

SchoolRelated Student Trip Request Form

SCHOOL TYPE OF TRIP	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.		
<input type="checkbox"/> Over 300 miles <input checked="" type="checkbox"/> Under 300 miles <input type="checkbox"/> Cocurricular <input type="checkbox"/> Extracurricular <input type="checkbox"/> Classroom Field Trip <input checked="" type="checkbox"/> Organization/Club Trip <input type="checkbox"/> Other (athletic, band, if applicable)			
DESTINATION <u>Austin Peay Univ</u> ADDRESS <u>331 Dicks St</u> PHONE <u>931-221-6168</u> <u>Clarksville TN</u> <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Out of County <input type="checkbox"/> Within County <input type="checkbox"/> Overnight: give name, address, phone of lodging _____			
DATE(S) OF TRIP <u>April 12, 2019</u> DEPARTURE TIME <u>8:15</u> RETURN TIME <u>2:30 - back at CCHS</u> PURPOSE/EDUCATIONAL VALUE <u>College Visit/Tour</u> WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____			
SOURCE OF FUNDING FOR TRIP <u>MSU-Trio Talent Search</u>			
AMOUNT OF STUDENT FEE: <u>- 0 -</u>			
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.			
BILL TRIP EXPENSES TO: <input checked="" type="checkbox"/> SPONSORING ORGANIZATION <input type="checkbox"/> SCHOOL COUNCIL <input type="checkbox"/> BOARD <input type="checkbox"/> OTHER NUMBER OF: STUDENTS <u>50</u> MALE STUDENTS <u>25</u> FEMALE STUDENTS <u>25</u> MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (SEE PROCEDURE 09.36 AP. 212.) <input type="checkbox"/> CERTIFICATED COMMON CARRIER; SPECIFY _____ <input type="checkbox"/> PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____			
CERTIFIED CHAPERONES <u>College Coach</u>			
CLASSIFIED CHAPERONES <u>Jesse Frailey - MSU Talent Search Coordinator</u> <u>270-493-2016</u>			
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? <input type="checkbox"/> Yes <input type="checkbox"/> No Have all students been notified of the rules and regulations regarding acceptable behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No How have they been notified? <u>Permission Slip/Form</u>			
Signature of Faculty Sponsor _____		Date _____ Signature of Principal <u>[Signature]</u> Date <u>2-8-19</u>	
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>2-11-19</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

SchoolRelated Student Trip Request Form

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

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

DESTINATION Mesker Zoo ADDRESS 1545 Mesker Park Dr PHONE _____

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

DATE(S) OF TRIP April 12, 2019 DEPARTURE TIME 7am RETURN TIME 3:15pm

PURPOSE/EDUCATIONAL VALUE Education - Nature - Fun (reward for service)

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

SOURCE OF FUNDING FOR TRIP NHS

AMOUNT OF STUDENT FEE: \$20.00

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 42 MALE STUDENTS 12 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 Keisha Benson, Eva Martin

CLASSIFIED CHAPERONES Monica Moore, Sonja Ginn

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? Letters will be sent.

Sianca Calkins
 Signature of Faculty Sponsor

2/8/19
 Date

[Signature]
 Signature of Principal

2-11-19
 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>2-11-19</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

SchoolRelated Student Trip Request Form

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

SCHOOL *

FACULTY MEMBER(S) SPONSORING TRIP _____

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 Louisville, KY ADDRESS 830 Phillip Ln. Louisville, KY 40206 PHONE-DESTINATION 502-367-2251

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

 DATE(S) OF TRIP 3/21 - 3/23/19 DEPARTURE TIME 9:00 AM RETURN TIME 5:00 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE HOSA State conference/competition

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

Develop + practice oral + written communication. Understand roles + responsibilities of individual members of the health care team. Demonstrate professional etiquette + responsibilities.

