SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP CANCOLT
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 Lin. PHONE SOZ - 367-1251
Out of State Out of County Within County Overnight: give name, address, phone of lodging Crowne Plaza Louisville 830 Phillips Un. Louisville, KY 40209
DATE(S) OF TRIP 11 12 - 11 25 DEPARTURE TIME 3: DO on RETURN TIME 11:00 am So
PURPOSE/EDUCATIONAL VALUE KYM
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP KYA
AMOUNT 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 OTHER
NUMBER OF: STUDENTS 13 FEMALE STUDENTS 13
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 Eleonova Cincoth, Kortez luny
CLASSIFIED CHAPERONES S
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? Powers Guard How have they been notified of the rules and regulations regarding How have they been notified? Powers Guard How have they been notified of the rules and regulations regarding How have they been notified of the rules and regulations regarding How have they been notified of the rules and regulations regarding How have they been notified of the rules and regulations regarding How have they been notified? Powers Guard How have they been notified of the rules and regulations regarding How have they been notified of the rules and regulations regarding How have they been notified of the rules and regulations regarding How have they been notified of the rules and regulations regarding How have they been notified of the rules and regulations regarding How have they been notified of the rules and regulations regarding How have they been notified?
THE COURSE OF CORP TEST IN THE COUNTY OF THE BOARD CHAIR ERSON
Trip has been □ approved □ disapproved. Reason for disapproval
Trip has been approved  disapproved. Reason for disapproval
Trip has been approved disapproved. Reason for disapproval

Related Procedures:

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

hA Sull 11/12/25

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL * Christian Co. High Faculty Member(s) SPONSORING TRIP Samanthy Cruz Type OF TRIP (CHECK ALL THAT APPLY):  MOUNTY HOUSE
THE OF THE COMPANY THE TEST,
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 25 DEPARTURE TIME (230) RETURN TIME 5:30PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE TOUR NISSON MOUNTFACTURING / LECEN CUSINUSS
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  OPENATION  AH, EA, EB, EC, EC.  SOURCE OF PURPLES OF TRIPS. 1 GALLOC
Source of funding for trip LOVIC
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 24
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
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? Verbal, Permission Form
X Delect A Brun
Faculty/Sponsor Signature Principal Signature
Trip has been approved  disapproved. Reason for disapproval
Christy 11-13 2026
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 STUDENTS 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): ☐ Extracurricular ☐ Under 300 miles □ Cocurricular ☐ Over 300 miles ☐ Organization/Club Trip X Other (athletic, band, if applicable ☐ Classroom Field Trip DESTINATION ADDRESS Overnight: give name, address, phone of ☐ Within County Out of County X-Out of State lodging: DATE(S) OF TRIP OCTOBER 24TH AND 251H 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. □ OTHER ☐ BOARD BILL TRIP EXPENSES TO: 

SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL Female Students: 74 NUMBER OF STUDENTS: 120 MALE STUDENTS: 46 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? X Yes □ No Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No How have they been notified? Student Handbook and Code of Conduct Permission Form Date Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON ☐ disapproved. Reason for disapproval Trip has been **z** approved Signature of Superintendent/Designee 1000 B 0 00 " W 000

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

Page 1 of 1

Signature of Board Chair

K +8til 18/2425 emergency approved

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

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIF.
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 Cowlan St. PHONE UIS-777-3007  Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP     9   25 DEPARTURE TIME   DW RETURN TIME 7:30 pm
Purpose/Educational Value 25-26 Boys & Girls Golf Banquet
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  Athletic Trip
AMOUNT OF STUDENT FEE: 40 (no charge to students)
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: $\square$ SPONSORING ORGANIZATION $\square$ SCHOOL COUNCIL $\square$ BOARD $\square$ OTHER
Number of: students 9 Male Students 4 Female Students 3
Mode of Transportation: is district transportation needed? \(\subseteq\) no \(\subseteq\) yes (see procedure 09.36 ap. 212.) \(\subseteq\) Certificated common carrier; specify \(\subseteq\) \(\subseteq\) wan 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  Have all students been notified of the rules and regulations regarding How have they been notified?    Parent Square; verbal; print
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  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

