School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL * CAN STICL CO. HIGH FACULTY MEMBER(S) SPONSORING TRIP SOMOUTH OF COUNTY Type of TRIP (CHECK ALL THAT APPLY):
THE OF TRIP (CHECK ALL THAT ATTLE).
☐ Over 300 miles ☐ Under 300 miles ☐ Co curricular ☐ Extracurricular
Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable)
DESTINATION NOTIONAL CONVERT MEDICESS 350 COVUETE DY PHONE-DESTINATION 270781 7973
DESTINATION NOTIONAL COVVER MADDRESS 350 COVVER DY. PHONE-DESTINATION 270781 7973 Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 15 5 6000 — DEPARTURE TIME 65 00 RETURN TIME 5 00 (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE NATIONAL CONVEHE MUSUUM GUIDAL TOUS CONOMIC IM
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
source of funding for trip CTE Supplemental funding
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 50 Male Students 20 Female Students 30
Mode of Transportation: is district transportation needed? NO Yes (see procedure 09.36 ap. 212.)
CERTIFICATED COMMON CARRIER; SPECIFY
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Certified chaperones
Classified chaperones
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes No
Have all students been notified of the rules and regulations regarding acceptable behavior? 💢 Yes 🗌 No
How have they been notified? <u>Verbol</u> , Dermission Form
X S. Cv X Pour & Buch
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
Amifrige 12.9.1018
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

SchoolRelated Student Trip Request Form

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CHOOL TYPE OF TRIP	SUBMIT THIS FORM FOUR	R (4) WEEKS PRIOR TO TAKING THE TRIP.
☐ Over 300 miles ☐ Classroom Field	☐ Under 300 miles Trip ☐ Organization/Club T	☐ Cocurricular ☐ Extracurricular rip ☐ Other (athletic, band, if applicable 40 Lc: KA & PHONE 276-737-666
Out of State lodging Hills DATE(S) OF TRIP 12/2 PURPOSE/EDUCATION	Out of County Wi God on 100 203 7-12/29 DEPARTURE TO ALVALUE BOOK 1941 &	ithin County
WHAT STANDARD IS	BEING ADDRESSED BY TAK	ING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING	FOR TRIP By Bukds	ell
AMOUNT OF STUDEN	FEE: 6	
No	O STUDENT SHALL BE DENIED T	HE TRIP BECAUSE OF AN INABILITY TO PAY.
	TO: SPONSORING ORGANIZAT	
NUMBER OF: STUDEN	TS 121 MALE STUDEN	TS 19 FEMALE STUDENTS F
MODE OF TRANSPOR	TATION: IS DISTRICT TRANSPOR ATED COMMON CARRIER; SPEC	RTATION NEEDED? NO YES (SEE PROCEDURE 69.36 AP.
		DLICY; SPECIFY DRIVER(S)
		Dier certis
CERTIFIED CHAPERO	NES HOTTE	
CLASSIFIED CHAPER	ONES DEMOCIOS WITH	rd
supervise students? acceptable behavior?	✓ Yes □ No Have a ✓ Yes □ No How ha	
hay his	12/2/25	
Signature of Paculty	Sponsor Date	Signature of Principal Date
EMERGENCY REGAPPROVAL IMPOS	QUESTS DUE TO UNFORS SSIBLE SHOULD ALSO HAV	SEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD E THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been appro	ved 🛘 disapproved. Reason for o	disapproval
	Marine	12-12-2028
Signature of	Superintendent Persignee	Date
Signature of	Board Chair	Date
For overnight an	i/or out-of-state trips, approval of t	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 Ly + Stell 10/13/25