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

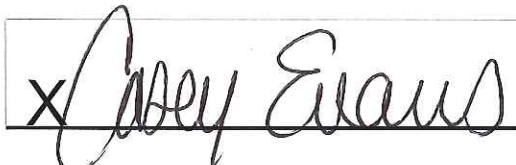
BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER _____NUMBER OF: STUDENTS 20 MALE STUDENTS 1 FEMALE STUDENTS 19MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY Bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones Maxie Stamps + Casey Evans

Classified chaperones _____

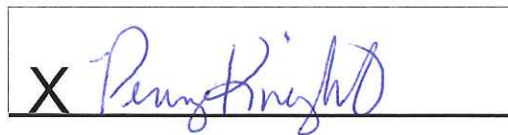
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

☒ Yes☐ No

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

☒ Yes ☐ NoHow have they been notified? written form


Faculty/Sponsor Signature



Principal Signature

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


Signature of Superintendent/Designee

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

School-Related Student Trip Request Form

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

SCHOOL Christian County High FACULTY MEMBER(S) SPONSORING TRIP Trey Wheeler

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 Tullahoma, TN/Franklin County, TN ADDRESS 833 Bypass Rd. Winchester TN 37398 PHONE 931-967-2821

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
Hampton Inn & Suites Manchester 1143 Woodbury Hwy, Manchester, TN 37355 931-728-9528

DATE(S) OF TRIP April 4-6, 2019 DEPARTURE TIME 4/4 11:00 AM RETURN TIME 4/6 3:30 PMPURPOSE/EDUCATIONAL VALUE Baseball Spring Break Tournament

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

SOURCE OF FUNDING FOR TRIP CCHS Baseball BoostersAMOUNT 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 22 MALE STUDENTS 22 FEMALE STUDENTS _____MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY District & School vans☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Trey Wheeler, Cole IsomCLASSIFIED CHAPERONES Joseph Pelleher, Mitchell Blackmon

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? Team Rules & Expectations

Signature of Faculty Sponsor Trey WheelerDate 2/4/19Signature of Principal [Signature]Date 2/4/19

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]Date 2/5/19

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 Christian County High School FACULTY MEMBER(S) SPONSORING TRIP Trey Wheeler

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 9115 Fern Creek Rd. PHONE 502-485-8251

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
The Hampton Inn & Suites East 1451 Alliant Ave. Louisville, Ky 40299 (502) 809-9901

DATE(S) OF TRIP April 26-27, 2019 DEPARTURE TIME 4/26 3:30 pm RETURN TIME 4/27 9:30 pmPURPOSE/EDUCATIONAL VALUE Baseball Tournament

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

SOURCE OF FUNDING FOR TRIP CCHS Baseball BoostersAMOUNT 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 22 MALE STUDENTS 22 FEMALE STUDENTS —MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY District/School Vans☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) —CERTIFIED CHAPERONES Trey Wheeler, Cole IsomCLASSIFIED CHAPERONES Joseph Pelletier, Mitchell Blackman

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? Team Rules & Expectations

Signature of Faculty Sponsor Trey WheelerDate 2/4/19Signature of Principal [Signature]Date 2/4/19

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]Date 2/5/19Signature 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 CCHS FACULTY MEMBER(S) SPONSORING TRIP PAULA GIESEKE

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 CHEEKWOOD ESTATE GARDEN 1200 FORREST PARK DRIVE NASHVILLE TN 37205 PHONE (615) 3658000
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging _____
DATE(S) OF TRIP 04-19-19 DEPARTURE TIME 8:15 RETURN TIME 6PMPURPOSE/EDUCATIONAL VALUE VIEW BOTANICAL GARDENS AND ART MUESUM

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

SOURCE OF FUNDING FOR TRIP ART CLUBAMOUNT 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 45 MALE STUDENTS 15 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 PAULA GIESEKECLASSIFIED CHAPERONES SONYA GINN AND ROBERT CRUZ

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? Permission Slip

Paula Gieseke 01-29-19

Signature of Faculty Sponsor

Date

Amey
Signature of Principal1-30-19
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 _____*Mary Ann Hemmick*
Signature of Superintendent/Designee2-1-19
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

School-Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP 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 Bridgestone ArenaADDRESS Nashville, TN.PHONE-DESTINATION 606-872-0255

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

DATE(S) OF TRIP 2/5/19DEPARTURE TIME 7AMRETURN TIME 12 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE To attend the Predators Hockey Leadership Day for Future Business Leader Students. To allow students to hear from Bridgestone Executives in a round table discussion on work ethic, business procedures and employability.