Imeyency approval

L: 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:PR5.3.E - REHEARSE, EVALUATE, & REFINE; MU:PR6.1.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
How have they been notified? - Permission form, informational letter.  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
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval    13-13-225     Signature of Superintendent/Designee   Date   Tong a local 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:
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval    13-13-24    Signature of Superintendent/Designee   Date   Tong and 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:
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval    13-13-24    Signature of Superintendent/Designee   Date   Tong and 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:
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval    10-13-2-24     Signature of Superintendent/Designee   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 69.36.  Related Procedures:  09.36 AP.211, 09.36 AP.212, 09.36 AP.23
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval    Composition of the Superintendent of the Superintendent and/or Board may be required by pointy 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
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval    Composition of the Superintendent of the Superintendent and/or Board may be required by pointy 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
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON  Trip has been approved disapproved. Reason for disapproval  Signature of Superintendent/Designee  Tours 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  School-Related Student Trip Permission Slip and Medical Release Form

Perkins

### School-Related Student Trip Request Form

	SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL *	FACULTY MEMBER(S) SPONSORING TRIP Jakaya Radford and charolethe Perki
TYPE OF TRIP (CHECK ALL	
Over 300 miles	Under 300 miles
Classroom Field Trip	Organization/Club Trip
DESTINATION WKU Previ	Organization/Club Trip Other (athletic, band, if applicable)  ON Day Address 1906 College Heights Bluphone-Destination 270 745.011
Out of State Ou	t of County
DATE(S) OF TRIP NOV. 15	h(Saturday) DEPARTURE TIME 1:00* AM RETURN TIME 5:00 PM
Start	END (SELECT (M)OR PM FROM DROPDOWN) (SELECT AM OR PM) FROM DROPDOWN)
PURPOSE/EDUCATIONAL VA	END (SELECT (M)OR PM FROM DROPDOWN) (SELECT AM OR EM)FROM DROPDOWN) LUIE COULEGE VISIT FOR 11th   12th grade students.
What standard is being a <u>Pof a G</u> r - COULGL COX	DDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) ler readiness
SOURCE OF FUNDING FOR TE	ur BSU kocount
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 3	MALE STUDENTS 5 FEMALE STUDENTS 26
Mode of Transportation	: IS DISTRICT TRANSPORTATION NEEDED? NO 🔀 YES (SEE PROCEDURE 09.36 AP. 212.)
CERTIFICATED	COMMON CARRIER; SPECIFY
	LE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones Takal	
Classified chaperones Chu	outte Perkins, Shawna Major
Have all chaperones undergo	ne the required records check and been designated by the principal/designee to supervise students?
Have all students been notifie	ed of the rules and regulations regarding acceptable behavior?   Yes   No
How have they been notified?	Permission Slip
X Jakalau FacultySponsor Signature	Hadford X Spection Principal Signature
Trip has been approved	disapproved. Reason for disapproval
A	So, approval of the Superintendent and/or Board may be required by policy 09.36.

Tombell "kme" 10-14-25 Onergency approved

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian Co. High FACULTY 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, Kentucky Works Pkwy, Lexington, KY 40511  Address Alltech Arena 4089 Iron Works Pkwy, Lexington, KY 40511
☐ 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 <u>02/25/26-02/27/26</u> DEPARTURE TIME <u>12:00 PM</u> RETURN TIME <u>4:00 PM</u>
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.)
Cover on our purpose con tropp likididide
SOURCE OF FUNDING FOR TRIP <u>lkjdkdjks</u> 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
THOMBER OF Greeking 20
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.)
□ CERTIFICATED COMMON CARRIER; SPECIFY <u>fkdjskjs</u>
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones DECOREUS LEAVELL
Classified chaperones Anthony Smith, Raymond Williams, Livingston Merritt
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?
Have all students been notified of the rules and regulations regarding acceptable behavior?
How have they been notified? Code of Conduct signed by athletes and parent
X Polor Brue 10/131 2025
Faculty/Sponsor Signature Principal Signature
10/13/25
Trip has been approved disapproved. Reason for disapproval
Signature of Superintendent/Designee