Review/Revised:11/21/13

NUOLNIS
SchoolRelated Student Trip Request Form
scuon CCHS Band
SUBMIT THIS FORM FOUR (I) WEEKS PRIOR TO TAKING THE TRIP.
D Classroom Field Trip D Crganization/Club Trip D Cocurricular D Cocurricular D Cocurricular D Crganization/Club Trip ADDRESS BONJOGGreen W Milkew 700 970 -1800 (Down of the college of the colleg
Tought 1 (31)
DATE(S) OF TRIPLES - 1/10/25 DEPARTURE TIME 400 PM RETURN TIME 2:00 PM PURPOSEÆBUCATIONAL VALUE EINICHTICHT FOR GT BAND STUDENTS WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
TOTALING FOR TRIP
MOUNT OF STUDENT FEE: \$ 50.00 or TBD based on Hotel Rate
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. SULL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO EYES (SEE PROCEDURE 09.36 AP. W CCMS)
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES Anthony [Xarnall, Andrea Amnour, Noan Gawarsski, Calvin Warrentit, Woar, Siegfried. 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? For A SCOF how E Signature of Faculty Sponsor 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
rip has been Papproved disapproved. Reason for disapproval
Signature of Superintendent Pesignee 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 09.56.
RELATED PROCEDURES:
09.36 AP.211, 09.36 AP.212, 09.36 AP.23 Review/Revised:11/21/13

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

SchoolRelated Student Trip Request Form

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CCMS Band SUBMITTHIS FORM FOUR (4) WEEKS PRICE	OR TO TAKING THE TRIP.
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PE OF TRIP Under 300 miles Cocurrie	cular
	190 June (200) 201 - 2225 / 2
ADDRESS DOWNING CITY	1 LIIONE 70(10) 001 09 00 1 1
Within County	Overnight: give name, address, phone of
Out of State Out of County	
Hodging TBD TECS OF TRIP 1-8-25-1-10-2 REPARTURE TIME 4:00 PM TECS OF TRIP 1-8-25-1-10-2 REPARTURE TIME 4:00 PM	M RETURN TIME (2:00 PM
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MALESTIDENIS	FEMALE STUDENTS
UMBER OF: STUDENTS (LP) 10DE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDE	ED? INO SYES (SEE PROCEDURE 09.36 AP. (W/CC)
D CERTIFICATED COMMON CARRIER; SIECIFI	
- TOWER ALLOWED BY POLICY: SPECIFY	DRIVER(S)
Exmour, Intho	ny Darnall, Calvin Warren,
Joan Gawareski, Noan Siegfried	
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	n notified of the rules and regulations regarding
	outlied? Permission Slip
Mones Omnour 12/1/2025 /	12.1.25
	Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUA	USTANGES THAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNA	TURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval	
anapproved. reason for disapproved	
/ landal	12.5-2028
Signature of Superintendent/Designee	Date
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintender	nt and/or Board may be required by policy 09.36.
RELATED PROCEDURES:	
09.36 AP.211, 09.36 AP.212, 09.36 AP.23	1.1.
LA Sel 12	13/25 Review/Revised:11/21/13
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Vehicle Request	Form
Salvant	
Faculty Member(s) sponso	ring trip
	· .

