SCHOOL TYPE OF TRIP	SUBMIT THIS FORM FOUR	(4) WEEKS PRIOR TO TAK	ING THE TRIP.
☐ Over 300 miles ☐ Classroom Field Trip DESTINATION Austric Page 1	ey Univ Address 331	Audical de la	931-221-6168
lodging	•		ight: give name, address, phone of
DATE(S) OF TRIP April 12		ME 8:15 RETUR	NTIME 2:30 - back at CCHS
PURPOSE/EDUCATIONAL V WHAT STANDARD IS BEI		NG THIS TRIP? (DOES	NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR	TRIP MSU-Trio To	elent Search	
AMOUNT OF STUDENT FEE	:- D-		
	DENT SHALL BE DENIED TH		
	SPONSORING ORGANIZATI	A CONTRACTOR OF THE PROPERTY O	
NUMBER OF: STUDENTS	MALE STUDENTS ON: IS DISTRICT TRANSPORT		.E STUDENTS <u>25</u> D
	COMMON CARRIER; SPECIF		JES (SEE PROCEDURE 09.36 AF.
	HICLE, IF ALLOWED BY POI	LICY; SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES	Collège Coach		
CLASSIFIED CHAPERONES	Jese Frailey -	MSN Talent Sea	inch Good nator
			gnated by the principal/designee to
supervise students? ☐ Ye acceptable behavior? ☐ Ye		students been notified of they been notified?	f the rules and regulations regarding
Signature of Faculty Spon	nsor Date	Signature of	Principal Date
			S THAT MAKE PRIOR BOARD OF THE BOARD CHAIRPERSON
Trip has been □ approved	☐ disapproved. Reason for dis	approval	
Manutan	Dem mill	/	2-11-19
Signature of Super	intendent/Designee		Date
Signature of Board	l Chair	-281 E	Date
For overnight and/or or	It-of-state trins approval of the	Cuparintandant and/or Don	d may be required by policy 00 26

RELATED PROCEDURES:

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

compar [
SCHOOL TYPE OF TRIP	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
☐ Over 300 miles ☐ Classroom Field Tri DESTINATION MES K	Under 300 miles
Out of State	Out of County
DATE(S) OF TRIP APPLI	12,2019 DEPARTURE TIME Tam RETURN TIME 3:150m
PURPOSE/EDUCATIONAL	VALUE Education- Nature - Fun (Reward for Seni
WHAT STANDARD IS BI	EING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOI	RTRIP NHS
AMOUNT OF STUDENT FE	
NO ST	UDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD SOTHER
NUMBER OF: STUDENTS_	
MODE OF TRANSPORTAT	ION: IS DISTRICT TRANSPORTATION NEEDED? IN NO STYES (SEE PROCEDURE 09.36 AP. D. COMMON CARRIER; SPECIFY
	EHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES	
CLASSIFIED CHAPERONE	s Monica more, Sonja Ginn
Have all chaperones ur supervise students? Y y acceptable behavior? Y Signature of Faculty Spo	Yes I No How have they been notified? Letters will be Se
EMERGENCY REQU	ESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD BLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved	☐ disapproved. Reason for disapproval
Signature of Sup	erintendent Designee 2-11-19 Date
Signature of Boo	rd 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

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 Organization/Club Trip Other (athletic, band, if applicable) DESTINATION LOUISVILLE, KY ADDRESS LEUISVILLE, KY 4020 PHONE-DESTINATION \$500 - 367-3051 Out of County Within County Overnight: give name, address, phone of lodging on 31ai DATE(S) OF TRIP 3/21 - 3/23/19 DEPARTURE TIME 9:00 AM RETURN TIME 5:00 PM ON 3/23 (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) PURPOSE/EDUCATIONAL VALUE_HOSA State Conférenco/competition WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

Develop + Practice cral + written communication. Understand roles + responsibilities of individual Shembers of the health care team. Demonstrate professional source of funding for TRIP HOSA OLISTFICT Ettiquette + 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 MALE STUDENTS FEMALE STUDENTS 19 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) ECERTIFICATED COMMON CARRIER; SPECIFY '5US PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

Certified chaperones Maxie Stamps & Cosey 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? How have they been notified? Written torm Faculty/Sponsor Signature Principal Signature Trip has been approved disapproved. Reason for disapproval For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