HA Stel 10/14/25

S	SUBMIT THIS FORM TWO (2)	WEEKS PRIOR TO TAK	ING THE TRU.	
SCHOOL Christian Co. High	FACULTY ME	EMBER(S) SPONSORING	TRIP Decoreus Leavell	
TYPE OF TRIP (CHECK ALL T	HAT APPLY):			
Over 300 miles	Inder 300 miles	Co curricula	r 🛛 Extracurricular	
Classroom Field Trip	Organization/Club	Trip	(athletic, band, if applicabl	e)
<b>DESTINATION</b> <u>Lafayette Senio</u> School	or High ADDRESS 401 R KY 40503	eed Ln, Lexington, I	PHONE-DESTINATION (85)	9) 422-3474
Out of State Out of Microtel Inn Lexington 2240	of County Within Co Buena Vista Lexington, K	ounty Overnight: Y 40505 US Phone: 85	give name, address, phone 9-299-9600	of lodging
DATE(S) OF TRIP 12/19/2025 -		RE TIME <u>5:00 PM</u>	RETURN TIME 11:00 PM	<u>1</u>
*1 =		A OR PM FROM DROPDOWN)	(Select AM or PM from	M DROPDOWN)
PURPOSE/EDUCATIONAL VAL	UE Competition			
WHAT STANDARD IS BEING AD	DDRESSED BY TAKING THIS	TRIP? (DOES NOT APPL	Y TO ATHLETIC TRIPS.)	
SOURCE OF FUNDING FOR TRI	P			
No st	TUDENT SHALL BE DENIED T	THE TRIP BECAUSE OF A	N INABILITY TO PAY.	
BILL TRIP EXPENSES TO:	SPONSORING ORGANIZATIO	ON SCHOOL COUNC	IL BOARD OTHE	R
Number of: students 25	MALE STUDENTS 2.	5 FEMALE	E STUDENTS <u>0</u>	
Mode of Transportation:	IS DISTRICT TRANSPORTA	TION NEEDED? 🗌 NO	YES (SEE PROCEDURE	09.36 AP. 212.)
CERTIFICATED C	OMMON CARRIER; SPECIFY			
PRIVATE VEHICL	E, IF ALLOWED BY POLICY;	SPECIFY DRIVER(S)		
Certified chaperones DECOREU	US LEAVELL			
Classified chaperones ANTHON	NY SMITH & TONY HARRIS			
Have all chaperones undergon	ne the required records check	x and been designated bes ☐ No	y the principal/designee to	supervise students?
Have all students been notified	d of the rules and regulation	s regarding acceptable b	behavior? Xes	☐ No
How have they been notified?	Code of Conduct signed by	athletes and parents		
Dolul	e 10/13/25	Delici	1 Blue	10113125
Signature of Faculty Spo	onsor Date	Signature	of Principal	Date
Trip has been approved defined defined defined approved defined defined defined approved defined defin	mendent/Designee		<i>JS- IS-USA</i> Date  ard may be required by pol	icy 09.36.
Note: Signatures, Da				
LOST ADA (Extracurricular only):	XX \$21 = (number of	students multiplied by the num	ber of school days missed multiplied	i by the ADA)
RELATED PROCEDURES	: 09.36 AP.211, 09.36 A	AP.212, 09.36 AP.22	2, 09.36 AP.23 Review/R	evised:7/18/2002
Page 1 of 1	KASEL	10/14/25		

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell SCHOOL Christian Co. High TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular Over 300 miles Under 300 miles Other (athletic, band, if applicable) Organization/Club Trip Classroom Field Trip DESTINATION Father Ryan High ADDRESS 700 Norwood Drive, PHONE-DESTINATION 615-4184715 Nashville, TN 37204 School Overnight: give name, address, phone of lodging ☐ Within County Out of County Out of State RED ROOF INN NASHVILLE FAIRGROUNDS 4271 SIDCO DRIVE NASHVILLE, TN (615) 832-0093 RETURN TIME 12:00 AM DEPARTURE TIME 10:00PM DATE(S) OF TRIP 1/09/26-1/10/26 (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) START PURPOSE/EDUCATIONAL VALUE competition 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 MALE STUDENTS 15 FEMALE STUDENTS 0 NUMBER OF: STUDENTS 15 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN 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 LEAVELL Classified chaperones ANTHONY SMITH, Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No X Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? Code of Conduct signed by athletes and parents DeCoreus Leavell Principal Signature Faculty/Sponsor Signature 10/13/25 Trip has been approved disapproved. Reason for disapproval

