

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Cincotti

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 Louisville, KY ADDRESS 830 Phillips Ln. PHONE 502-367-2251

- ☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
Crowne Plaza Louisville 830 Phillips Ln Louisville, KY 40209

DATE(S) OF TRIP 11/22 - 11/25 DEPARTURE TIME 3:00 pm RETURN TIME 11:00 am 502-367-2251PURPOSE/EDUCATIONAL VALUE KYA

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

CivicsSOURCE OF FUNDING FOR TRIP KYAAMOUNT OF STUDENT FEE: \$450.00

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 26 MALE STUDENTS 13 FEMALE STUDENTS 13MODE 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 Eleonora Cincotti, Kortez IvoryCLASSIFIED CHAPERONES X

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? Parent Square

E. Cincotti  
 Signature of Faculty Sponsor

11/5/25  
 Date

[Signature]  
 Signature of Principal

11/5/25  
 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 \_\_\_\_\_
[Signature]  
 Signature of Superintendent/Designee

11-14-2025  
 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

[Signature] 11/12/25

**School-Related Student Trip Request Form**

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

SCHOOL \* Christian Co. High

FACULTY MEMBER(S) SPONSORING TRIP

Samantha Cruz  
Marvin Harness

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE-DESTINATION \_\_\_\_\_

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

DATE(S) OF TRIP 12/18/25DEPARTURE TIME 6:30RETURN TIME 5:30pm

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE

Tour Nissan manufacturing / learn business operations + management

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

AA, EA, EB, EC, ETC.SOURCE OF FUNDING FOR TRIP LAVELC

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 44 MALE STUDENTS 20 FEMALE STUDENTS 24MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY Bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_Certified chaperones 2

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, permission form

X

S. Cruz

Faculty/Sponsor Signature

X

Robert A. Bruner

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Christy 11/13/2025

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**

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: ANTHONY DARNALL, CALVIN WARREN III

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 ADDRESS

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

DATE(S) OF TRIP: OCTOBER 24TH AND 25TH

DEPARTURE TIME: 10/24 @ 8 PM RETURN TIME: 10/25 @ 11:30 PM

PURPOSE/EDUCATIONAL VALUE:

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

SOURCE OF FUNDING FOR TRIP: STUDENT FEE

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: 120

MALE STUDENTS: 46

FEMALE STUDENTS: 74

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY: BUS☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III, NOAH SIEGFRIED, NOAH GWAWARECKI

CLASSIFIED CHAPERONES: TBA

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? Student Handbook and Code of Conduct/Permission Form

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

16 + 8 still 10/24/25  
 emergency approved

**School-Related Student Trip Request Form**

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Stacy Crick

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 Top Golf ADDRESS 500 Cowan St. PHONE 615-777-3007

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

DATE(S) OF TRIP 11/9/25 DEPARTURE TIME 1pm RETURN TIME 7:30 pmPURPOSE/EDUCATIONAL VALUE 25-26 Boys & Girls Golf BanquetWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
Athletic TripSOURCE OF FUNDING FOR TRIP CCHS Golf BoostersAMOUNT OF STUDENT FEE: \$0 (no charge to students)

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 9 MALE STUDENTS 6 FEMALE STUDENTS 3MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY School van has been reserved☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES Stacy Crick, Natalie Riggs

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? Parent Square ; verbal ; print

Stacy Crick  
 Signature of Faculty Sponsor

10/31/25  
 Date

[Signature]  
 Signature of Principal

10/31/25  
 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

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

Emergency Approval

09.36 AP.21

## School-Related Student Trip Request Form

2: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: JENNIFER ADAM  
OF TRIP (CHECK ONE):

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

DESTINATION: MURRAY STATE UNIVERSITY ADDRESS: 1375 CHESTNUT STREET, MURRAY, KY PHONE: 800-272-4678

Out of State      ☒ Out of County      Within County      ☒ Overnight: give name, address, phone of  
lodging: Best Western 1503 N. 12th Street, Murray, KY 42071; (270) 873-8167

DATE(S) OF TRIP: NOVEMBER 2-3, 2025 DEPARTURE TIME: 2 PM (11/2/2025) RETURN TIME: 9:30 PM (11/3/2025)

PURPOSE/EDUCATIONAL VALUE: STUDENTS PARTICIPATING IN MSU'S QUAD STATE HONORS CHOIR

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? MU:PR.5.3.E - REHEARSE, EVALUATE, & REFINE;  
MU:PR.6.1.E - PRESENT

SOURCE OF FUNDING FOR TRIP: STUDENT ACTIVITIES FUND, STUDENT MONETARY CONTRIBUTION FOR HOTEL COST

AMOUNT OF STUDENT FEE: \$40 plus housing

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

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

NUMBER OF: STUDENTS - 7      MALE STUDENTS - 3      FEMALE STUDENTS - 4

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: JENNIFER ADAM (CCHS), TRACY BEAN (HHS)

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 a

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO

How have they been notified? - Permission form, informational letter.

