School-Related Student Trip Request Form

_	SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. Shows Way CV
SCHOOL * CEHS	THAT APPLY): Taylor Greentield
Type of Trip (CHECK ALL	THAT APPLY): laylor Greentield
Over 300 miles	Under 300 miles Co curricular Extracurricular
Classroom Field Trip	
DESTINATION APSO	ADDRESS 601 Colleges + Clarks Theone-Destination931 - 221 - 701 It of County
DATE(S) OF TRIP 10-31	1-25 DEPARTURE TIME 8-30 RETURN TIME 2.00
START	END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VA	LUE Postsecondary Success
WHAT STANDARD IS BEING A LONGEY CONCER	DORESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TH	RIP
No	STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
r c	SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
	MALE STUDENTS 20 FEMALE STUDENTS 20
MODE OF TRANSPORTATION	: IS DISTRICT TRANSPORTATION NEEDED? NO Eyes (SEE PROCEDURE 09.36 AP. 212.)
☐ CERTIFICATED (COMMON CARRIER; SPECIFY
☐ PRIVATE VEHIC	LE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones	C. A. N. Tanka Matalais and Charles and Marians
Classified chaperones 1000	per Greenfield, Isober Hotchison, Maura Majer
Have all chaperones undergo	ne the required records check and been designated by the principal/designee to supervise students? No
	d of the rules and regulations regarding acceptable behavior? 🔀 Yes 🗌 No
How have they been notified?	tarent square
Faculty/Sponsor Signature	100mfuld X Dura brun Principal Signature
Trip has been approved approved approved	lisapproved. Reason for disapproval
.45	s, approval of the Superintendent and/or Board may be required by policy 09.36.

SchoolRelated Student Trip Request Form

	Sensorite State St
	SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. Mr. Saith
	SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP 3
	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 MUMBY (MSW) ADDRESS 1201 Joses Hall PHONE-DESTINATION 270-809-2584
	Out of State Out of County Within County Overnight: give name, address, phone of lodging
	——————————————————————————————————————
	DATE(S) OF TRIP $\frac{11}{3}$ DEPARTURE TIME $\frac{6:30*}{15*}$ RETURN TIME $\frac{3:15*}{15*}$
	START END (SELECT AM) R PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
	PURPOSE/EDUCATIONAL VALUE #5-PSI-1 Chemistry Toulnament Element Cs
	WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DUES NOT AFTER TO ATHLETIC TRIPS.)
HS-	PSI-1
	SOURCE 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 $\underline{0}$
	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 3
	Classified chaperones
	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?
	How have they been notified? Verbal and Carvas Announce ment,
	Mere V.Sindle 9/26/2025 Dearton 9-26-25
	Signature of Faculty Sponsor Date Signature of Principal Date
	Trip has been approved disapproved. Reason for disapproval
	Trip has been [2] approved [1] disapproved. Reason for disapproval
	Signature of Superintendent/Designee 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 X21 = (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-Rela	ited Student Trip Request	Form
	SUBMIT THIS F	ORM FOUR (4) WEEKS PRIOR TO TAK	ING THE TRIP.
SCHOOL 1	istact Wide (CHECK ONE):	FACULTY MEMBER(S) SPONSORING	TRIP Jennifer Starks
☐ Over 300 ☐ Classroon DESTINATION	omiles ☐ Under 300 m Field Trip ☐ Organizat First Baptist Eddyvill	omiles	Extracurricular I if applicable CAPHONE (270) 987-7101
☐ Out of State lodging	tate	☐ Within County ☐ Overnight	give name, address, phone of
DATE(S) OF T	RIP 11/17/25	DEPARTURE TIME 8 \ 15	RETURN TIME _ 2:00
Purpose/Edu	UCATIONAL VALUE Adap	tive PE for visually	Impaired
WHAT STAND	Core Curriculum	For Students with Vis	or APPLY TO ATHLETIC TRIPS.)
SOURCE OF FU AMOUNT OF S	unding for tripSpec Student Fee:	g Education	
		DENIED THE TRIP BECAUSE OF AN INA	
BILL TRIP EXI	PENSES TO: SPONSORING	ORGANIZATION SCHOOL COUNC	CIL BOARD DOTHER
Number of:	STUDENTS MAI	LE STUDENTS 4 FEMALI	E STUDENTS \mathcal{Q}
Mode of Tra ap. 212.)□ Ci	ANSPORTATION: IS DISTRICT ERTIFICATED COMMON CAR	TRANSPORTATION NEEDED? ON NO RIER; SPECIFY Reguesting	YES (SEE PROCEDURE 09.36
CERTIFIED C	PRIVATE VEHICLE, IF ALLO HAPERONES	RIER; SPECIFY Requesting DWED BY POLICY; SPECIFY DRIVER(S) Starks	
CLASSIFIED C	CHAPERONES TBD		
students? A Yacceptable bell Signature of EMERGENO	Yes \(\sum \) No havior? \(\sum \) Yes \(\sum \) No Faculty Sponsor CY REQUESTS DUE TO	d records check and been designated by Have all students been notified of How have they been notified? July 25 Signature of UNFORSEEN CIRCUMSTANCES CIR	the rules and regulations regarding 9/3/25 Principal Date THAT MAKE PRIOR BOARD
Trip has been 1	approved disapproved. I	Reason for disapproval	s .
	ature of Superintendent Design	<u> </u>	9 Wing Date
	ature of Board Chair	pproval of the Superintendent and/or Board	Date I may be required by policy 09.36.