09.36 AP.21

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 ADDRESS \$33 Bypass Rd. Winchester PHONE 931-967-2821
Out of State Out of County Within County Overnight: give name, address, phone of lodging Hampton Inn & Swites Mancrester 1143 Woodbury Hwy, Manchester, TN 37365 931-728-952
DATE(S) OF TRIP April 4-6, 2019 DEPARTURE TIME 4/4 11:00 Am RETURN TIME 4/6 3:30 pm
PURPOSE/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 Boosters
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 22 Female Students 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 Isom
CLASSIFIED CHAPERONES Joseph Pelletier, 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 is Expectations 2/4/19 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
Signature of Superintendent/Designee 2/5/19 Date
Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

 $09.36\;\mathrm{AP.211},\,09.36\;\mathrm{AP.212},\,09.36\;\mathrm{AP.23}$

STUDENTS 09.36 AP.21

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, Ry ADDRESS 9/15 Fern Creek Rd. PHONE 502-485-825/
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) 809-990
DATE(S) OF TRIP April 26-27, 2019 DEPARTURE TIME 4/26 3:30 pm RETURN TIME 4/27 9:30 pm
PURPOSE/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 BASEDALL BOOSTERS
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 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 Isom
CLASSIFIED CHAPERONES Joseph Pelletier, Mitchell Blackman
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{No} \) Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\text{No} \) How have they been notified? And Rules is Expected from the principal 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 Papproved 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:

 $09.36 \; AP.211, 09.36 \; AP.212, 09.36 \; AP.23$

09.36 AP.21

STUDENTS 09.30 AT .2
School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOLCCHS 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 lodging
DATE(S) OF TRIP_04-19-19 DEPARTURE TIME _8:15 RETURN TIME _6PM
PURPOSE/EDUCATIONAL VALUE _VIEW BOTANICAL GARDENS AND ART MUESUM
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRI
SOURCE OF FUNDING FOR TRIPART CLUB
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 ☐ OTH
Number of: students 45 Male Students 15 Female Students 30
Mode of Transportation: is district transportation needed? \square no \square yes (see procedure 09 ap. 212.) \square Certificated common carrier; specify
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONESPAULA GIESEKE
CLASSIFIED CHAPERONESSONYA GINN AND ROBERT CRUZ
Have all chaperones undergone the required records check and been designated by the principal/designee to super students? Have all students been notified of the rules and regulations regard
acceptable behavior? ☐ Yes ☐ No How have they been notified?Permission Slip
Paula Gieseke 01-29-19
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOAPPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERS

2 - 1 - 19 Date
Date
200

Related Procedures:

 $09.36 \; AP.211, \, 09.36 \; AP.212, \, 09.36 \; AP.23$

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

SCHOOL Christian Co. High FACULTY 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 Arena ADDRESS 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 2/5/19 DEPARTURE TIME 7AM RETURN 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 40 Male Students 10 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 MARVIN HARNESS, CHRISTIAN RUSSELL
Classified chaperones Servin Chan
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?
Have all students been notified of the rules and regulations regarding acceptable behavior?
How have they been notified? Signed permission forms/paperwork
XMan X Capp
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
Signature of Superintendent/Designee
Hendal ble 1 00x "Kne" 1-22-19

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP Marvin Harness SCHOOL Christian Co. High TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular Extracurricular Under 300 miles Over 300 miles Other (athletic, band, if applicable) Organization/Club Trip Classroom Field Trip PHONE-DESTINATION 606-872-0255 ADDRESS Nashville, TN. **DESTINATION** Bridgestone Arena Overnight: give name, address, phone of lodging Within County Out of State Out of County DEPARTURE TIME 7AM RETURN TIME 12 PM DATE(S) OF TRIP 2/5/19 (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 **FEMALE STUDENTS 30** MALE STUDENTS 10 NUMBER OF: STUDENTS 40 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 Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? Signed permission forms/paperwork Principal Signature Faculty/Sponsor Signature Trip has been approved disapproved. Reason for disapproval DOLOK, IKrae"

"umergency approval"

2 (.E.2.) (6)