KA Stel 10/14/25

Signature of Superintendent/Designe

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell SCHOOL Christian Co. High TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular **Extracurricular** Over 300 miles Munder 300 miles Other (athletic, band, if applicable) Organization/Club Trip Classroom Field Trip ADDRESS 128 Civic Center Dr. PHONE-DESTINATION 6065286657 **DESTINATION Corbin Civic Center** Corbin, KY 40701 Overnight: give name, address, phone of lodging ☐ Within County Out of State Out of County HOLIDAY INN EXPRESS & SUITES CORBIN 1973 CUMBERLAND FALLS HWY, CORBIN, KY 40701 +16065234000 **RETURN TIME 11:00 PM** DATE(S) OF TRIP 01/30/26-01/31/26 DEPARTURE TIME 6:00 PM (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) START END PURPOSE/EDUCATIONAL VALUE \_ WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOURCE OF FUNDING FOR TRIP **!kjdkdjks** NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER FEMALE STUDENTS MALE STUDENTS 20 NUMBER OF: STUDENTS 20 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? 
NO YES (SEE PROCEDURE 09.36 AP. 212.) PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Certified chaperones DECOREUS LEAVELL Classified chaperones ANTHONY SMITH, Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? Code of Conduct signed by athletes and parent and message via Parent Square Principal Signature Faculty/Sponsor Signature 10/13/25 Trip has been 🗹 approved 🔲 disapproved. Reason for disapproval

6 + Shel 10/14/25

STUDENTS		ar enter to the e	09.36 AP.21
	SchoolRelated Stud		
		(4) WEEKS PRIOR TO TAKING	
School: Christian Coun Warren III Type of Trip (check one)		Member(s) sponsoring	TRIP: ANTHONY DARNALL, CALVIN
□ Over 300 miles	☐ Under 300 miles	□ Cocurricular	☐ Extracurricular
☐ Classroom Field Trip	☐ Organization/Club Tri	ip X Other (athletic, band	, if applicable
DESTINATION ADDRESS			
lodging:			ive name, address, phone of
PURPOSE/EDUCATIONAL VA	LUE:		ETURN TIME: 10/25 @11:30 PM  NOT APPLY TO ATHLETIC TRIPS.)
No	STUDENT SHALL BE DENIED TI	HE TRIP BECAUSE OF AN INAB	BILITY TO PAY.
BILL TRIP EXPENSES TO: $\Box$	SPONSORING ORGANIZATION		
Number of students: 120	MALE STUDENTS	s: 46 Female	STUDENTS: 74
Mode of Transportation	N; IS DISTRICT TRANSPORTATIO	on needed? □ no yes (see	procedure 09.36 ap. 212.)
☐ CERTIFICATED COMMON	CARRIER; SPECIFY: BUS		
☐ Private ve	CHICLE, IF ALLOWED BY POLICY	y; specify driver(s)	
CLASSIFIED CHAPERONES:	dergone the required recor		ed, Noah Gwawarecki nated by the principal/designee to
Have all students been no	tified of the rules and regula	utions regarding acceptable	behavior? X Yes □ No
How have they been noting the Signature of Faculty Spo	fied? Student Handbook and onsor Date	Code of Conduct Permission Signature of	hun 10/14/25
EMERGENCY REQU APPROVAL IMPOSSI	ESTS DUE TO UNFORS BLE SHOULD ALSO HAV	EEN CIRCUMSTANCES /E THE SIGNATURE OF	S THAT MAKE PRIOR BOARD F THE BOARD CHAIRPERSON
Trip has been approved	☐ disapproved. Reason for di	sapproval	
	22 start		10-25-2m
Signature of Sup	erintendent/Designee		Date 10-15-25
Tombe	Drikme"		10-15-25
i Viguatura of Don	ea s wate		Duc

Related Procedures 09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Page 1 of 1

GA Stell 10/14/25

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 HHS FACILITY MEMBER(S) SPONSORING TRIP GILLIAM Thomas  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 Murray State ADDRESS 1415 Chestnut St. PHONE (270) 809-6921  Out of State Out of County. Within County Destruction give name, address, phone of
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 LAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP CTE Sup. / Bean  AMOUNT OF STUDENT FEE: NA
NO STUDENT SHALL BE DEVIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD MOTHER
NUMBER OF: STUDENTS   D MALE STUDENTS   TBD   FEMALE STUDENTS   TBD
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN VES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY 2 VANS
CERTIFIED CHAPERONES Julie Gilliam / Leah Thomas
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Tyes \( \text{No}\) Have all students been notified of the fules and regulations regarding acceptable behavior? Tyes \( \text{No}\) No How have they been notified? Permission Sipersignature of Faculty Sponsor  EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Signature of Supermichaent Designee  Signature of Supermichaent Ward  Signature of Supermichaent Construction  Signatur
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 Lot