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.
FACULTY MEMBER(S) SPONSORING TRIP VALUE SLAV
Over 300 miles Under 300 miles Cocurricular Extracurricular Classroom Field Trip Overahization Club Trip Other (athletic, band, if applicable DESTINATION HUMBOURESS 507 S May St PHONE 270 - 887 - 429.
□ Out of State □ Out of County □ Within County □ Overnight: give name, address, phone of
DATE(S) OF TRIP OCT. 29, 2025 DEPARTURE TIME 11:30am RETURN TIME 1:30pm
PURPOSE/FOUCATIONAL VILLE LIVE DUFFORMANCE
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: DSPONSORING ORGANIZATION DSCHOOL COUNCIL DBOARD DOTHER
NUMBER OF: STUDENTS MALE STUDENTS FEMALE STUDENTS OP. 36
MODE OF TRANSPORTATION; IS DISTRICT TRANSPORTATION NEEDED? IN NO EXTENSION OF TRANSPORTATION OF TRANSP
☐ 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 \(\Delta \) Yes \(\Delta \) No acceptable behavior? Yes \(\Delta \) No Signature of Paculty Sponsor Have all students been notified of the rules and regulations regarding How have they been notified? 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 Inpproved disapproved. Reason for disapproval
Signature of Superintendent/Dysignee 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 Review Revised:11/21/13



STUDENTS

09.36 AP.21

School-Related Student 1119 Request 1 0/11	
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE	TRUP.
SCHOOL FACULTY MEMBER(S) SPONSORING TRIP Type of Trip (theck one):	Traupaur
Type of Trip (Check One):	
Over 300 miles	Extracuricular icable
DESTINATION Alhambra Theaterboress PH	ONE_
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give lodging	
DATE(S) OF TRIP 12/11/25 DEPARTURE TIME 9:00am RETO PURPOSE/EDUCATIONAL VALUE 11/0 PLY FORMANCE	ERN TIME 10'.30
PURPOSE/EDUCATIONAL VALUE TIVE PLY FOR Mance	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT API	PLY TO ATHLETIC TRIPS.)
Source of funding for trip Chow SBOM for bus Amount of Student Fee: \$500	
AMOUNT OF STUDENT FEE: \$500	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY	TO PAY.
BULL TRIP EXPENSES TO: M SPONSORING ORGANIZATION SCHOOL COUNCIL	□ BOARD □ OTHER
NUMBER OF: STUDENTS	ENTS Q
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☑ YEAP, 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY	ES (SEE PROCEDURE 09.36
CERTIFIED CHAPERONES TO ALLOWED BY POLICY; SPECIFY DRIVER(S)	
CLASSIFIED CHAPERONES	The state of the s
Have all chiperones undergone the required records check and been designated by the pustudents? If yes I No Have all students been outfied of the rule acceptable behavior? If yes I No How have they been notified? If yes I No Signature of Faculty Sponsor I Date I Signature of Faculty Sponsor I Date I Signature of Faculty Sponsor I Date I Signature of The APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE	es and regulations regarding Siscussion Signature Signature
Trip has been approved disapproved Reason for disapproval	
01, 7. V	9-23-22x
Signature of Superintendent be gnee	Date
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintendent and or Board may b	e required by policy 09.36.
Related Procedures:	