School Related Student Trip Request Form

		FORM TWO (2) WEEKS PRIOR TO TAKIN		
SCHOOL GATEWAY A	TCADELLY F	ACULTY MEMBER(S) SPONSORING TR	P MATT ADAMS.	GRIFFIN MOORF
Type of Trip (check ALL	THAT APPLY):			WHOL ISICH
	Under 300 miles	□ Co curricula	r 🗆 Extracurri	cular
☐ Classroom Field Trip			athletic, band, if ap	
DESTINATION KET STUD	PIOS ADDR	ESS GOO COOPER DRIVE	PHONE-DESTINATION	859-258-7000
□ Out of State 💢 O	ut of County	ESS 600 (20PER DRIVE LEXINGIBM, KY 46 So 2 1 Within County Overnight:	give name, address	, phone of lodging
DATE(S) OF TRIP F721, D	EC. STH, ZUZS	DEPARTURE TIME 6:30 AM	RETURN TIME 4	:30pm
Start	END	(SELECT AM OR PM FROM DROPDOWN)	(Select AM or	PM FROM DROPDOWN)
Purpose/Educational Vai	UE TOUR + W	ORKSHOP TON STUDENTS	AT KET	STUDIOS
WHAT STANDARD IS BEING A	DRESSED BY TAKING	THIS TRIP? (DOES NOT APPLY TO ATI	ILETIC TRIPS.)	
	DOUCTION WO			
Source of funding for tr				
		BE DENIED THE TRIP BECAUSE OF AN		
	E	ZATION SCHOOL COUNCIL BO	,	
Number of: students \ \[\]	= Male S ₁	rudents (Q) Female	STUDENTS <u>6</u>	
Mode of Transportation:	IS DISTRICT TRA			URE 09.36 AP. 212.)
□ Certificated of	OMMON CARRIER; SP	ECIFY	VANS RESE	RVED
□ Private vehicl	E, IF ALLOWED BY PO	DLICY; SPECIFY DRIVER(S)		
Certified chaperones	•			1
Classified chaperones 6				7
Have all chaperones underg	one the required re	cords check and been designated by	the principal/desig	gnee to supervise stude
		∀es □ No		\$ 0 0 0 0 0 ± 0 0 0 0 0 0 0 0 0 0 0 0 0
		regulations regarding acceptable b	ehavior?	Yes □ No
How have they been notified	d? NILL BE			Yes No
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Faculty/Sponsor Signature	1	Principal Signature		
	420			
Trip has been approved	disapproved. Reason t	for disapproval		
\times \mathcal{C}	motory	11-25-1028		
Signature of Sup	perintendent/	Designee		
	100 B 11 A	0 m// m. all .	Tere o	
For overnight and/or out-of-state t		D "KMQ" (1-05 3		

Emergency approved

School-Related Student Trip Request Form

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RELATED PROCEDURES:

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

School Related Student Trip Request Form

		SUBMIT THIS F	ORM TWO (2) WEEKS PRIOR TO TAKII	NG THE TRIP.	
	SCHOOL GATEWAY A	CADELLY F.	ACULTY MEMBER(S) SPONSORING TR	P MATT ADAM	CONTENT AAGUS
OTR	Type of Trip (CHECK ALL	THAT APPLY): Under 300 miles	□ Co curricula		JOHN RICH
	☐ Classroom Field Trip	ALIX OF THE RESIDENCE OF		athletic, band, if	
	DESTINATION KET STUD	201 NO. 10 April 10 A	CD B	D	applicable)
i	□ Out of State 💢 Ou	at of County 🗆	SS 600 COOPER DRIVE LEXINGTON, 124 46 50 Q Within County Overnight:	PHONE-DESTINATI	on 859-258-7000 ss, phone of lodging
	DATE(S) OF TRIP F721, DE	C. STH, 262S	DEPARTURE TIME 6:30AM	RETURN TIME _	4:30pm
	Start	END	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM	OR PM FROM DROPDOWN)
	Purpose/Educational Value	JE TOUR + WO	PRICE TON STUDENTS.	AT KET	STUDIOS
	WHAT STANDARD IS BEING AD	DRESSED BY TAKING	THIS TRIP? (DOES NOT APPLY TO ATH CKSHOP	ILETIC TRIPS.)	
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	BILL TRIP EXPENSES TO:	PONSODING ODGANIS	BE DENIED THE TRIP BECAUSE OF AN		
	Number of: students 12		/	ARD OTHER	
	Mode of Transportation:	-		STUDENTS 6	State of the Control
	□ Certificated co			YES (SEE PROCE	DURE 09.36 AP. 212.)
			LICY; SPECIFY DRIVER(S)	(NN) 10-11	-ICVED
Γ	Certified chaperones 2	W ALLOWED BY FOL	CICY, SPECIFY DRIVER(S)		
	Classified chaperones 6	 			
-	Have all chaperones undergo	ne the required reco	ords check and been designated by	the principal/des	ignee to supervise stude
	Have all students been notifi-	ed of the rules and a	Yes □ No regulations regarding acceptable be	1	L/44
	How have they been notified	2 Jahra Re	NOTIFIED NA	enavior?	Yes □ No
	and the start of t	· WALCE DE	PARENTSQUARE		
			7 3 5 5 7 7 5 2		
	X Criffi B.	Moor	X Penny Kn	gut	
	Faculty/Sponsor Signature		Principal Signature		
_				1	
	Trip has been approved □ dis	sapproved. Reason for	r disapproval		
	× (//	Julan			
2	Signature of Supe		Designee		
	1 om Be	ll "Kme"			
			intendent and/or Board may be required by	nolicy 09 36	