Grafferer approved

TYPE OF TRIP	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR	TO TAKING THE TRIP.	
☐ Over 300 miles	☐ Under 300 miles ☐ Cocurricul	ar	
☐ Classroom Field Tr	ip	etic, band, if applicable	
DESTINATION Lexing	FON, LY, ADDRESS 1950 Newtoun PK	PHONE	
	Dut of County   D Within County   D	YOvernight: give name, address, ph	one of
DATE(S) OF TRIP (0/5)	11/1 DEPARTURE TIME 4:00 CM	RETURN TIME 6:00 PM	
PURPOSE/EDUCATIONAL	VALUE KHSAA State Meet (105	s Country	
WHAT STANDARD IS F	BEING ADDRESSED BY TAKING THIS TRIP?	(DOES NOT APPLY TO ATHLETIC	TRIPS.)
SOURCE OF FUNDING FC	PR TRIP		
	EE:	AND THE PROPERTY OF THE PROPER	
	TUDENT SHALL BE DENIED THE TRIP BECAUSE		
	DESPONSORING ORGANIZATION SCHOOL		THER
NUMBER OF: STUDENTS			THEK
	TION: IS DISTRICT TRANSPORTATION NEEDED?	D NO STYES (SEE PROCEDURE 0	9.36 AP.
212.) CERTIFICATI	ED COMMON CARRIER; SPECIFY		
☐ PRIVATE	VEHICLE, IF ALLOWED BY POLICY; SPECIFY DR		
CERTIFIED CHAPERONE	s Kuesi. Dofon	er organisation of the state of	
CLASSIFIED CHAPERON	es foger Volk	A CONTRACTOR OF THE CONTRACTOR	
		1 2 41 2 41 2 41 4 4 4 4 4 4 4 4 4 4 4 4	4_
Have all chaperones u	ndergone the required records check and be Yes \(\sigma\) No Have all students been no	en designated by the principal/designations re	gnee to
acceptable behavior?			garding
ACCULATED E DICHAYIULA WA	TENT DOMESTIC DESTRUCTION TO THE PROPERTY OF T		
	1 har 125	01 1-12	
12 16 19	10/28/25 //nam	10/29	1/25
Signature of Faculty Sp	ponsor Date Sign	nature of Principal Date	1/25 2018D
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Signature of Faculty Sp EMERGENCY REQU APPROVAL IMPOSSI  Trip has been Improved  Signature of Sup  Signature of Bo	perinjendent Designee    O   28   25     And     Date   Sign     ESTS DUE TO UNFORSEEN CIRCUMST     BLE SHOULD ALSO HAVE THE SIGNATURE     Design   Designee     O   28   25       Date   Sign     Sign   Sig	nature of Principal Date FANCES THAT MAKE PRIOR E RE OF THE BOARD CHAIRPERSO  10-35  Date 10-38-35  Date	
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Signature of Faculty Sp EMERGENCY REQU APPROVAL IMPOSSI  Trip has been Dapproved  Signature of Sup Signature of Bo For overnight and/or	Date Sign ESTS DUE TO UNFORSEEN CIRCUMST BLE SHOULD ALSO HAVE THE SIGNATURE Designee Designee ard Chair rout-of-state trips, approval of the Superintendent and RES:  09.36 AP.212, 09.36 AP.23	nature of Principal Date FANCES THAT MAKE PRIOR E RE OF THE BOARD CHAIRPERSO  10-35-35  Date 10-38-35  Date  Review/Revised: 11	N
Signature of Faculty Sp EMERGENCY REQU APPROVAL IMPOSSI  Trip has been Dapproved  Signature of Sup Signature of Bo For overnight and/or	Date Sign ESTS DUE TO UNFORSEEN CIRCUMST BLE SHOULD ALSO HAVE THE SIGNATURE Designee Designee ard Chair rout-of-state trips, approval of the Superintendent and RES:	nature of Principal Date TANCES THAT MAKE PRIOR E RE OF THE BOARD CHAIRPERSO  10-35-35 Date 10-38-35 Date Moor Board may be required by policy 09.	N
Signature of Faculty Sp EMERGENCY REQU APPROVAL IMPOSSI  Trip has been Dapproved  Signature of Sup Signature of Bo For overnight and/or	Date Sign  Date Sign  ESTS DUE TO UNFORSEEN CIRCUMST  BLE SHOULD ALSO HAVE THE SIGNATUR  Daisapproved Reason for disapproval  perfinendent Daignee  Office Trout-of-state trips, approval of the Superintendent and the Second Sec	nature of Principal Date PANCES THAT MAKE PRIOR E RE OF THE BOARD CHAIRPERSO  10-35-35  Date 10-38-35  Date  Advor Board may be required by policy 09:  Review/Revised: 11  The Copprosed of the property of t	N
Signature of Faculty Sp EMERGENCY REQU APPROVAL IMPOSSI  Trip has been improved  Signature of Sup Signature of Bo Por overnight and/or RELATED PROCEDUR  09.36 AP.211,	Date Sign ESTS DUE TO UNFORSEEN CIRCUMST BLE SHOULD ALSO HAVE THE SIGNATURE Designer out-of-state trips, approval of the Superintendent and RES:  09.36 AP.212, 09.36 AP.23  Vehicle Request Fo	nature of Principal Date PANCES THAT MAKE PRIOR E RE OF THE BOARD CHAIRPERSO  10-35-35  Date 10-38-35  Date  Advor Board may be required by policy 09:  Review/Revised: 11  The Copprosed of the property of t	N