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

To utilize activities of FBLA as an integral component of course content and leadership development.

SOURCE OF FUNDING FOR TRIP FBLA

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 40MALE STUDENTS 10FEMALE 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 MARVIN HARNESS, CHRISTIAN RUSSELL

Classified chaperones SENIA GINN N/A

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? Signed permission forms/paperwork

X Marvin Harness

Faculty/Sponsor Signature

X Angie

Principal Signature

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

X Marvin Harness 1-22-19

Signature of Superintendent/Designee

Honda Heller "Kore" 1-22-19

"Emergency Approval"

School-Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP 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 Bridgestone ArenaADDRESS Nashville, TN.PHONE-DESTINATION 606-872-0255

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

DATE(S) OF TRIP 2/5/19DEPARTURE TIME 7AMRETURN TIME 12 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE To attend the Predators Hockey Leadership Day for Future Business Leader Students. To allow students to hear from Bridgestone Executives in a round table discussion on work ethic, business procedures and employability.

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

To utilize activities of FBLA as an integral component of course content and leadership development.

SOURCE OF FUNDING FOR TRIP FBLA

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 40MALE STUDENTS 10FEMALE 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 MARVIN HARNESS, CHRISTIAN RUSSELL

Classified chaperones SONYA GINN N/A

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

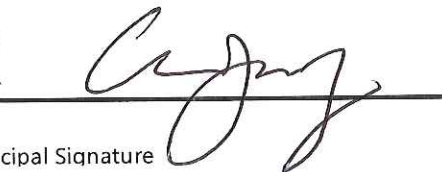
How have they been notified? Signed permission forms/paperwork

X



Faculty/Sponsor Signature

X



Principal Signature

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

X



Signature of Superintendent/Designee

Linda Kelleher "Kree" 1/22/19

"emergency approval"

SchoolRelated Student Trip Request Form

SCHOOL CC **SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**
☐ Over 30 _____
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
 DESTINATION CINCINNATI MUSEUM OF ART ADDRESS 953 EDEN PARK DRIVE, CINCINNATI, OH 45202
 PHONE (513) 721-2787
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging _____
 DATE(S) OF TRIP 03-28-19 DEPARTURE TIME 5:00 A RETURN TIME 10PM
 PURPOSE/EDUCATIONAL VALUE EXPOSURE TO VARIOUS CULTURES/FOOD, ART GENRES AND TIME PERIODS
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____
 SOURCE OF FUNDING FOR TRIP WORLD LANGUAGE CLUB
 AMOUNT OF STUDENT FEE: \$75
 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 22 FEMALE STUDENTS 23
 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)
☐ CERTIFICATED COMMON CARRIER; SPECIFY ANCHOR TRANSPORTATION
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____
 CERTIFIED CHAPERONES JERI LYNN THOMAS, JACKIE WILLIAMS, PAULA GIESEKE
 CLASSIFIED CHAPERONES ROBERT CRUZ TIRADO
 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? Permission Slip

Jeri Lynn Thomas 1-18-19
Signature of Faculty Sponsor Date Signature of Principal Date 1-18-19

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	
<i>Mary Ann Hemmell</i> Signature of Superintendent/Designee	1/18/19 Date
<i>Linda Kelleher "Kore"</i> Signature of Board Chair	1/18/19 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

