

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 National Corvette Museum ADDRESS 350 Corvette Dr. PHONE-DESTINATION 270 781 7973
Boonville, KY 40301
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

 DATE(S) OF TRIP 11/15/25 6:30am - 5:00pm DEPARTURE TIME 6:30* RETURN TIME 5:00
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

 PURPOSE/EDUCATIONAL VALUE National Corvette Museum guided tours / economic impact study
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
EB, EC, EF, EG etc.
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 30MODE 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 2Classified chaperones 1

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 formX S. Cruz

Faculty/Sponsor Signature

X Robert Burch

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Christina Cruz 12.9.2025

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

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 Central Florida ADDRESS 3040 Lochwood PHONE 270-787-0000

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Hilton Garden Inn 203 Commerce Drive L

DATE(S) OF TRIP 12/27-12/29 DEPARTURE TIME 8:30am RETURN TIME 5:00pmPURPOSE/EDUCATIONAL VALUE Basketball tournament

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

SOURCE OF FUNDING FOR TRIP Bugs BasketballAMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 14 MALE STUDENTS 14 FEMALE STUDENTS 0MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Kurtz, Ivey, Dier, CurtisCLASSIFIED CHAPERONES Demetrius Wilson

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? _____

Katy Ray
Signature of Faculty Sponsor

12/18/25
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

Ky + Shell 10/13/25

Review/Revised: 11/21/13

STUDENTS

School Related Student Trip Request Form

09.36 AP.21

SCHOOL
TYPE OF TRIP

CCHS Band

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

ADDRESS Bowling Green, KY 42181 (270) 970-1890 (Darnall)
lodging TBD

DATE(S) OF TRIP 8/26-1/10/25 DEPARTURE TIME 4:00 PM RETURN TIME 2:00 PM

PURPOSE/EDUCATIONAL VALUE Enrichment for All Band Students

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

SOURCE OF FUNDING FOR TRIP

AMOUNT OF STUDENT FEE: \$50.00 or TBD based on Hotel Rate

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 21 MALE STUDENTS 7 FEMALE STUDENTS 14

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

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

CERTIFIED CHAPERONES Anthony Darnall, Andrea Armour, Noah Gawarowski, Calvin Warren II, Noah Siegfried

CLASSIFIED CHAPERONES

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding the trip? ☒ Yes ☐ No

9/26/24

12-1-25

12-1-25

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

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

LA Gill Dec 3, 2025

Review/Revised: 11/21/13

Vehicle Request Form

School

Faculty Member(s) sponsoring trip

STUDENTS

School Related Student Trip Request Form

09.36 AP.21

SCHOOL CCMS Band

TYPE OF TRIP ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular

☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION WKU ADDRESS Bowling Green, KY 42101 PHONE (270) 881-8235 (Armour)

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

DATE(S) OF TRIP 1-8-25-1-10-25 DEPARTURE TIME 4:00 PM RETURN TIME 2:00 PM

PURPOSE/EDUCATIONAL VALUE Enrichment Honor Band for GT Band students

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

SOURCE OF FUNDING FOR TRIP

AMOUNT OF STUDENT FEE: \$50.00 (TBD based on hotel)

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 16 MALE STUDENTS 7 FEMALE STUDENTS 9MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. (W/CCHS))212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES Andrea Armour, Anthony Darnall, Calvin Warren, Noah Gawarecki, Noah Siegfried.

CLASSIFIED CHAPERONES

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ Noacceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? Permission SlipAndrea Armour

Signature of Faculty Sponsor

12/1/2025

Date

[Signature]

Signature of Principal

12.1.25

Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

[Signature] 12.5.2025

Signature of Superintendent/Designee Date

[Signature] 12.5.2025

Signature of Board Chair Date

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

RELATED PROCEDURES:

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

K A [Signature] 12/3/25

Review/Revised: 11/21/13

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

School Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL GATEWAY ACADEMYFACULTY MEMBER(S) SPONSORING TRIP MATT ADAMS, GRIFFIN MOORE,
JOHN RICHARDS

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 LET STUDIOSADDRESS 600 COOPER DRIVE
LEXINGTON, KY 40502PHONE-DESTINATION 859-258-7000

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

DATE(S) OF TRIP <u>FRI, DEC. 5TH, 2025</u>	DEPARTURE TIME <u>6:30 AM</u>	RETURN TIME <u>4:30 pm</u>
START END	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE <u>TOUR + WORKSHOP FOR STUDENTS AT LET STUDIOS</u>		
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) <u>VIDEO PRODUCTION WORKSHOP</u>		
SOURCE OF FUNDING FOR TRIP <u>CTE Supplemental</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 12 MALE STUDENTS 6 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 2Classified chaperones 0

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? WILL BE NOTIFIED VIA PARENTSQUAREKA Still
11/25/25X Griffin B. Moore

Faculty/Sponsor Signature

X Penny Knight

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____X Christy 11-25-2025
Signature of Superintendent/DesigneeTom Bello "Xme" 11-25-25