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

School-Related Student 1119 Request 10111
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
CHOOL HIS FACULTY MEMBER(S) SPONSORING TRIP TRAY BLAN TYPE OF TRIP (CHECK ONE):
Over 300 miles
Out of State Wout of County Within County
DATE(S) OF TRIP 2-12-25 DEPARTURE TIME 500 RETURN TIME 900
PURPOSE/EDUCATIONAL VILLE Provide entertainment at a Christmus Park
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP SAM Char
AMOUNT OF STUDENT FEE: NIP
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? INO WES (SEE PROCEDURE 09.36
☐ PRIVATE VEHICLE, IF ALLAYMED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES TIAM BLACO
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designee to supervise
Have all chaperones undergone the required records effect and occur designated of the rules and regulations regarding students? Yes \(\subseteq \) Yes \(\subseteq \) No \(\subseteq \) Have all students been notified of the rules and regulations regarding
acceptable behavior? Ves No How have they been holitied
Signature of Faculty Sponsor Date 3.17-25 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 approved disapproved. Reason for disapproval
9-21-201
Signature of Superintendent/Designee Date
Date 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:
00.36 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 N. JONES
	CHECK ONE):
	Field Trip
DESTINATION	UT CHATTANOOGA ADDRESS 615 McCallie Ave. Chattanooga, TN 37404
PHONE:	
lodging _H	te ☐ Out of County ☐ Within County X Overnight: give name, address, phone of iday Inn 434 Chestnut Chattanooga TN 37402
	IP: 10/3-10/4 DEPARTURE TIME: 7PM RETURN TIME: 11PM
Purpose/Ed	CATIONAL VALUE; BAND COMPETITION
WHAT STAN	ARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.
SOURCE OF F	NDING FOR TRIP:_BAND SAF
AMOUNT OF	TUDENT FEE:
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
RILL TRIP EX	ENSES TO: SPONSORING ORGANIZATION
	TUDENTS: 80 MALE STUDENTS: 40 FEMALE STUDENTS: 40
MODE OF TR	NSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO X YES (SEE PROCEDURE 09.3 RTIFICATED COMMON CARRIER; SPECIFY
	PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRI VER(S)
	APERONES
CLASSIFIED	HAPERONES
students? X acceptable be Signature of	Faculty Sponsor How have they been potified? Hand doppy and parent square Signature of Principal Date
EMERGENO APPROVAL	Y REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOAR MPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been	Papproved ☐ disapproved, Reason for disapproval
	for the same of th
Slav	ture of superintendent Designee Date Designee Date 1 -33-36
11	1 B 1 0 "Kirea de 19 22 25
Sign	ture of Board Chair Date
Vine ove	sight ending out of state tring, 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

MA Sull 9/23/25 emergency approved

School-Related Student Trip Request Form
SUBMITTHIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
Type OF TRIP CHECK ONLY FACTOR MEMBER(S) SPONSORING TRIP DEBOOK COL
Over 300 rules
Destroy Tolking Club trip Dother tathletic, band, if applicable
The state of the s
fordging Li White County Li Overnight; give name, address phone or
DATE(S) OF TRIP October 19, 25 DIPARTER TIME 9:00 AM
DATE(S) OF TRIP October 19, 25 IMPARTIRE TIME 9:00 AM RETIRE TIME 10:00 PM PURPOSE/EDICATIONAL VIETE SPORTS & Entertainment Markety 9
COMOTION A DIVISION THIS TRIP! (DOES NOT APPL) TO ATHLETIC CRIPS
Source of Funding for trip FBLA Amount of Student Free: 530
AMOUNT OF STUDENT FRE: \$30
NO STUDENT SHALL BE DESTED THE ADDRESS ASSESSMENT
DILL TRIP EXPENSES FO: DISPONSORISC CONCLASION AND AND AND AND AND AND AND AND AND AN
NUMBER OF: STUDENTS 40 MALE STUDENTS 20 FEMALE STUDENTS 20 MODE OF TRANSPORTS FROM THE STUDENTS 20
AP. 212.1 CERTIFIC ATED COMMON CARRIED SPECIES.
CERTIFIED CHAPERONES DECOYED A COLLEGE SPECIES DRIVER(S) An Hong Hollowa
(40 Rei) Whitney Frost
CLASSIFIED CHAPERONES
SANGEMENT AND ADDRESS OF THE PROPERTY OF THE P
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Tyes \(\sigma \) No Have all students been positively of the principal designee to supervise
students? The state indergone the required records check and been designated by the principal designee to supervise independent behavior? The state of the rules and regulations regarding thow have they been notified?
The have they been notified? Leg written
Signature of Faculty Sponsor Date 6-20-18 Consequence of Frincipal Date
EMERGENCE DECEMBER OF THE PROPERTY OF THE PROP
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
rip has been papproved disapproved Reason for disapproval
9.9.06
Signature of Superintendent Designee Date
Signature of Board Chub
For overnight and or out-of-state trips, approval of the Superintendent and or Board may be required by policy to 36.
Clated Proceedings