1. emergency approval

School Related Student Trip Request FormSCHOOL _____
TYPE OF TRIP _____

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

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

DESTINATION TN Air + Space Museum ADDRESS 135 Air Museum Way PHONE SEVIERVILLE, TN 37862 (865) 908-0171
☒ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Country Inn + Suites, Gatlinburg, TN 1-855-873-6557
 DATE(S) OF TRIP 25-28 MAR 2019 DEPARTURE TIME 07:00 AM RETURN TIME 4:30 PM
 PURPOSE/EDUCATIONAL VALUE AIR & SPACE MUSEUM (STEM)
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____

SOURCE OF FUNDING FOR TRIP AFJROTC
 AMOUNT OF STUDENT FEE: \$100.00

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 36 MALE STUDENTS 20 FEMALE STUDENTS 16
 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 KARI MARLOW Wendy Skinner (P)
ROBERT MARLOW, DAVID CHASE (M)
 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? BRIEFING

Robert Marlow
 Signature of Faculty Sponsor

1-10-2019
 Date

[Signature]
 Signature of Principal

1-11-19
 Date

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

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

[Signature]
 Signature of Superintendent/Designee

1-14-19
 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 TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP Mr. Burnham**TYPE OF TRIP (CHECK ALL THAT APPLY):**

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

DESTINATION Lexington KentuckyADDRESS 4089 Iron Works Parkway | Lexington, Kentuc KY 40601-1921PHONE-DESTINATION (800) 678-8813

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
BEST WESTERN PLUS GEORGETOWN 132 DARBY DRIVE, GEORGETOWN, KENTUCKY, 40324-8715 PHONE: 502/868-0055

DATE(S) OF TRIP 2/14/2019-2/17/2019DEPARTURE TIME 12:00PMRETURN TIME 12:30 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Competition

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

SOURCE OF FUNDING FOR TRIP Athletics

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

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

NUMBER OF: STUDENTS _____ MALE STUDENTS _____ FEMALE STUDENTS _____

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY School Bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones ROBERT A. BURNHAMClassified chaperones ANTHONY SMITH, DAMIEN LEAVELL, DEE LEAVELL, & ANTHONY HARRIS

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

☒ Yes ☐ No

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

☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parents**X** Robert A. BurnhamRobert A. Burnham
Faculty/Sponsor Signature**X** [Signature]

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____**X** [Signature]

Signature of Superintendent/Designee

Linda Keller"emergency approval"

SCHOOL-RELATED STUDENT TRIP REQUEST FORM

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ALL THAT APPLY)

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

DESTINATION _____ ADDRESS _____ PHONE _____

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

Nashville Airport & Around Christian County

DATE(S) OF TRIP 3/11 - 3/15 DEPARTURE TIME _____ RETURN TIME _____

delegation from Carentan, France

PURPOSE/EDUCATIONAL VALUE TAKE STUDENTS TO COMPETE AT STATE FAIR

WHAT STANDARD(S) IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETICS) 2.38, 2.36, 2.37 Cross Curricular

SOURCE OF FUNDING FOR TRIP _____

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER Chamber of Commerce

TOTAL NUMBER OF STUDENTS _____ MALE STUDENTS _____ FEMALE STUDENTS _____

FACULTY SPONSORS _____

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

IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? ☐ NO ☒ YES

☐ CHARTERED COMMON CARRIER; SPECIFY _____ ☐ PRIVATE VEHICLE; DRIVER(S) _____

CERTIFIED CHAPERONES HHS Staff

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 AND VERBAL

Chyson 2/13/19 [Signature] 2/13/19
Signature of Faculty Sponsor Date Signature of Principal Date

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

[Signature] 2/14/19
Signature of Superintendent/Designee Date

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

LOST ADA (Extracurricular only): _____ X _____ X \$21 = \$ _____ (number of students multiplied by the number of school days missed multiplied by the ADA)

SCHOOL-RELATED STUDENT TRIP REQUEST FORM

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP JHHS45C - Lisa Roberts

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 Ebonite ADDRESS 813 W 74th St. PHONE 270-881-1200

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

DATE(S) OF TRIP MAR 1, 2019 DEPARTURE TIME 8:30 RETURN TIME 10:30?