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FACILITY MEMBER(S) SPONSORING TRIP DILLIANS PARAMETER OF TRIP (CHECK OVE): Cheer 300 miles	School-Related Student 111p Request 1 of the
Over 300 miles	SCBMITTHIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
Classified trip Organization Club Trip Other (athlete, band, if applicable) Destination Mark Beginning Address Property Prop	Type of Trip (CHECK ONE): 1. FACTLIY MEMBER(S) SPONSORING TRIP CHICAGO JANOUSK
Out of State Out of County Within County Overnight give name, address, phone of lodging MA OME (S) OF TRIP 2- 10 25 DEPARTIRE TIME SAM RETURN TIME 3'.30 PM PURPOSE/EDICATIONAL VALUE (Laddlocker) Hear Sull during CC K HH 5 AMOUNT OF STUDENT SEED GO DRESSED BY INKING THIS TRIP? (DOES NOT SPILA TO ATHLETIC TRIPS.) Lea MANAGE FOR TRIP CTE Supplemental AMOUNT OF STUDENT FEE: MA NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOURD BOURD WINDER OF TRANSPORTATION: IS DISTRICT TRANSPORTYHON NEEDED? NO THE SE (SEE PROCEDURE 09.36 WE 212. CRETIFICATED CONTHON CARRIER; SPECIFY CONSOLVED A DATE LOCAL OF TRANSPORTATION: A DATE DATE CERTIFIED CHAPERONES A LADDLOCK LADDLOCK LADDLOCK PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) MA CERTIFIED CHAPERONES A LADDLOCK LADDLOCK LOCAL OF TRANSPORTATION LADDLOCK LADDLOCK CERTIFIED CHAPERONES A LADDLOCK LOCAL OF TRANSPORTATION LADDLOCK LADDLOCK LOCAL OF	☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other (athletic, band, if applicable
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Have all students been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the tules and regulations regarding flow have they been notified of the full supported flow flow flow flow flow flow flow flow	
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Irip has been to approved	ulu Jillam 12/1/25 way with form
124.20x	EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
1-4-05	
	1-4-05
Signature of Board Chair Bare	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	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

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
CHOOL HHS FACULTY MEMBER(S) SPONSORING TRIF JONES
Type of Trip (check one):
☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization (Jlub Trip ☐ Other (athletic, band, if applicable
Classroom Field Trip Baptist Appress 14005 Main Phone 210 886-1216
Out of State Out of County Within County Overnight: give name, address, phone of
DATE(S) OF TRIP De (. 10 DEPARTURE TIME 11:30 RETURN TIME 2:00 0 TO
PURPOSE/EDUCATIONAL VALUE 10/57 Any borne Band Concert
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP
AMOUNT OF STUDENT FEE: Free
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 140 MALE STUDENTS 70 FEMALE STUDENTS 70
Mode of Transportation: is district transportation needed? NO VES (SEE PROCEDURE 09.36 AP. 212.)
CERTIFIED CHAPERONES Grant Jones, Tracy Bean, Addison Gram,
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?
2/3/23 (may Campbell 12/5/25
Signature of Frincipal Date Signature of Frincipal 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
12-5-000
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

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School-Related Student Trip Request Form