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

School-Related Student Trip Request Form
SUBMITTHIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
CHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP DECORGY CAUTHON
YPE OF TRIP (CHECK ONE): Over 300 miles
Classroom Field Trip Organization-Club Trip Other (athletic, band, 11 applicable) DESTINATION Titans Stadiomaddress Titans Phone 615-565-4284
□ Out of State □ Out of County □ Within County □ Overnight: give name, address, phone of
DATE(S) OF TRIP October 28,2025 DEPARTURE TIME 6:30AM RETURN TIME 5pm
DEPURE FOR CITION I VILLE CALLER KEEDINESS & EMOTOGENIEM SKILLS
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) Employability of Career Resolvess
SOLRCE OF FUNDING FOR TRIP LAVEC
AMOUNT OF STUDENT FEE:
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: D SPONSORING ORGANIZATION D SCHOOL COUNCIL DBOARD OTHER LAVEC
NUMBER OF: STUDENTS 35 MALE STUDENTS 17 FEMALE STUDENTS 18
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO DE VES (SEE PROCEDURE 09.36 AP. 212.) I 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? \(\text{Yes} \square No \) How have they been paired?
Signature of Faculty Sponsor Date Signature of Principal Date
THAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE SIGNATURE
Trip has been paperoved disapproved Reason for disapproval
Signature of Superintendent Designer Date
Signature of Board Chair For overnight and or out-of-state traps, approval of the Superintendent and or Board may be required by policy 69.36.
For overnight and or out-of-state days, approved of the superior and the s

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 For	m
SUBMITTHIS FORM FOUR (3) WEEKS PRIOR TO TAKING TH	
SCHOOL HAS FACULTY MEMBER(5) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): Over 300 miles Under 300 miles Cocurricular Classroom Field Trip Organization/Club Trip Other (athletic band, if app	TrayBean
DESTINATION A Mambra Theatre ADDRESS P	HONE
Out of State Out of County Within County Overnight: gree	same, address, phone of
DATE(S) OF TRIE Sept. 24 DEPARTURE TIME 8:30 RE PERPOSE/EDUCATIONAL VALUE PERFORMANCE (Live)	TURN TIME 11:15
PERPOSE/EDUCATIONAL VALLE DER FORMANCE (live)	
WHAT SLANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT	PPLA TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP Chour SBDm	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILIT	Y TO PAY.
BILL TRIP EXPENSES 10: SPONSORING ORGANIZATION SCHOOL COUNCIL.	
NUMBER OF STUDENTS 10 MALE STUDENTS 1 FEMALE STU	DENIS_9
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? AF, 212.) CERTIFICATED COMMON CARRIER; SPECIFY	LES (SEE PROCEDCIOS 09.36)
CERTIFIED CHAPERONES TVQ 4 Blan.	
CLASSIFIED CHAPTRONES	
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the students? Yes M No Have all students been notified of the nace ptable behavior? Yes M No How have they been furied? Signature of Prince	ites and regulations regarding
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES TH APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF TH	AT MAKE PRIOR BOARD E BOARD CHAIRPERSON
Trup has been Amproved disapproved Reason for disapproval	
(Infin)	9-19-25
Signature of Supermicondint Production	9-19-25
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 00.30.
Related Procedures:	
09.36 AP.211, 09.36 AP.212, 09.36 AP.23	

Gerendench abbunned

School-Related Student Trip Request Form
Submit this form Four (4) Weeks prior to taking the trip.
OCHOOL Free don, Sinking for K FACULTY MEMBER(S) SPONSORING TRIP LINGS U CHRISTOPHE TYPE OF TRIP (CHECKONE): Mary Cathoun
Over 300 miles Under 300 miles Cocurricular Extracurricular
Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable DESTINATION CUSTOMS House Muse Diress 200 S. 2nd St. PHONE (931) 1.48-578 D
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 GM RETURN TIME 12:45 DM
PURPOSE/EDUCATIONAL VALUE STUDY of Wilms Rudolph (conclusion of study)
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) K.C. RR. Land K.C. P.R. Z.
SOURCE OF FUNDING FOR TRIP TO TO THE 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 DISCHOOL COUNCIL DROADD DOTHER
NUMBER OF: STUDENTS 24 MALE STUDENTS 14 FEMALE STUDENTS 8
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO EX YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES LINDSON Christopher, Many Calhoun
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Pres No Have all students been notified of the rules and regulations regarding How have they been notified? No No No No No No No No No N
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 Pate 9 - 29. 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.

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

Review/Revised:11/21/13