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL H. H. S FACTETY MEMBER(S) SPONSORING TRIP PASS PLOS IAM
Type of Trip (check one):
☐ Gver 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Organization Club Trip ☐ Other (athleuc, band, if applicable
DESTINATION Chic-Fl. ADDRESS 4250 FT Cappbell PHONE 270-890-0042  Out of State Out of County Within County Overnight give name, address, phone of
DATE(S) OF TRIP 1//3/25 DEPARTIRE TIME 10:45 RETURN TIME 12:00  PERPOSE/EDICATIONAL VALLE 9week DASS Reward
DATE(S) OF TRIP 1/3/25 DEPARTIRE TIME 10:45 RETURN TIME 12.00
PERPOSE/EDUCATIONAL VALLE Tweek PASS Keward
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   OTHER
NUMBER OF: SECRETS 4 MALE STUDENTS 4 FEMALE STEDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION SEEDED? DNO WYES (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 Rotland
CLASSIFIED CHAPERONES Lee MAJOR, Tyles Jones
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Wes \Box No Have all students been notified of the rules and regulations regarding acceptable behavior? Wes \Box No How have they been notified?
L. M. 10/30 /2 11/5
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
Irip has been approved. I disapproved. Reason for disapproval
11-3-2001
11-3-25
Signature of Superintendent Designee  Tion Blook KMe 4  Time Blook KMe 4  Date  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: 0 000 TOL W 20 0000 TOL
09.36 AP,211, 09.36 AP,212, 09.36 AP,23
Review Revised:11/21/13
Page 1011 CAlling Parent to Let them KNOW why  And what we are doing
Page Toll CAlling PARENT TO LET
And what we Are doing
hee MASS

SCHOOL////S	SUBMIT THIS FORM FO	UR (4) WEEKS PRIOR	TO TAKING TI	HE TRIP.	
Over 300 miles Classroom Field Trip DESTINATION LOADSVILLE	☑ Under 300 miles  ☑ Organization/Club	Cocurriculary Trip	ar etic, band, if a PHONE (50)	■ Extracurricular policable 2) 367-225	
Out of State lodging 830 Phill	Out of County 175 Lane Louisvi	Within County - P	g Overnight:	PLZG (Louisvill	shone of e Airport
DATE(S) OF TRIP NOV. I	VALUE FY Venturday	ulant School	Lunch	OM	TRIPS.)
WHAT STANDARD IS BE FX +70 CMY 1 100 SOURCE OF FUNDING FOR	TRIP KYA DIACIG	er er		and the second s	
AMOUNT OF STUDENT FEI	E: <u>\$400                                  </u>	THE WOLD BECAUCE		ITV TO PAV	
BILL TRIP EXPENSES TO: NUMBER OF: STUDENTS _	7 MALE STUDI	ZATION SCHOOL ENTS 2 PORTATION NEEDED!	DL COUNCIL FEMALE STU NO 5	DBOARD D  UDENTS 5  YES (SEE PROCEDURE	OTHER € 09,36 AP.
FIDDIVATEV	FRICER IF ALLOWED BY	POLICY; SPECIFY DE	UVER(S)		
CERTIFIED CHAPERONES	kyan (hort, 1-	AVVIORIDE LE	TEN HAVE	L. R. Bak.	
CLASSIFIED CHAPERONE	S				
Have all chaperones un supervise students? Y acceptable behavior? Y acceptable behavior? Signature of Faculty Spot EMERGENCY REQUEAPPROVAL IMPOSSIF	Yes □ No Hav Yes □ No How <u>\0/3/</u> 2	have they been notified to the state of the	nature of Prin	cipal Dat	BOARD
	disapproved. Reason t				
	facility No			10-15-2528	
Signature of Sup	nerintendent/Dasignee			Date	ed report
Ton Bel Signature of Boo	1 1/KM("		-0.000	10-15-25 Date	- CONTRACTOR OF THE CONTRACTOR
For overnight and/or	rout-of-state trips, approval	of the Superintendent a	md/or Board ma	ry be required by policy (	<del>)9:36.                                    </del>
RELATED PROCEDUR					
	09.36 AP.212, 09.36	AP.23		Review/Revised	:11/21/13
	arl	rgency c	shon	d	
		icle Request F			
School Hopkinsvi	ille High Schafaculty	Member(s) sponsorir	ng trip <b>kyc</b> u	n Thorn	
	h A She	2/ 10/15/	25		