Total

SchoolRelated Student Trip Request Form

SchoolRelated Studer	nt Trip Request Form
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
SCHOOL CC SUBMIT THIS FORM FOUR (4)	WEEKS PRIOR TO TAKING THE TRIP.
☐ Classroom Field Trip ☐ Organization/Club Trip	Other (athletic, band, if applicable
DESTINATION CINCINNATI MUSEUM OF ART ADDRESS 95 PHONE (513) 721-2787	3 EDEN PARK DRIVE, CINCINNATI, OH 45202
☐ Out of State ☐ Out of County ☐ Within lodging	County Overnight: give name, address, phone of
DATE(S) OF TRIP <u>03-28-19</u> DEPARTURE TIME <u>5:00 A</u>	
PURPOSE/EDUCATIONAL VALUE EXPOSURE TO VARIOUS WHAT STANDARD IS BEING ADDRESSED BY TAKING	CULTURES/FOOD, ART GENRES AND TIME PERIODS THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP WORLD LANGUAGE CLU	В
AMOUNT OF STUDENT FEE: \$75	A TO SECOND STATE OF THE S
Application of the state of the	RIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION	□ SCHOOL COUNCIL □ BOARD □ OTHER
NUMBER OF: STUDENTS 45 MALE STUDENTS	El Caracteria de la Caracteria de Caracteria
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION: 121.) CERTIFICATED COMMON CARRIER; SPECIFY A	
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY	
CERTIFIED CHAPERONES JERI LYNN THOMAS, JACKIE W CLASSIFIED CHAPERONES ROBERT CRUZ TIRADO	ILLIAMS, PAULA GIESEKE
Have all chaperones undergone the required records c supervise students? Yes No Have all students been notified of the rules and regulations	
How have they been notified? Permission Slip	THE SECOND SECON
<u>Jeri Lynn Thomas</u>	1-18-19
	Ceran 1-18-19
Signature of Faculty Sponsor Date	Signature of Principal Date
	CIRCUMSTANCES THAT MAKE PRIOR BOARD THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been Dapproved D disapproved, Reason for disapproved	royal
Manhammell	1/18/17
Signature of Superintendent/Designee	Date
Linda Killer "Kro"	11/8/19
Signature of Board Chair	Date Date
For overnight and/or out-of-state trips, approval of the Sup	perintendent and/or Board may be required by policy 09.36.
RELATED PROCEDURES:	See planting Alex
09.36 AP.211, 09.36 AP.212, 09.36 AP.23	result in the second
2	Review/Revised:11/21/13
m 1820ma 1)	y approval"
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	8.11 FEB. 25.

SCHOOL 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 TN 37562 DESTINATION TN Air + Space Musadomess 135 Air Museum WP PHONE (865) 908-017
Out of State Out of County Within County Overnight: give name, address, phone of lodging Country In + Switzs, Gatliburg, TN 1-855-873-6557 DATE(S) OF TRIP 25-28 MAR 2019 DEPARTURE TIME 67:00 Am RETURN TIME 4:30 PM
PURPOSE/EDUCATIONAL VALUE ATR & SPACE MUSEUM (STEM) WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
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 50 FEMALE STUDENTS 16
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?
212.) CERTIFICATED COMMON CARRIER; SPECIFY
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES KARI MARLOW WENDY SKINNER (F)
CLASSIFIED CHAPERONES
CLASSIFIED CHAI ERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\sigma\) No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\sigma\) No How have they been notified?
Koleskillenlow 1-10-2019 / 1/19
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
Naudeman 1-14-19 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

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP Mr. Burnham SCHOOL Christian Co. High TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular Over 300 miles Under 300 miles Other (athletic, band, if applicable) Organization/Club Trip Classroom Field Trip ADDRESS 4089 Iron Works Parkway | PHONE-DESTINATION (800) 678-8813 **DESTINATION** Lexington Kentucky Lexington, Kentuc KY 40601-1921 Overnight: give name, address, phone of lodging Within County Out of State Out of County **BEST WESTERN PLUS GEORGETOWN 132** DARBY DRIVE, GEORGETOWN, KENTUCKY, 40324-8715 PHONE: 502/868-0055 **RETURN TIME 12:30 PM DEPARTURE TIME 12:00PM** DATE(S) OF TRIP 2/14/2019-2/17/2019 (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) START END 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 FEMALE STUDENTS MALE STUDENTS _____ NUMBER OF: 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. BURNHAM Classified 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? Xes □ No Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? Code of Conduct signed by athletes and parents X Pleur + Bune Robert A. Burnham Principal Signature Faculty/Sponsor Signature Trip has been approved disapproved. Reason for disapproval

gency approval"

Submit this form two (2) weeks prior to taking the trip.