PURPOSE/EDUCATIONAL VALUE TAKE STUDENTS TO COMPETE AT STATE FAIR

WHAT STANDARD(S) IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETICS) 2.38, 2.36, 2.37

SOURCE OF FUNDING FOR TRIP JHHS45C - 0502 104 0679 128E

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

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

TOTAL NUMBER OF STUDENTS 15 MALE STUDENTS _____ FEMALE STUDENTS _____

FACULTY SPONSORS Lisa Roberts

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

IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? ☒ NO ☐ YES

☐ CHARTERED COMMON CARRIER; SPECIFY _____ ☐ PRIVATE VEHICLE; DRIVER(S) _____

CERTIFIED CHAPERONES Lisa Roberts

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 AND VERBAL verbal

Lisa Roberts 2-8-19 [Signature] 2/8
Signature of Faculty Sponsor Date Signature of Principal Date

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

[Signature] 2/12/19
Signature of Superintendent/Designee Date

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

LOST ADA (Extracurricular only): _____ X _____ X \$21 = \$ _____ (number of students multiplied by the number of school days missed multiplied by the ADA)

SCHOOL-RELATED STUDENT TRIP REQUEST FORM

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Gloria Lelasker + Marvin Harnes

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 FIBA Region 1 Conference at Murray State University ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 3/4 DEPARTURE TIME 7:00 AM RETURN TIME 3:15 PM

PURPOSE/EDUCATIONAL VALUE TAKE STUDENTS TO COMPETE AT STATE FAIR

WHAT STANDARD(S) IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETICS) 2.38, 2.36, 2.37

SOURCE OF FUNDING FOR TRIP Club Funds - 1/2 - HHS + 1/2 - CCHS

HHS FIBA NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER _____

TOTAL NUMBER OF STUDENTS 23 MALE STUDENTS 8 FEMALE STUDENTS 15

FACULTY SPONSORS Gloria Lelasker + Latrice Chatman

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

IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? ☒ NO ☐ YES

☐ CHARTERED COMMON CARRIER; SPECIFY _____ ☐ PRIVATE VEHICLE; DRIVER(S) _____

CERTIFIED CHAPERONES Gloria Lelasker
Latrice Chatman

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 AND VERBAL

Gloria Lelasker 2/8/2019 [Signature] 2/11/19
Signature of Faculty Sponsor Date Signature of Principal Date

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

[Signature] 2-12-19
Signature of Superintendent/Designee Date

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

LOST ADA (Extracurricular only): X X \$21 = \$ _____ (number of students multiplied by the number of school days missed multiplied by the ADA)

SCHOOL-RELATED STUDENT TRIP REQUEST FORM

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Heidi Wheeler, Dr. Scott Brown

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 2000 College Dr. ADDRESS Madisonville, KY 40343 PHONE 270-821-2250

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

DATE(S) OF TRIP 3/23/19 DEPARTURE TIME 7am RETURN TIME 5pm

PURPOSE/EDUCATIONAL VALUE TAKE STUDENTS TO COMPETE AT STATE FAIR Regionals

WHAT STANDARD(S) IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETICS) 2.38, 2.36, 2.37

SOURCE OF FUNDING FOR TRIP _____

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

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

TOTAL NUMBER OF STUDENTS 23 MALE STUDENTS 20 FEMALE STUDENTS 3

FACULTY SPONSORS Heidi Wheeler

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

IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? ☐ NO ☒ YES

☐ CHARTERED COMMON CARRIER; SPECIFY _____ ☐ PRIVATE VEHICLE; DRIVER(S) _____

CERTIFIED CHAPERONES Heidi Wheeler
Dr. Scott Brown

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~~ VERBAL

Heidi Wheeler 4/23/19 [Signature] 25 Jan 19
Signature of Faculty Sponsor Date Signature of Principal Date

