

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL * CHS

FACULTY MEMBER(S) SPONSORING TRIP

Shawna Major
Isabel Hutchison
Taylor Greenfield

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 APSUADDRESS 601 College St Clarksville ONE-DESTINATION 931-221-7011

- ☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
TN 37044

DATE(S) OF TRIP 10-31-25DEPARTURE TIME 8:30*RETURN TIME 2:00

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Postsecondary Success

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

College Career Exploration

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 40 MALE STUDENTS 20 FEMALE STUDENTS 20MODE 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 Taylor Greenfield, Isabel Hutchison, Shawna Major

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? ParentsquareTaylor Greenfield
Faculty/Sponsor SignatureDiana Brown
Principal SignatureTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Clint Jones

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

SchoolRelated Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP 3Mr. Scudder
Mr. Smith
Ms. Crick

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 Murray (MSU)ADDRESS 1201 Jones HallPHONE-DESTINATION 270-809-2584

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

DATE(S) OF TRIP 11/13 - 11/13
START ENDDEPARTURE TIME 6:30 *
(SELECT AM OR PM FROM DROPDOWN)RETURN TIME 3:15 *
(SELECT AM OR PM FROM DROPDOWN)PURPOSE/EDUCATIONAL VALUE HS-PST-1 Chemistry Tournament Element C5

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

HS-PST-1SOURCE OF FUNDING FOR TRIP SAF

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER _____NUMBER OF: STUDENTS _____ MALE STUDENTS _____ FEMALE STUDENTS 0MODE 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 3

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? Verbal and Canvas AnnouncementSteven V. Scudder 9/26/2025
Signature of Faculty Sponsor DateJ. Ben Kern 9-26-25
Signature of Principal DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Channing
Signature of Superintendent/Designee9-29-2024
Date

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

NOTE: SIGNATURES, DATES & ADA MUST BE HANDWRITTEN AFTER FORM IS PRINTED

LOST ADA (Extracurricular only): _____ X _____ X \$21 = _____ (number of students multiplied by the number of school days missed multiplied by the ADA)

RELATED PROCEDURES: 09.36 AP.211, 09.36 AP.212, 09.36 AP.22, 09.36 AP.23

Review/Revised:7/18/2002

School-Related Student Trip Request Form

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

SCHOOL District Wide FACULTY MEMBER(S) SPONSORING TRIP Jennifer Starks

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 First Baptist Eddyville ADDRESS 216 Jenkins Rd Eddyville KY PHONE (270) 987-7101

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

DATE(S) OF TRIP 11/17/25 DEPARTURE TIME 8:15 RETURN TIME 2:00PURPOSE/EDUCATIONAL VALUE Adaptive PE for visually impaired

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

Expanded Core Curriculum for Students with visual impairmentsSOURCE OF FUNDING FOR TRIP Special EducationAMOUNT 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 6 MALE STUDENTS 4 FEMALE STUDENTS 2MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY requesting van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Jennifer StarksCLASSIFIED CHAPERONES TBD

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 of Faculty Sponsor Jennifer StarksDate 8/26/25Signature of Principal [Signature]Date 9/3/25

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 9-16-2025

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean

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 Alhambra Theatre ADDRESS 507 S Main St PHONE 270-887-4295

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

DATE(S) OF TRIP Oct. 29, 2025 DEPARTURE TIME 11:30am RETURN TIME 1:30pm

PURPOSE/EDUCATIONAL VALUE live performance

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

SOURCE OF FUNDING FOR TRIP Students
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 18 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 _____

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? Class discussion

Tracy Bean
Signature of Faculty Sponsor

9/24/25
Date

Andy Cerny
Signature of Principal

10/1/25
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 _____

Andy Cerny
Signature of Superintendent/Designee

10-8-25
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



E-MAILED

8/19/25 (C)

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean

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 Alhambra Theatre ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 12/11/25 DEPARTURE TIME 9:00am RETURN TIME 10:30

PURPOSE/EDUCATIONAL VALUE live performance

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

SOURCE OF FUNDING FOR TRIP Choir SPDM for bus

AMOUNT OF STUDENT FEE: \$5.00

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 10 MALE STUDENTS 1 FEMALE STUDENTS 9

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 Tracy Bean

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

Signature of Faculty Sponsor Naughton

Date 8/18/25

Signature of Principal Cindy Caylor

Date 8/19/25

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 Chris Zup

Date 9-23-25

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Tracy Blain

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 Barkley Lodge ADDRESS 3500 State Park Rd, Cedar PHONE 270-924-1131

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

DATE(S) OF TRIP 12-12-25 DEPARTURE TIME 4 pm RETURN TIME 9 pm

PURPOSE/EDUCATIONAL VALUE Provide entertainment at a Christmas Party

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

SOURCE OF FUNDING FOR TRIP SBSM - Choir

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 TBA 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 Tracy Blain