SCHOOLHHSFACULTY 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)
DESTINATIONADDRESSPHONE
Out of State Out of County Within County x Overnight; give name, address, phone of lodging
Nashville ALPART : pround Christian County
DATE(S) OF TRIP3/11-3/15 DEPARTURE TIME RETURN TIME July Station - TOM
Nashville purpose Pound Christian County Date(s) of Trip3/11-3/15 DEPARTURE TIME RETURN TIME delegation from Purpose/Educational Value Take students to compete at State Fair. Carentan, France
WHAT STANDARD(S) IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETICS) 2.38, 2.36, 2.37 (1055)
SOURCE OF FUNDING FOR TRIP
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: USPONSORING ORGANIZATION SCHOOL COUNCIL BOARD XD OTHER Chamber of Com
No student shall be denied the trip because of an inability to pay. Bill trip expenses to: □ sponsoring organization □ school council □ board x□ other Chamber of Companization □ school council □ board x□ other Chamber of Companization □ school council □ board x□ other Chamber of Companization □ school council □ board x□ other Chamber of Companization □ school council □ board x□ other □ companization □ school council □
FACULTY SPONSORS
Mode of Transportation: is district transportation needed? ☐ NO X ☐ (SEE PROCEdure 09.36 AP.
212) IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? □ NO XID YES
☐ CHARTERED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE; DRIVER(S)
CERTIFIED CHAPERONES HHS STAFF
CERTIFIED CHAPERONES 1113 SIVII
CLASSIFIED CHAPERONES
Have all chaperones undercone the required records check and been designated by the principal/designee to supervise students? XZYES \(\Bar{Q}\) NO
HAVE ALL STUDENTS BEEN NOTIFIED OF THE RULES AND REGULATIONS REGARDING ACCEPTABLE BEHAVIOR?
How have they been notified? Letter and verbal
alism 2/12/19 / 200
2/13/19
Signature of Faculty Sponsor Date Signature of Principal Date
Trip has been approved disapproved. Reason for disapproval:
- A
Signature of Superintendent/Designee 2/14/19 Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
The overlight allow out of state dips, approval of the supermitting the 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)

Language

SCHOOL-RELATED STUDENT TRIP REQUEST FORM

Submit this form two (2) weeks prior to taking the trip.

SCHOOL_HHSFACULTY MEMBER(S) SPONSORING TRIP JYSUSC - LISO ROBERTS
TYPE OF TRIP (CHECK ALL THAT APPLY)
□ Over 300 miles □ Co-Curricular □ Extracurricular
· · · · · · · · · · · · · · · · · ·
DESTINATION ADDRESS BI3 W THUST. PHONE 270-881-1200
DESTINATION ADDRESS BIS W74WS+. PHONE 270-881-1200 Classroom Field Trip Other (athletic, band, if applicable) Destination Out of County Within County x Overnight; give name, address, phone of lodging
DATE(S) OF TRIP MAR 1. DEPARTURE TIME 9:30 RETURN TIME 10:36?
PURPOSE/EDUCATIONAL VALUETAKE 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 445 45 - 0502 104 0679 128E
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: DEPONSORING ORGANIZATION SCHOOL COUNCIL BOARD X OTHER
TOTAL NUMBER OF STUDENTS 5
FACULTY SPONSORS SISCE Roberts
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?
IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? ☐ NO X☐ YES
☐ CHARTERED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE; DRIVER(S)
CERTIFIED CHAPERONES PISC Roberts
CLASSIFIED CHAPERONES
CLASSIFIED CHAPERONES
HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? XIX YES INO
HAVE ALL STUDENTS BEEN NOTIFIED OF THE RULES AND REGULATIONS REGARDING ACCEPTABLE BEHAVIOR? TYPES IN NO
HOW HAVE THEY BEEN NOTIFIED? LETTER AND VERBAL VELBAL
Gisa Roberts 2-8-19 These of shill
Signature of Faculty Sponsor Date Signature of Principal Date
Trip has been Dapproved Dapproved. Reason for disapproval:
A THE RESIDENCE OF THE PROPERTY OF THE PROPERT
man Lanning 2/12/19
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.
For overnight and/of out-of-state trips, approval of the Superfittendent did-of board may be required by policy of the
LOST ADA (Extracurricular only): X X \$21 = \$ (number of students multiplied by the number of school days missed multiplied by the ADA)

Submit this form two (2) weeks prior to taking the trip.