Jennifer Adam  
Signature of Faculty Sponsor

10/03/2025  
Date

Sharon Taylor  
Signature of Principal

10-3-25  
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 Bantz  
Signature of Superintendent/Designee

10-13-25  
Date

Tom Bell  
Signature of Board Chair

10-13-25  
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 Permission Slip and Medical Release Form

Student's Name \_\_\_\_\_

Ky A Steel 10/14/25

**School-Related Student Trip Request Form**

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

SCHOOL \*

FACULTY MEMBER(S) SPONSORING TRIP

JAKALA Radford and charlotte Perkins

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 WKU Preview Day ADDRESS 1906 College Heights Blvd PHONE-DESTINATION 270-745-0111

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

DATE(S) OF TRIP Nov. 15<sup>th</sup> (Saturday) DEPARTURE TIME 7:00 AM RETURN TIME 5:00 PM  
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE College visit for 11<sup>th</sup>/12<sup>th</sup> grade students.

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

Pofa G1 - College/Career readinessSOURCE OF FUNDING FOR TRIP BSU Account

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 31 MALE STUDENTS 5 FEMALE STUDENTS 26MODE 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 Jakala RadfordClassified chaperones Charlotte Perkins, 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? Permission slip

X Jakala Radford X Perkins  
 Faculty Sponsor Signature Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Chris Zup 10-14-2016  
 For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Tom Bell "Kme" 10-14-25  
Emergency approved



**School-Related Student Trip Request Form****SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP Robert A. Burnham**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 Lexington, KentuckyAddress Alltech Arena 4089 Iron Works Pkwy, Lexington, KY 40511PHONE-DESTINATION 859-233-4303

- ☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
BEST WESTERN PLUS GEORGETOWN CORPORATE CENTER HOTEL, 132 DARBY DR, GEORGETOWN, KY 40324, +15028680055

DATE(S) OF TRIP 02/25/26-02/27/26DEPARTURE TIME 12:00 PMRETURN TIME 4:00 PM

START    END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
\_\_\_\_\_SOURCE OF FUNDING FOR TRIP lkjdkdjks

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 20    MALE STUDENTS 20    FEMALE STUDENTS \_\_\_\_\_MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO    ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY fkjdjks☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_Certified chaperones DECOREUS LEAVELLClassified chaperones ANTHONY SMITH, RAYMOND WILLIAMS, LIVINGSTON MERRITTHave 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 Conduct signed by athletes and parentX [Signature]

Faculty/Sponsor Signature

10/13/25X [Signature]

Principal Signature

10/13/2025Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_X [Signature]

Signature of Superintendent/Designee

K.A. Stoll 10/14/25

**School-Related Student Trip Request Form****SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP Decoreus Leavell**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 Lafayette Senior High School ADDRESS 401 Reed Ln, Lexington, KY 40503 PHONE-DESTINATION (859) 422-3474

- ☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
Microtel Inn Lexington 2240 Buena Vista Lexington, KY 40505 US Phone: 859-299-9600

DATE(S) OF TRIP 12/19/2025 – 12/20/2026DEPARTURE TIME 5:00 PMRETURN TIME 11:00 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Competition

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

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 25MALE STUDENTS 25FEMALE 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 DECOREUS LEAVELLClassified chaperones ANTHONY SMITH & TONY HARRISHave 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 Conduct signed by athletes and parents

[Signature]  
Signature of Faculty Sponsor

10/13/25  
Date

[Signature]  
Signature of Principal

10/13/25  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

10-15-2021  
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

[Signature] 10/14/25



**School-Related Student Trip Request Form****SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell**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 Father Ryan High School ADDRESS 700 Norwood Drive, Nashville, TN 37204 PHONE-DESTINATION 615-4184715

- ☐ Out of State    ☐ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
RED ROOF INN NASHVILLE FAIRGROUNDS

4271 SIDCO DRIVE NASHVILLE, TN (615) 832-0093DATE(S) OF TRIP 1/09/26-1/10/26DEPARTURE TIME 10:00PMRETURN TIME 12:00 AM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE competition

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

SOURCE OF FUNDING FOR TRIP lkjdkdijks

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 0MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY school bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_Certified chaperones DECOREUS LEAVELLClassified chaperones ANTHONY SMITH

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior?

☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parents**X** DeCoreus LeavellDeCoreus Leavell  
Faculty/Sponsor Signature10/13/25**X** Robert A. BurnhamRobert A. Burnham  
Principal Signature10/13/25Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_**X** Chris Jones 10/14/25

Signature of Superintendent/Designee

LA Shell 10/14/25

**School-Related Student Trip Request Form****SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell**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 Corbin Civic CenterADDRESS 128 Civic Center Dr. PHONE-DESTINATION 6065286657  
Corbin, KY 40701

- ☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
HOLIDAY INN EXPRESS & SUITES CORBIN 1973

CUMBERLAND FALLS HWY, CORBIN, KY 40701 +16065234000DATE(S) OF TRIP 01/30/26-01/31/26DEPARTURE TIME 6:00 PMRETURN TIME 11:00 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
\_\_\_\_\_SOURCE OF FUNDING FOR TRIP lkjdkdiks

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 20MALE STUDENTS 20

FEMALE STUDENTS \_\_\_\_\_

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY fkjdjskjs☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_Certified chaperones DECOREUS LEAVELLClassified chaperones ANTHONY SMITH.

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior?

☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parent and message via Parent SquareX DeCoreus LeavellDeCoreus Leavell  
Faculty/Sponsor Signature10/13/25X Robert H. Leavell

Principal Signature

10/13/2025Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_X Anthony Smith 10-15-2025

Signature of Superintendent/Designee

K. A. Shull 10/14/25

**SchoolRelated 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: ANTHONY DARNALL, CALVIN WARREN III

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 ADDRESS

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

DATE(S) OF TRIP: OCTOBER 24TH AND 25TH DEPARTURE TIME: 10/24 @8 PM RETURN TIME: 10/25 @11:30 PM

PURPOSE/EDUCATIONAL VALUE:

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

SOURCE OF FUNDING FOR TRIP: STUDENT FEE

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: 120 MALE STUDENTS: 46 FEMALE STUDENTS: 74

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY: BUS☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III, NOAH SIEGFRIED, NOAH GWAWARECKI

CLASSIFIED CHAPERONES: TBA

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 ☐ No

How have they been notified? Student Handbook and Code of Conduct/Permission Form

Signature of Faculty Sponsor

Date

Signature of Principal

Date 10/14/25

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

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

1/2 Still 10/14/25

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 Gilliam/Thomas  
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 Murray State ADDRESS 1415 Chestnut St. Murray, Ky PHONE (270) 809-6921  
☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Spring Hill Suites Murray, Ky  
DATE(S) OF TRIP 11/20 - 11/21 DEPARTURE TIME 3:30 RETURN TIME 3:30  
PURPOSE/EDUCATIONAL VALUE Career Development Events  
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
OD5, OE3, OF4, OG6  
SOURCE OF FUNDING FOR TRIP CTE Sup. / Bean  
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 10 MALE STUDENTS TBD FEMALE STUDENTS TBD

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

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

CERTIFIED CHAPERONES Julie Gilliam / Leah Thomas

CLASSIFIED CHAPERONES

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

Leah Thomas  
Signature of Faculty Sponsor

10/17/25  
Date

Andy Giller  
Signature of Principal

10/20/25  
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 Fry  
Signature of Superintendent Designee

10-22-25  
Date

Tom Bodd "Kmer"  
Signature of Board Chair

10-22-25  
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

Ky A. Stiles 10/22/25

Emergency approved

STUDENTS

09.36 AP.21

**SchoolRelated Student Trip Request Form**

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

TYPE OF TRIP ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular  
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)DESTINATION Lexington, KY ADDRESS 1950 Newtown PK PHONE \_\_\_\_\_☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Clarion Hotel Conference Center Lexington NorthDATE(S) OF TRIP 10/31 - 11/1 DEPARTURE TIME 9:00am RETURN TIME 6:00pmPURPOSE/EDUCATIONAL VALUE KHSAA State Meet Cross Country

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 ☐ OTHERNUMBER OF: STUDENTS 11 MALE STUDENTS 5 FEMALE STUDENTS 6MODE 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 Kuesi, DofonCLASSIFIED CHAPERONES Roger VolkHave 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 [Signature]Date 10/28/25Signature of Principal [Signature]Date 10/28/25

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/Designee <u>[Signature]</u>	Date <u>10-28-25</u>
Signature of Board Chair <u>Tam Bell "Knee"</u>	Date <u>10-28-25</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