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? Class discussion

Tracy Blain
Signature of Faculty Sponsor

9-17-25
Date

Andy Kessler
Signature of Principal

9/23/25
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 Gony
Signature of Superintendent/Designee

9-25-2025
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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP N. JONES

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 UT CHATTANOOGA ADDRESS 615 MCCALLIE AVE. CHAT TANOOGA, TN 37404

PHONE:

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Holiday Inn 434 Chestnut Chattanooga TN 37402

DATE(S) OF TRIP: 10/3-10/4 DEPARTURE TIME: 7PM RETURN TIME: 11PM

PURPOSE/EDUCATIONAL VALUE: BAND COMPETITION

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

SOURCE OF FUNDING FOR TRIP: BAND SAF

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: 80 MALE STUDENTS: 40 FEMALE STUDENTS: 40

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

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

CERTIFIED CHAPERONES _____

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No How have they been notified? Hand copy and parent square

Signature of Faculty Sponsor [Signature]

Date 9/17/25

Signature of Principal [Signature]

Date 9/22/25

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 9-23-25

Signature of Board Chair Tom Bell "Kne"

Date 9-23-25

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] 9/23/25

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 FACULTY MEMBER(S) SPONSORING TRIP: Deborah Cauthen
TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles ☐ Under 300 miles ☒ Vocational ☒ Extracurricular
☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other Athletic, band, if applicable
DESTINATION Titans Stadium ADDRESS 1 Titans PHONE _____
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP October 19, 25 DEPARTURE TIME 9:00 AM RETURN TIME 10:00 PM
PURPOSE/EDUCATIONAL VALUE Sports & Entertainment Marketing
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Promotion, Advertising, Customer Service
SOURCE OF FUNDING FOR TRIP FBLA
AMOUNT OF STUDENT FEE: \$30

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 20 FEMALE STUDENTS 20

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 Deborah Cauthen Whitney Frost

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required record 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 Written

Signature of Faculty Sponsor [Signature]

Date 8-20-25

Signature of Principal [Signature]

Date 8/22/25

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 9-19-2025

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Deborah Cauthen

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 Titans Stadium ADDRESS 1 Titans PHONE 615-565-4284

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

DATE(S) OF TRIP October 28, 2025 DEPARTURE TIME 6:30 AM RETURN TIME 5pm

PURPOSE/EDUCATIONAL VALUE Career Readiness & Employability Skills

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

SOURCE OF FUNDING FOR TRIP LAVEC

AMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER LAVEC

NUMBER OF STUDENTS 35 MALE STUDENTS 17 FEMALE STUDENTS 18

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 Deborah Cauthen

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 the trip? ☒ Yes ☐ No
How have they been notified? yes written

Debra Cauthen
Signature of Faculty Sponsor

8-28-25
Date

Andy Kopp
Signature of Principal

8/29/25
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

Christy
Signature of Superintendent/Designee

9-19-2021
Date

Christy
Signature of Board Chair

9-19-2021
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



E-MAILED

8/19/25 (C#)

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean

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 Alhambra Theatre ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP Sept. 24 DEPARTURE TIME 8:30 RETURN TIME 11:15

PURPOSE/EDUCATIONAL VALUE performance (live)

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

SOURCE OF FUNDING FOR TRIP choir SBDM
AMOUNT OF STUDENT FEE: \$ 5.00

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER
NUMBER OF STUDENTS 10 MALE STUDENTS 1 FEMALE STUDENTS 9

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 Tracy Bean

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal to supervise students? ☐ Yes ☒ No
Have all students been notified of the rules and regulations regarding acceptable behavior? ☐ Yes ☒ No

Signature of Faculty Sponsor Tracy Bean Date 8/18/25
Signature of Principal Cindy Geller Date 8/19/25

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 <u>Chris J...</u>	Date <u>9-19-25</u>
Signature of Board Chair <u>Tom Bell "Kme"</u>	Date <u>9-19-25</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

Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

S. Christian

SCHOOL Freedom, Sinking Fork FACULTY MEMBER(S) SPONSORING TRIP Lindsay Christopher

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 Customs House Museum ADDRESS 200 S. 2nd St. PHONE (931) 648-5780☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging _____DATE(S) OF TRIP Nov. 13, 2025 DEPARTURE TIME 8:30 am RETURN TIME 12:45 pmPURPOSE/EDUCATIONAL VALUE study of Wilma Rudolph (conclusion of study)

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

K.C.RR.1 and K.C.PP.2SOURCE OF FUNDING FOR TRIP Parents 15 WK/ELAMOUNT OF STUDENT FEE: \$0.00

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 24 MALE STUDENTS 16 FEMALE STUDENTS 8MODE 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 Lindsay Christopher, Mary CalhounHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ Noacceptable behavior? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding How have they been notified? In class discussion

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

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