SCHOOL_HHSFACULTY MEMBER(S) SPONSORING TRIP Gloria LOUISM + Marvin Harrest
TYPE OF TRIP (CHECK ALL THAT APPLY)
☐ Over 300 miles ☐ Co-Curricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Offganization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATIONADDRESSPHONE
☐ Out of State ☐ Out of County ☐ Within County x☐ Overnight; give name, address, phone of lodging
FIZLA Resign 1 Conference at Murray State University
DATE(S) OF TRIP 3/4 DEPARTURE TIME 7.00 AM RETURN TIME 3:15 PM
PURPOSE/EDUCATIONAL VALUETAKE 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 - HMS + 1/2 - CC HS
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES. DSPONSORING ORGANIZATION SCHOOL COUNCIL BOARD XD OTHER
TOTAL NUMBER OF STUDENTS 23 MALE STUDENTS 9 FEMALE STUDENTS 15
FACULTY SPONSORS Gloria Lugarter + Latrice Chatman
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?
IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? ■NO X□ YES
☐ CHARTERED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE; DRIVER(S)
CERTIFIED CHAPERONES Gloric LUGST
Latrice Chatman
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?
HOW HAVE THEY BEEN NOTIFIED? LETTER AND VERBAL
Doing delight 418/2019 Tracks stilly
Signature of Faculty Sponsor Date Signature of Principal Date
Trip has been paperoved disapproved. Reason for disapproval:
Trip has been approved a disapproved. Reason for disapproved.
mandel 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)

Submit this form two (2) weeks prior to taking the trip.

SCHOOL_HHSFACULTY MEMBER(S) SPONSORING TRIP Heid Wheeler, Scott Brown	
Type of Trip (check all that apply)	
□ Over 300 miles □ Co-Curricular □ Extracur	ricular
Classroom Field Trip	licable)
DESTINATION ADDRESS 2000 College Or PHONE 270-821-2250	
DESTINATIONADDRESS 2000 College Of PHONE 270-821-2250 Out of State Out of County Within County x Overnight; give name, address, phone of County Overnight; give name, address, phone overnight; give name, address, phone overnight; give name, address, phone overnight; give	f lodging
DATE(S) OF TRIP 3/23/19 DEPARTURE TIME 790 RETURN TIME 500	
PURPOSE/EDUCATIONAL VALUETAKE STUDENTS TO COMPETE AT STATE PAR Regional 5	
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 3 MALE STUDENTS 3	
FACULTY SPONSORS Heid Wheele	
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?	ure 09.36 ap.
if so, is an undercarriage bus required?	
☐ CHARTERED COMMON CARRIER: SPECIFY ☐ PRIVATE VEHICLE; DRIVER(S)	
CERTIFIED CHAPERONES Heid Wheeler	
CERTIFIED CHAPERONES Heidi Wheeler Dr. Scott Brown	
CLASSIFIED CHAPERONES	*************************************
HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/D SUPERVISE STUDENTS? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	esignee to
HAVE ALL STUDENTS BEEN NOTIFIED OF THE RULES AND REGULATIONS REGARDING ACCEPTABLE BEHAVIOR?	s □No
HOW HAVE THEY BEEN NOTIFIED?	
Atents While 1/23/19 00 = 3	55-1
Signature of Faculty Sponsor Date Signature of Principal	Date
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.	
Torroveringsit allow of out-or-state trips, approved on the superintendent allows from that so required by portey oxide.	

