DEPARTURE TIME 6:00am RETURN TIME 6:00 PMPURPOSE/EDUCATIONAL VALUE GAMES PLAYED

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

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

AMOUNT OF STUDENT FEE: \_\_\_\_\_

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHER  
 NUMBER OF: STUDENTS 15 MALE STUDENTS 15 FEMALE STUDENTS \_\_\_\_\_

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)  
☒ CERTIFICATED COMMON CARRIER; SPECIFY 2- VANS FROM DISTRICT

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES MALCOLM TIPPLER, BLAKE LERCHCLASSIFIED CHAPERONES None

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

Signature of Faculty Sponsor [Signature]Date 3/27/24

Have all students been notified of the rules and regulations regarding  
 How have they been notified? Meeting & Signed Documents

Signature of Principal [Signature]Date 3-27-24

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 _____	
Signature of Superintendent/Designee <u>[Signature]</u>	Date <u>4-8-24</u>
Signature of Board Chair <u>Tom Bell "unc"</u>	Date <u>4-3-24</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

Review/Revised: 11/21/13

Emergency approvedVehicle Request Form

School \_\_\_\_\_ Faculty Member(s) sponsoring trip \_\_\_\_\_