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

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 GAEWAY ACADEMY FACULTY MEMBER(S) SPONSORING TRIP BENJAMIN SMITH

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 Covington Catholic High School ADDRESS 1600 Dixie Highway Park Hills, Kentucky 41011

PHONE _____

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging: Holiday Inn Express 200 Crescent Avenue, Covington, Kentucky 41011 888 465 4329

DATE(S) OF TRIP JANUARY 16-17 DEPARTURE TIME 4 PM 01/16/26 RETURN TIME 9 PM 01/17/26

PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITION

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

SOURCE OF FUNDING FOR TRIP ROBOTICS SAF

AMOUNT OF STUDENT FEE: \$50

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 16 MALE STUDENTS 15 FEMALE STUDENTS 1

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 BEN SMITH, ROBERT LEE, NICOLE MATTHEWS

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? Letter home

[Signature]
Signature of Faculty Sponsor

12/15/25
Date

Penny Knight
Signature of Principal

12-15-25
Date

EMERGENCY REQUESTS DUE TO UNFORESEEN 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 _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>12-15-25</u> Date
<u>[Signature]</u> Signature of Board Chair	<u> </u> 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

Kyd Shell 12/15/25

School Related Student Trip Request Form

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

SCHOOL GATEWAY ACADEMYFACULTY MEMBER(S) SPONSORING TRIP MATT ADAMS, GRIFFIN MOORE,
JOHN RICHARDS

TYPE OF TRIP (CHECK ALL THAT APPLY):

ROUND TRIP) ☒ Over 300 miles ☐ Under 300 miles ☐ Co curricular ☐ Extracurricular
☐ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION KET STUDIOSADDRESS 600 COOPER DRIVE
LEXINGTON, KY 40502PHONE-DESTINATION 859-258-7000
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP <u>FRI, DEC. 5TH, 2025</u>	DEPARTURE TIME <u>6:30 AM</u>	RETURN TIME <u>4:30 PM</u>
START END	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE <u>TOUR + WORKSHOP FOR STUDENTS AT KET STUDIOS</u>		
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) <u>VIDEO PRODUCTION WORKSHOP</u>		
SOURCE OF FUNDING FOR TRIP <u>CTE Supplemental</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 12 MALE STUDENTS 6 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 2Classified chaperones 0

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? WILL BE NOTIFIED VIA PARENTSQUAREX Griffin B. Moore

Faculty/Sponsor Signature

X Penny Knight

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____X

Signature of Superintendent/Designee

Tam Bell "Kme"

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

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/CCHS Ag FACULTY MEMBER(S) SPONSORING TRIP William Javorski
 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 New Beginnings ADDRESS Therapeutic Riding PHONE 270-725-2810
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight give name, address, phone of lodging N/A
 DATE(S) OF TRIP 12/10/25 DEPARTURE TIME 8 AM RETURN TIME 3:30 PM
 PURPOSE/EDUCATIONAL VALUE leadership / team building CCHS / HHS
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
leadership / animal science
 SOURCE OF FUNDING FOR TRIP CTE Supplemental
 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 ☒ OTHERNUMBER OF STUDENTS 12 MALE STUDENTS TBD FEMALE STUDENTS TBDMODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY School buses / ag teachers☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) N/ACERTIFIED CHAPERONES Ag Teachers one from HHS + one from CCHSCLASSIFIED CHAPERONES N/A

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? written form

Julia Gilliam
 Signature of Faculty Sponsor

12/1/25
 Date

Lindy Cyprian
 Signature of Principal

12/1/25
 Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved Reason for disapproval

Tom Bell "Kne"
 Signature of Superintendent Designee

Tom Bell "Kne"
 Signature of Board Chair

12-4-25
 Date

12-4-25
 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

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 Jones

TYPE OF TRIP (CHECK ONE):

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

DESTINATION 1st Baptist Church ADDRESS 14005 Main PHONE 210 886-1216

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

DATE(S) OF TRIP Dec. 10 DEPARTURE TIME 11:30 RETURN TIME 2:00 @ the latestPURPOSE/EDUCATIONAL VALUE 10/1st Airborne Band Concert

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

Music Standards

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 ☐ OTHERNUMBER OF STUDENTS 140 MALE STUDENTS 70 FEMALE STUDENTS 70MODE 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 Grant Jones, Tracy Bean, Addison Grimm,

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? School

Signature of Faculty Sponsor

Date 12/5/25

Signature of Principal

Date 12/5/25

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved Reason for disapproval

Signature of Superintendent/Designee

Signature of Board Chair Tom Bell "Kme"Date 12-5-25Date 12-5-25

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

Related Procedures:

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

Review Revised: 11/21/13

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 NICHOLAS JONES

TYPE OF TRIP (CHECK ONE):

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

DESTINATION WESTERN KENTUCKY UNIVERSITY ADDRESS 1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101

PHONE 270-745-0111

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

DATE(S) OF TRIP 1/8/25-1/10/25 DEPARTURE TIME 2PM RETURN TIME 2PM

PURPOSE/EDUCATIONAL VALUE KMEA ALL DISTRICT BAND

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

SOURCE OF FUNDING FOR TRIP SCHOOL BOARD

AMOUNT OF STUDENT FEE: \$50 Hotel

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 10 FEMALE STUDENTS 10

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 NICHOLAS JONES, ADDISSON GRIMM, DEAVEN KNOWLES, BRANDON MCKINLEY

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? In person and via letter home