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

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. SCHOOL_HHS _____FACULTY MEMBER(S) SPONSORING TRIP MAJShles //SG Holloway TYPE OF TRIP (CHECK ALL THAT APPLY) ☐ Co-Curricular ☐ Extracurricular Under 300 miles Over 300 miles ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable) ☐ Classroom Field Trip DESTINATION FILMSTADDRESS KINNICKY 40/21 PHONE 502 626 0805 x□ Overnight; give name, address, phone of lodging ☐ Out of State State Out of County ☐ Within County DATE(S) OF TRIR 26 May 9 DEPARTURE TIME (32) 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 ATMY NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD X☐ OTHER_ TOTAL NUMBER OF STUDENTS 10 MALE STUDENTS FEMALE STUDENTS / FACULTY SPONSORS MAJ SHIES NO X YES (SEE PROCEDURE 09.36 AP. IS DISTRICT TRANSPORTATION NEEDED? MODE OF TRANSPORTATION: US ARMY NATIONAL GUARD / SFC BLAC (VAN) 1700 IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? □ NO X□ 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 XXYES DNO SUPERVISE STUDENTS? HAVE ALL STUDENTS BEEN NOTIFIED OF THE RULES AND REGULATIONS REGARDING ACCEPTABLE BEHAVIOR? HOW HAVE THEY BEEN NOTIFIED? LETTER AND VERBAL Signature of Principal Signature of Faculty Sponsor Trip has been approved disapproved. Reason for disapproval: Signature of Superintendent/Designee For evernight 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)

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

SCHOOL_HHS	FACULTY MEMBI	er(s) sponsoring tri	p lusa	Roberts		
TYPE OF TRIP (CHECK A						
Over 300 miles	Unde	r 300 miles	□ Co-	Curricular	☐ Extrac	curricular
☐ Classroom Field	Trip 🗸 📮	Organization/Club T	[rip	Other (ath	letic, band, if a	pplicable)
DESTINATION HCC A	DDRESS 160 North D	r. Stopkinsphone		_ =		
DESTINATION HCC A HO O KINOSU Out of State	Out of County	Within County	v x□ Ove	rnight; give name	, address, phone	of lodging
DATE(S) OF TRIP Man					ACC Q Q Z	D)
PURPOSE/EDUCATIONAL	A 5786 SALES-CAST					
WHAT STANDARD(S) IS I			OES NOT APPL	Y TO ATHLETICS)_	2.38, 2.36, 2.37	
Source of Funding Fo	R TRIP YSC 5	unds-			· (management)	
	No student shal	LL BE DENIED THE TRIP	BECAUSE OF	AN INABILITY TO PA	Y.	
BILL TRIP EXPENSES TO	: SPONSORING OR	GANIZATION SCHOOL	OL COUNCIL	□ BOARD X□ OT	HER	
TOTAL NUMBER OF STU	DENTS 35%	MALES	STUDENTS	FEMALE ST	UDENTS	
	0-1-0-1-				1	_
FACULTY SPONSORS	lon knihaus	•				
MODE OF TRANSPORTA	TION: IS DISTR	LICT TRANSPORTATION	NEEDED?	□ NO	XX YES (SEE PROC	EDURE 09.36 AP.
	IF SO, IS	AN UNDERCARRIAGE B	us required	? Zino XI] YES	
☐ CHARTERED COMMO	N CARRIER; SPECIFY	□ P	PRIVATE VEHI	cle; Driver(s)		
CERTIFIED CHAPERONE	LIGA KAI		*			
	LISA W	boten				
	1.000		gggerigen og generalingen i værer sælt der Brown vill sentre vil værer i værer			***************************************
CLASSIFIED CHAPERON	ES				District and the second	
HAVE ALL CHAPERONS SUPERVISE STUDENTS?	es undergone the r xid yes No	EQUIRED RECORDS C	HECK AND BE	EN DESIGNATED BY	THE PRINCIPAL	DESIGNEE TO
HAVE ALL STUDENTS BI	EEN NOTIFIED OF THE	RULES AND REGULATI	IONS REGARDI	NG ACCEPTABLE B	EHAVIOR? 🖽	ÝES □NO
How have they been	NOTIFIED?LETT	'ER AND VERBAL	verba	Q - Whon	meeta	Stubis
Kusa C	Roberta	gan 14.14	7	72-		1556
Signature of Fa	culty Sponsor	V Date	ي)	lighature of Princip	pal	Date
Trip has been Dapprov	ed 🛘 disapproved. Reas	son for disapproval:				
march	st Dems	nell		1-24-1	2	arvane.
	Signature of Superinter	-		Date		
For overn	ight and/or out-of-state to	rips, approval of the Supe	rintendent and/	or Board may be requ	ired by policy 09.36	5.
LOST ADA (Extracurricu	lar only): X >	< \$21 = \$ (num	nber of students m	ultiplied by the number of	school days missed me	ultiplied by the ADA)