	SUBMIT THIS FORM FOUR (4)	WEEKS PRIOR TO TAKING THE TRI	r.
SCHOOL HH	IS FACULTY M	TEMBER(S) SPONSORING TRIP NICH	IOLAS JONES
TYPE OF TRU	P (CHECK ONE):		
	om Field Trip O Organization/Club Trip	X Other (athletic, band, if applicab	
DESTINATION 42101	N <u>Western Kentucky University</u> Addr	ESS 1906 COLLEGE HEIGHTS BLVD	BOWLING GREEN, KY
PHONE 270-7	745-0111		
O Out of S lodging <u>TB</u>	BD		ne, address, phone of
DATE(S) OF 1	<u> Frip 1/8/25-1/10/25</u> Departure Time <u>2PN</u>	M RETURN TIME 2PM	
PURPOSE/ED	OUCATIONAL VALUE KMEA ALL DISTRICT	BAND	
WHAT STAN	SDARD IS BEING ADDRESSED BY TAKING	THIS TRIP? (DOES NOT APPLY	TO ATHLETIC TRIPS.)
	FUNDING FOR TRIP <u>SCHOOL BOARD</u>		
AMOUNT OF	STUDENT FEE: \$50 Hotel		
	NO STUDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABILITY T	O PAY.
BILL TRIP EX	KPENSES TO: O SPONSORING ORGANIZATIO	ON O SCHOOL COUNCIL	BOARD OTHER
NUMBER OF:	STUDENTS 20 MALE STUDENTS	10 FEMALE STUDEN	TS <u>10</u>
	RANSPORTATION: IS DISTRICT TRANSPORTA		SEE PROCEDURE 09.36 AP.
212.) OC	CERTIFICATED COMMON CARRIER; SPECIF	Υ	
100	O PRIVATE VEHICLE, IF ALLOWED BY POL		
	CHAPERONES <u>NICHOLAS JONES</u> , ADDISSON		ANDON MCKINLEY
CLASSIFIED	CHAPERONES		
students? acceptable be	epavior? # Yes O No How have	tudents been notified of the rules they been notified? In person an	s and regulations regarding d via letter home
	Faculty Sponsor Date	Signature of Principa	
EMERGENO APPROVAL	CY REQUESTS DUE TO UNFORESE LIMPOSSIBLE SHOULD ALSO HAVE T	EN CIRCUMSTANCES THAT THE SIGNATURE OF THE BOA	MAKE PRIOR BOARD ARD CHAIRPERSON
Trip has been	O approved O disapproved. Reason for disa	approval	
	Alana		12.8-201
Sign	nature of Superintendent/Designee	<u> </u>	Date
	CPd Chat-		Date
	nature of Board Chair		
ror over	rnight and/or out-of-state trips, approval of the	Superintendent and or Board may b	e required by policy by.50.
	A/4-X		

Related Procedures:

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

LASIS 12/8/25

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HUDKINS VILL High FACULTY MEMBER(S) SPONSORING TRIP
TYPE OF TRIP (CHECK ONE): Over 300 miles
DATE(S) OF TRIP 12-13/12-13/12-18/12-19 DEPARTURE TIME 12-26 (11:00) RETURN TIME 12-19 (10:00) PM PURPOSE/EDUCATIONAL VALUE BOYS BASKLTOWN ATT TOWN MINT WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP BOYS BASKETON!
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.)
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES Anthony Bobb. Darius Knot, Mike Numford,
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Have all students been hotified of the rules and regulations regarding acceptable behavior? How have they been notified? 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/besignee -
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

11/25/25

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HUDKINS VILLE HIGH FACULTY MEMBER(S) SPONSORING TRIP
Over 300 miles
DATE(S) OF TRIP 12-26 12-25 112-26 DEPARTURE TIME 12-26 (12:00) RETURN TIME 12-29 (10:00) PM PURPOSE/EDUCATIONAL VALUE BOOK 1345KLTBAL ATT TOWN MUNT WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP BOYS BASKITON
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 DE YES (SEE PROCEDURE 09.36 AP. 212.)
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES Anthony Babb, Darius Knot, Mike Numford,
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Have all students been hotified of the rules and regulations regarding How have they been notified? 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
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