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

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

SCHOOL Newcomer Academy_HHS/CCHSFACULTY MEMBER(S) SPONSORING TRIP _Vicky Barnes TYPE OF TRIP (CHECK ONE):
□ Over 300 miles □ Under 300 miles □ Cocurricular □ Extracurricular □X Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable Destination _Trail of Tears Park_Address
100 Trail of Tears Dr. Hopkinsville, KY 42240PHONE270-660 - 8200
□ Out of State □ Out of County □ XWithin 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 liveWhat standard is being addressed by taking this trip? (Does not apply to
ATHLETIC TRIPS.) _HS UHCH 1-2US History
SOURCE OF FUNDING FOR TRIP
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: $\Box$ SPONSORING ORGANIZATION $\Box$ SCHOOL COUNCIL $\Box$ BOARD $\Box$ OTHER NUMBER OF:
STUDENTS MALE STUDENTS FEMALE STUDENTS
Mode of Transportation: is district transportation needed? $\square$ no $x\square$ yes (see procedure 09.36 ap. 212.) $\square$ Certificated common carrier; specify
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIEDCHAPERONESVicky 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? $\square X$ Yes $\square$ No Have all students been notified of the rules and regulations regarding acceptable behavior? $\square X$ Yes $\square$ No How have they been notified? School Handbook_
Welly Barry 10-7-2025 Dally Fellen 10/13/25
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
- R17
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

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HIS FACILITY MEMBER(S) SPONSORING TRIP VOUS BLOW
TYPE OF TRIP (CHECK ONE):
□ Over 300 miles □ Cocurricular □ Extracurricular □ Clussroom Field Trip □ Organization Club Trip □ Other (athletic, band, if applicable
DESTINATION Christian Cares Community CRESS 100 North Dr. PHONE 270-885-06
DESTINATION OUTSIGNED CONTRACTOR SETO SES CONT
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP DC. O DEPARTURE TIME 9:30 RETURN TIME 11:00am
PURPOSE/EDUCATIONAL VALUE <u>perform Christmas Music</u>
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP Chow S BOM
AMOUNT OF STUDENT FEE: NA
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD SOTHER
NUMBER OF: STUDENTS 29. MALE STUDENTS FEMALE STUDENTS 22
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN TO WES (SEF PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
CERTIFIED CHAPERONES YOUNG DOLLY: SPECIFY DRIVER(S)
CLASSIFIED CHAPERONES
Have all chapetones undergone the required records check and been designated by the principal designee to supervise students? Wes Dio Have all students been notified of the tules and regulations requiring acceptable the transfer of Figure 1 to the tules and regulations requiring the transfer of Figure 1 to the tules and regulations requiring acceptable to the tules and regulations requiring the tules and regulations requiring acceptable to the tules and regulations requiring the tules and regulations requiring acceptable to the tules and regulations requiring the tules and regulations requiring acceptable to the tules and regulations requiring acceptable to the tules and regulations requiring the tules and regulations requiring acceptable to the tules and regulations required acceptable to the tules a
Trip has been approved □ disapproved. Reason for disapproval
(1m Buy
Signature of Superintendent/Designee Date
Change at Based Chate
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