School-Related Student Trip Reduces Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL: HMS FACULTY MEMBER(S) SPONSORING TRIP / Cara / VI VIVE
Type of Trip (CHECK ONE):
—
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION W ADDRESS South Green Phone of
Out of State Out of County Within County Overnight: give name, address, phone of
DATE(S) OF TRIP 3-1-19 DEPARTURE TIME 6300 and RETURN TIME 8:00 pm
PURPOSE/EDUCATIONAL VALUE WKU HONSE BLL CLO NG TRIPES TO THE TIME BY THE TIME BY THE TIME BY THE TRIPES TRIPES TO THE TIME BY THE TRIPES TRIPE
WHAT STANDARD IS BOING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Music Perfor mance
SOLDEFOREINDING FOR TRIP HMS Band
AMOUNT OF STUDENT FEE: \$ N/A (pd by Rhow)
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BULL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
A CONTRACTOR FRANCES CONTRACTOR C
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? DING A YES (SEE PROCEDURE 09.36 V 4000
AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, HEALLOWED BY POLICY; SPECIFY DRIVER(S) Tooks Miller (if no Van akult)
CERTIFIED CHAPERONES Towns, Ushur
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise
Have all students been notified by the Turks and regulations regulations
accountable behavior? New No How have they been notified.
1-22-19 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
1-12-19
Bignuture of Superintent/Designee Date
Signature of Board Chair Date Date Date On the Property Description (19.36)
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

	3	chool-Keia	iten Stantent	1111) Ixeques	CIOLIII	The state of the s	
		SUBMIT THIS FO	ORM FOUR (4) WE	EKS PRIOR TO TAK	ANG THE TRIP		
	HMS P (CHECK ONF);	FACULTY MEMB	ER(S) SPONSORING	; TRIP / C	avis Mills	500
T 0 200	o	Lindor 200	o miles Conformation Club Trip Conformation Club Trip Conformation Con	to-curricular Other (athletic, ban	☐ Extraction (a) Extraction (b)	urricular	
□ Out of S	tate 1520)	ut of County	DEPARTURE TIME	Overnight	t: give name,	address, phone of) [
DATE(S) OF T	TRIP 2-2	.6-19	DEPARTURE TO	16.00	~ RETURN TO	TE CONTRACTOR	rn
PURPOSE/ED	CCATIONAL V	ALUE QUE	d state	72VIOL HIS	gh Chair	TUNK	Y.
140	ne Pa	- har	D BY TAKING THE		NOT APPLY TO	ATHLETT TRIPS	,
	"UNDING FOR" STUDENT FEE	: \$_W/A	led by	(سطه		ngangan menanggan mendibudik di dikabih di d	
	Nostu	DENT SHALL BE	DENIED THE TRIP	BECAUSE OF AN IN	ABILITY TO PAY	•	
Microphy Att	CHINENTS -	12 My	ORGANIZATION LE STUDENTS	f FEMAL	ESTUDENTS	RD OTHER	40
AP. 212.) C	ERTIFICATED	COMMON CAR	TRANSPORTATION		And the second second	WWW CONTRACTOR WITHOUT STREET,	
CERTIFIED C	I PRIVATE VI Haperones _	AUCLE OF MILE	Miller	PECIFY DRIVER(S			30 .3
CLASSIFIED	CHAPERONES	Salara de la companya					
students? A acceptable be	Yes No Phavior? A Yo Faculty Spon	es D No	rd records check and Have all student How have they b 1-22-19 Date UNFORSEEN CL	s been notified of cen notified: Signature of	Principal OC	Date E PRIOR BOAR	2419
ma		disapproved. I	Reason for disapprova	A commence of the second		22-19 ne	en)
Sign	ature of Board	l Chair	an annual desired and a	A 200	De		
For ove	rnight and/or ou	it-of-state trips, ap	pproval of the Superi	ntendent and/or Boa	rd may be required	by policy 09.36.	