[Signature]
Signature of Faculty Sponsor

12/15/25
Date

[Signature]
Signature of Principal

12/16/25
Date

EMERGENCY REQUESTS DUE TO UNFORESEEN 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

12-8-2025
Date

[Signature]
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] 12/8/25

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Hopkinsville High FACULTY MEMBER(S) SPONSORING TRIP _____

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 Ashland Blazer High ADDRESS 1500 Blazer Blvd Ashland PHONE 606-3276040

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

DATE(S) OF TRIP 12-26/12-27/12-28/12-29 DEPARTURE TIME 12-26 (11:00) RETURN TIME 12-29 (10:00 pm)

PURPOSE/EDUCATIONAL VALUE Boys Basketball AIT Tournament

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

SOURCE OF FUNDING FOR TRIP Boys Basketball

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 14 MALE STUDENTS 14 FEMALE STUDENTS _____

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

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

CERTIFIED CHAPERONES _____

CLASSIFIED CHAPERONES Anthony Babb, Darius Knot, Mike Norford, Mike Wright

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? _____

Signature of Faculty Sponsor _____

Date _____

Signature of Principal _____

Date 11/19/25

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____

Date 11-05-2025

Signature of Board Chair _____

Date _____

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

Related Procedures:

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

Review/Revised: 11/21/13

11/25/25
Ky + [Signature]

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Hopkinsville High FACULTY MEMBER(S) SPONSORING TRIP _____
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 Ashland Blazer High ADDRESS 1500 Blazer Blvd Ashland PHONE 606-3276040

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

DATE(S) OF TRIP 12-26/12-27/12-28/12-29 DEPARTURE TIME 12:00 (12:00) RETURN TIME 12:00 (10:00 pm)

PURPOSE/EDUCATIONAL VALUE Boys Basketball AIT Tournament

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

SOURCE OF FUNDING FOR TRIP Boys Basketball

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 14 MALE STUDENTS 14 FEMALE STUDENTS _____

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

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

CERTIFIED CHAPERONES _____

CLASSIFIED CHAPERONES Anthony Babb, Darius Knot, Mike Mumford, Mike Wright

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? _____

Signature of Faculty Sponsor _____ Date _____ Signature of Principal [Signature] Date 11/19/25

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
Signature of Superintendent/Designee <u>[Signature]</u>	Date <u>11-25-25</u>
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

Ky A Still 11/25/25

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 ☒ Extra-curricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Univ. of Louisville ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP Jan 16-17, 2026 DEPARTURE TIME 11:00pm RETURN TIME 1/17 @ 10pm

PURPOSE/EDUCATIONAL VALUE participate in a Men's choir Festival

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

SOURCE OF FUNDING FOR TRIP Choir

AMOUNT OF STUDENT FEE: Food \$ only

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 4 MALE STUDENTS 4 FEMALE STUDENTS 0

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

☒ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Tracy Bean
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
acceptable behavior? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding
How have they been notified? class discussion

Tracy Bean
Signature of Faculty Sponsor

12/4/26
Date

Tracy Bean
Signature of Principal

12/18/25
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Christy</u> Signature of Superintendent/Designee	<u>12-15-2028</u> 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

K. J. Shel 12/18/25

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 T. Bean

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☐ Under 300 miles ☒ Co-curricular ☐ Extra-curricular
☐ 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 Dec 4 DEPARTURE TIME 1pm RETURN TIME NOPURPOSE/EDUCATIONAL VALUE Concert Rehearsal

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

SOURCE OF FUNDING FOR TRIP Choir 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 ☐ OTHERNUMBER OF STUDENTS 45 MALE STUDENTS _____ FEMALE STUDENTS _____MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Tracy 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 How have they been notified? Class discussion

Hayden 11/18/25 [Signature] 11/20/25
 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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent Designee <u>Tom Bell "Kmen"</u> Signature of Board Chair	<u>11-20-25</u> Date <u>11-20-25</u> 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

School-Related Student Trip Request Form

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

SCHOOL Newcomer Academy III FACULTY MEMBER(S) SPONSORING TRIP Vicky Barnes
TYPE OF TRIP (CHECK ONE): CCAS☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)DESTINATION Alhambra Theater ADDRESS 507 S. main st. Waplesville PHONE 270-887-4295☐ 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 11:30PURPOSE/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 ELAMOUNT OF STUDENT FEE: \$500 (fwe)

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 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 Barnes, Ainny BerenguerCLASSIFIED CHAPERONES Ingrid MacarioHave 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? CCPS School CodeVicky Barnes
Signature of Faculty Sponsor10-14-25
Date[Signature]
Signature of Principal11/13/27
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/Designee11-18-25
DateTom Belle
Signature of Board Chair11-18-25
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