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

[Signature] 1/25/19
Signature of Superintendent/Designee Date

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

LOST ADA (Extracurricular only): X X \$21 = \$ _____ (number of students multiplied by the number of school days missed multiplied by the ADA)

SCHOOL-RELATED STUDENT TRIP REQUEST FORM

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP MAS Shles / 1SG Holloway

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 FLKnot ADDRESS Kentucky 40121 PHONE 502 626 0805

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

DATE(S) OF TRIP 26 Mar 19 DEPARTURE TIME 6:30 AM RETURN TIME 5 PM

PURPOSE/EDUCATIONAL VALUE TAKE STUDENTS TO COMPETE AT STATE FAIR

WHAT STANDARD(S) IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETICS) 2.38, 2.36, 2.37

SOURCE OF FUNDING FOR TRIP US Army / National Guard

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

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

NO EXPENSES
TOTAL NUMBER OF STUDENTS 10 MALE STUDENTS _____ FEMALE STUDENTS 10

FACULTY SPONSORS MAS Shles

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP.
212) US ARMY NATIONAL GUARD / SFC BLACK

(VAN) 12 Pax IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? ☐ NO ☒ YES
☐ CHARTERED COMMON CARRIER; SPECIFY _____ ☐ PRIVATE VEHICLE; 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 LETTER AND VERBAL _____

[Signature] 24 JAN 18 [Signature] 25 Jan 18
Signature of Faculty Sponsor Date Signature of Principal Date

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

[Signature]
Signature of Superintendent/Designee

1/25/19
Date

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

LOST ADA (Extracurricular only): _____ X _____ X \$21 = \$ _____ (number of students multiplied by the number of school days missed multiplied by the ADA)

SCHOOL-RELATED STUDENT TRIP REQUEST FORM

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Lisa Roberts

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 HCC ADDRESS 750 North Dr. Hopkinsville PHONE _____

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

DATE(S) OF TRIP Mar 12, 19 DEPARTURE TIME 8:30 RETURN TIME 8:30 - 2:00 (leave HCC @ 2:00)

PURPOSE/EDUCATIONAL VALUE TAKE STUDENTS TO COMPETE AT STATE FAIR

WHAT STANDARD(S) IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETICS) 2.38, 2.36, 2.37

SOURCE OF FUNDING FOR TRIP YSC funds -

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

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

TOTAL NUMBER OF STUDENTS 35? MALE STUDENTS _____ FEMALE STUDENTS _____

FACULTY SPONSORS Lisa Roberts

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

IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? ☒ NO ☐ YES

☐ CHARTERED COMMON CARRIER; SPECIFY _____ ☐ PRIVATE VEHICLE; DRIVER(S) _____

CERTIFIED CHAPERONES Lisa Roberts
Lisa Wooten

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 AND VERBAL verbal - when meet c-students

Lisa Roberts
Signature of Faculty Sponsor

Jan 14, 19
Date

[Signature]
Signature of Principal

1/24/19
Date

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

[Signature]
Signature of Superintendent/Designee

1-24-19
Date

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

LOST ADA (Extracurricular only): X X \$21 = \$ _____ (number of students multiplied by the number of school days missed multiplied by the ADA)

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: HMS

FACULTY MEMBER(S) SPONSORING TRIP

Travis Miller

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 WKU

ADDRESS Bowling Green

PHONE

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

DATE(S) OF TRIP 3-1-19

DEPARTURE TIME 6:00 am

RETURN TIME 8:00 pm

PURPOSE/EDUCATIONAL VALUE WKU Honor Band Class

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

SOURCE OF FUNDING FOR TRIP

HMS Band

AMOUNT OF STUDENT FEE: \$

N/A (pd by show)

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 2

FEMALE STUDENTS 2

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

If no van available ☒ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

Travis Miller (if no van available)

CERTIFIED CHAPERONES

Travis Miller

CLASSIFIED CHAPERONES

I 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: Hand book

Signature of Faculty Sponsor [Signature]