Kn # Stll 11/25/25

School-Related Student Trip Request Form	
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TR	up. □
SCHOOL HAS FACULTY MEMBER(S) SPONSORING TRIP	rayBlan
TYPE OF TRIP (CHECK ONE): Over 300 miles Cocurricular Other (athlatic band if applica	xtraeurricular
Dorganization Club Trin D Other (athletic, band, if applica	ble
DESTINATION UNIV. of LOUISVILLE ADDRESS PHON	r
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give na	me, address, phone of
DATE(S) OF TRIP Jan 16-17,2026 DEPARTURE TIME 4pm 11 00 RETUR	NTDIE 1/17 @ 10pm
PURPOSE/EDUCATIONAL VALUE participate in a MILE Choir Fes	FO ATHLETIC TRIPS)
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY	TO ATTLETTE TRAINING
SOURCE OF FUNDING FOR TRIP ADV	
AMOUNT OF STUDENT FEE: Food & only	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO	O PAY.
Duri Thin Code Cee To Maponsonia ORGANIZATIO	BOARD OTHER
NUMBER OF: STUDENTS MALE STUDENTS FEMALE STUDEN	TS
MODE OF TRANSPORTATION; IS DISTRICT TRANSPORTATION NEEDED? DINO LIVES	(SEE PROCEDCRE 09.30
PRIVATE VEHICLE AND ALLOWED BY POLICY; SPECIFY DRIVER(S)	ray Blan
CERTIFIED CHAPERONES YOU BLUN	1 7
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the prin students? The students? The students been notified of the rules acceptable behavior? The students been notified? The students been notified of the rules are students? The students been notified of the rules are students? The students been notified of the rules. The students been notified of the rules are students been notified of the rules. The students been notified of the rules are students been notified of the rules. The students been notified of the rules are students been notified of the rules.	Iscussing 18/25
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	12-15-7028 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:	
00.36 AP 211, 09.36 AP 212, 09.36 AP.23	eview Revised:11/21/13
Page 1 of 1 H A Del 12/18/25	
Page 1 of i	

School-Related Student Trip Request Form
SUBMITTHS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRUE TBEAN TYPE OF TRUE (CHECK ONE):
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other (athletic, band, if applicable
DESTINATION PAC ADDRESS PHONE
Out of State Out of County Within County Overnight: give name, address phone of lodging
DATE(S) OF TRIP DECL DEPARTIRE TIME 100 RETURN TIME 10
DATE(S) OF TRIP DECLY DEPARTIRE TIME 1 PM RETURN TIME NO PURPOSE/EDUCATIONAL VALUE CONCERT REPUBLISME
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP Chai SAF
AMOUNT OF STUDENT FEE:
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
NUMBER OF: STUDENTS 45 MALE STUDENTS FEMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO VES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
CERTIFIED CHAPERONES Tracy Blass
CLASSIFIED CHAPERONES
flave all chaperones undergone the required records check and been designated by the principal designee to supervise students? Fres No Have all students been notified of the tules and regulations regarding acceptable behavior? Have No How have they been notified of the tules and regulations regarding How have they been notified?
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Irip has been Ø approved □ disapproved Reason for disapproval
Signature of Superiorentent Designer The Bold was a superiorent Designer 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 30
The evenight and of our restate traps, approval of the supersident failed in the and they be required by portey or so

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

Review Revised:11/21/13

School-Related Student 1719 Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL New Modery 1145 Faculty Member(s) sponsoring trip VICKY BAYNES Type of Trip (check one): CAS
Over 300 miles Under 300 miles Cocurricular Extracurricular Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable DESTINATION Alba Months Address 507 S. March St. Magic Phone 275-887-429
□ Out of State □ Out of County ☑ Within County □ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 12 - 11 - 2025 DEPARTURE TIME 8'. 40 RETURN TIME 11'30
PURPOSE/EDUCATIONAL VALUE CUltural Awareness
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip 15 WK EL Amount of Student Fee: \$\(\frac{5}{5}\)00 (\(\frac{1}{6}\)\eller \(\frac{1}{6}\)
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER
Number of: students 40 Male Students 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 BOUNES, Ainry Beronguer
CLASSIFIED CHAPERONES Ingrid Macario
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Pyes DNo Have all students been notified of the rules and regulations regarding acceptable behavior? Pyes DNo How have they been notified? CCPS School COQQ Notice Date Signature of Faculty Sponsor Date PDARE
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
Tom Ble ikne 1 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