Review/Revised: 11/21/13

Emergency approved**Vehicle Request Form**

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

[Signature] 10/28/25

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

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

SCHOOL H. H. S. FACULTY MEMBER(S) SPONSORING TRIP Pass Program  
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 Chic. Ill. ADDRESS 4250 Ft Campbell PHONE 270-890-0042☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 11/3/25 DEPARTURE TIME 10:45 RETURN TIME 12:00PURPOSE/EDUCATIONAL VALUE 9 week Pass Reward

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

SOURCE OF FUNDING FOR TRIP Lee MASOR

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

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF STUDENTS 4 MALE STUDENTS 4 FEMALE STUDENTS \_\_\_\_\_MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY H. H. S. VAN☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES JACK RutlandCLASSIFIED CHAPERONES Lee MASOR, Tyler JonesHave 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? YesSignature of Faculty Sponsor Lu MyDate 10/30Signature of Principal JRDate 11/5

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>Clam. J. J.</u>	Date <u>11-3-2024</u>
Signature of Board Chair <u>Tom Bell "Kmer"</u>	Date <u>11-3-25</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

Review Revised: 11/21/13

Page 1 of 1

Permission Slips have been sent home and  
calling Parent to let them know why  
And what we are doing

Lee MASOR



**SchoolRelated Student Trip Request Form**SCHOOL HHS  
TYPE OF TRIP

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 Louisville, KY ADDRESS 830 Phillips Ln PHONE (502) 367-2251

☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging 830 Phillips Lane, Louisville, KY 40209; Crowne Plaza (Louisville Airport)

DATE(S) OF TRIP Nov. 16-18 DEPARTURE TIME 5:00 AM RETURN TIME 6:00 PM

PURPOSE/EDUCATIONAL VALUE Extracurricular School Function

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

SOURCE OF FUNDING FOR TRIP KYA Budget

AMOUNT OF STUDENT FEE: \$400

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

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

NUMBER OF: STUDENTS 7 MALE STUDENTS 2 FEMALE STUDENTS 5

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

☒ CERTIFICATED COMMON CARRIER; SPECIFY District Van; School Van

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

CERTIFIED CHAPERONES Ryan Thorn, Amanda Lehman, Robert Shearon

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

Ryan Thorn  
 Signature of Faculty Sponsor

10/31/2025  
 Date

[Signature]  
 Signature of Principal

10/15/25  
 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

[Signature]  
 Signature of Superintendent/Designee

10-15-2025  
 Date

Tom Bell "Kne"  
 Signature of Board Chair

10-15-25  
 Date

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

## RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Emergency approved**Vehicle Request Form**

School Hopkinsville High School Faculty Member(s) sponsoring trip Ryan Thorn

[Signature] 10/15/25

original

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

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

SCHOOL Newcomer Academy\_HHS/CCHS FACULTY MEMBER(S) SPONSORING TRIP Vicky Barnes  
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 Trail of Tears Park ADDRESS  
100 Trail of Tears Dr. Hopkinsville, KY 42240 PHONE 270-660 - 8200

☐ Out of State ☐ Out of County ☐ X Within County ☐ Overnight: give name, address, phone of lodging  
DATE(S) OF TRIP 11/21/2025 DEPARTURE TIME 8:45 am RETURN TIME 11:00 am

PURPOSE/EDUCATIONAL VALUE Expose students to a diverse culture and environment and to the local  
history where they live. WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO  
ATHLETIC TRIPS.) HS UHCH 1-2 US History

SOURCE OF FUNDING FOR TRIP  
AMOUNT OF STUDENT FEE: \$1.00

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 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 Vicky Barnes Ainny Berenguer

CLASSIFIED CHAPERONES Ingrid Macario

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? School Handbook

Vicky Barnes  
Signature of Faculty Sponsor Date

10-7-2025

Nancy Leath 10/13/25  
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

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 Christian Cares Community ADDRESS 100 North Dr.PHONE 270-885-0680

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

DATE(S) OF TRIP Dec. 9DEPARTURE TIME 9:30RETURN TIME 11:00amPURPOSE/EDUCATIONAL VALUE perform Christmas Music

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

performanceSOURCE OF FUNDING FOR TRIP Chorus BDMAMOUNT 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    ☐ OTHERNUMBER OF STUDENTS 29 MALE STUDENTS 7 FEMALE STUDENTS 22MODE 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

Date 11/13/25

Signature of Principal

Date 11/13/25

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/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