Date 1-22-19

Signature of Principal [Signature]

Date 1/22/19

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>1-22-19</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

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: HMS

FACULTY MEMBER(S) SPONSORING TRIP Travis Moller

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Murray St Univ ADDRESS Murray, KY PHONE _____

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

DATE(S) OF TRIP 2-26-19 DEPARTURE TIME 6:00am RETURN TIME 6:00pm

PURPOSE/EDUCATIONAL VALUE Quad State Junior High Choir Festival

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

SOURCE OF FUNDING FOR TRIP HMS Choir

AMOUNT OF STUDENT FEE: \$ N/A (pd by above)

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 4 FEMALE STUDENTS 8

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

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

CERTIFIED CHAPERONES Travis Moller

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? Handbook

Signature of Faculty Sponsor [Signature]

Date 1-22-19

Signature of Principal [Signature]

Date 1/22/19

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

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

[Signature]
Signature of Superintendent/Designee

1-22-19
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

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: HMSFACULTY MEMBER(S) SPONSORING TRIP Trevor Miller

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 WkuADDRESS Bowling Green, KY

PHONE _____

☐ Out of State
☒ Out of County
☐ Within County☐ Overnight: give name, address, phone of lodging _____DATE(S) OF TRIP 4-17-19DEPARTURE TIME 8:00amRETURN TIME 4:00 pmPURPOSE/EDUCATIONAL VALUE KMEA Choir AssessmentWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Music performanceSOURCE OF FUNDING FOR TRIP HMS ChoirAMOUNT 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 52MALE STUDENTS 8FEMALE STUDENTS 44MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) Bus☐ PRIVATE VEHICLE IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Trevor Miller / Melissa Kersey / Vicki Jenkins

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? Handbook

Signature of Faculty Sponsor T. MillerDate 1-22-19Signature of Principal [Signature]Date 1/22/19

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]Date 1-22-19

Signature of Board Chair _____

Date _____

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

Related Procedures:

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

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: HMSFACULTY MEMBER(S) SPONSORING TRIP Travis Mother

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 WKSADDRESS Bowling Green, IA

PHONE _____

☐ Out of State
☒ Out of County
☐ Within County☐ Overnight: give name, address, phone of lodging _____DATE(S) OF TRIP 4-12-19DEPARTURE TIME 8:00 amRETURN TIME 4:00 pmPURPOSE/EDUCATIONAL VALUE KMEA Band AssessmentWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Music PerformanceSOURCE OF FUNDING FOR TRIP HMS BandAMOUNT 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 73 MALE STUDENTS 31 FEMALE STUDENTS 42MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 Buses AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Travis Mother / Melissa Kersing

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? Handbook

Signature of Faculty Sponsor [Signature]Date 1-22-19Signature of Principal [Signature]Date 1/22/19

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]Date 1-22-19

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

SchoolRelated Student Trip Request Form

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

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

DESTINATION Lexington Ky ADDRESS 373 Roccio way PHONE (809) 303-4079
☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of
lodging Comfort Suites 13060 Fieldstone way Lexington Ky 40513

DATE(S) OF TRIP 2-8-10 DEPARTURE TIME 10 AM RETURN TIME 6 pm

PURPOSE/EDUCATIONAL VALUE _____

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

SOURCE OF FUNDING FOR TRIP DFT 1

AMOUNT 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 ☐ OTHER

NUMBER OF: STUDENTS 15 MALE STUDENTS 15 FEMALE STUDENTS 0

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

☒ CERTIFICATED COMMON CARRIER; SPECIFY CAPS bus (809)

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

CERTIFIED CHAPERONES Carlos Wilson, Pat Pendera, James W. J.

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? All

Carl Will 1/14/19 B. M. 1/14/19
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 _____

Margaret Hemmick 1-15-19
Signature of Superintendent/Designee Date

Ronda K. Miller "Kne" 1-15-19
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