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

S	chool-Related Student Trip Request Form
	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL: HMS TYPE OF TRIP (CHECK ONE	FACULTY MEMBER(S) SPONSORING TRIP Trus Malle
Over 300 miles	
COut of State SCOL	of County
DATE(S) OF TRIP 4-	17-19 DEPARTURE TIME \$100 am RETURN TIME 4:00 pm
PURPOSE/EDUCATIONAL V	ALLE KMEA Chose Assessmit
WHAT STANDARD IS BELL	30 Dec Schoole
SOURCE OF FUNDING FOR	RIP HUS CLOSE
AMOUNT OF STUDENT FEE	
No sty	DENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: 2	SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
NUMBER OF: STUDENTS	52 MALE STUDENTS 8 FEMALE STUDENTS 44
Mode of Transportation ap. 212,)□ Certificated	ON: IS DISTRICT TRANSPORTATION NEEDED? LINO BEATES (SEE PROCEDURE 09.36 & 0.3) COMMON CARRIER; SPECIFY
☐ PRIVATE VE CERTIFIED CHAPERONES	Trans Miller Melissa Kargey / Vicks Jankins
CLASSIFIED CHAPERONES	
Signature of Faculty Spons	Have all students been notified of the rules and regulations regarding How have they been notified? To Date Signature of Principal Signature of That Make PRIOR BOARD LE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Signature of Super	as a production of the contract of the contrac

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

School-Related Student Trip Request Form
SUBMITTHIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL: HMS FACULTY MEMBER(S) SPONSORING TRUE
Type of Trip (Check one):
Over 300 miles
Over 300 miles Classroom Field Trip Organization/Club Trip
DESTINATION DESTINATION ADDRESS D'S STATE PROPERTY DE PROPERTY DE LA COMPANIE DEL COMPANIE DE LA COMPANIE DEL COMPANIE DE LA C
Out of State Out of County Within County Overnight: give name, address, phone of
DATE(S) OF TRIP 4-12-19 DEPARTURE TIME & OD an RETURN TIME 4:00 pm
PURPOSE/EDUCATIONAL VALUE KMEA Band Assessment
PURPOSE/EDUCATIONAL VALUE PROPERTY OF THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP! (DOES NOT STITLE TO STANDARD IS
SOURCE OF FUNDING FOR TRIP HMS Band
AMOUNT OF STUDENT FEE: \$A
AMOUNT OF STUDENT FEE; 3
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS 73 MALE STUDENTS 31 FEMALE STUDENTS 42 2
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO YES (SEE PROCEDURE 09.36 Buses
AP, 212.) CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE AT ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Covis Misher Melissa Kersey
CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise
Flave all chaperones undergone the required records eneck and over designated of the rules and regulations regarding
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Lives \(\triangle \
0. 1-12-19 (Challet 1041
Signature of Faculty Sponsor 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
A commence of the commence of
Market and the management of the second of t
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.
Lot overting in one-or-water radio address in a second-

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

CHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
□ Over 300 miles □ Cocurricular □ Extracurricular □ Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable DESTINATION □ ADDRESS 373 NOCCO (124) PHONE (869) 353-4679
Out of State Out of County Within County Overnight: give name, address, phone of lodging Corner Soites 13060 field Street Land W 40513
DATE(S) OF TRIP 3-8-10 DEPARTURE TIME 10 AM RETURN TIME 10 PM
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP DFT I
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 15 FEMALE STUDENTS 15 FEMALE STUDENTS 1
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO 19-TES (SEE PROCEDURE 09.36 AP 212.)
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Condus Wilson, Pat Painderla, Junio Will
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Tyes No Have all students been notified of the rules and regulations regarding
acceptable behavior? Pes No How have they been notified? All 1/14/19
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARI APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval
A H I I I I I I I I I I I I I I I I I I
Signature of Superintendent/Designee Date
MINISTER OF MOSPEL SIGNET STATES AND
Tuenda tu 100% "Kroe" 1-15-19
Signature of Board Chair Date Date

RELATED PROCEDURES:

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