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

SCHOOL * CCPS - Elem, MS & HS FACULTY MEMBER(S) SPONSORING TRIP Sandra Hancock/Tracy Pelletier
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 Rupp Arena, ADDRESS 432 W Vine St., Lexington, PHONE-DESTINATION 859.233.4567 KY 40507
Out of State Out of County Within County Overnight: give name, address, phone of lodging HILTON LEXINGTON/DOWNTOWN 369 W. VINE ST.,
LEXINGTON, KY 40507, 859-231-9000
DATE(S) OF TRIP April 17-18, 2019 DEPARTURE TIME 4:00 PM RETURN TIME 11:00 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE STLP Competition WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) ISTE Standards
SOURCE OF FUNDING FOR TRIP District
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 121 MALE STUDENTS 69 FEMALE STUDENTS 52
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? \(\subseteq\) NO \(\subseteq\) YES (SEE PROCEDURE 09.36 AP. 212.)
CERTIFICATED COMMON CARRIER; SPECIFY
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones APPROXIMATELY 22 CERTIFIED PERSONNEL, REPRESENTING 11 DIFFERENT CCPS SCHOOLS
Classified chaperones APPROXIMATELY 5 CLASSIFIED PERSONNEL, REPRESENTING 5 DIFFERENT CCPS SCHOOLS
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? ☐ Yes ☐ No
How have they been notified? Local School
Sandra P. Hancock Faculty/Sponsor Signature X Drang Pelletter By Septencock Principal Signature
Trip has been approved disapproved. Reason for disapproval
Signature of Superintendent/Designee

SCHOOL				
TYPE OF TRIP	SUBMIT THIS FORM FOUR (4) WEE	KS PRIOR TO TAKING T	THE TRIP.	
Over 300 miles Classroom Field Tri DESTINATION \ 1 \(\)	☐ Under 300 miles ☐ Cop Morganization/Club Trip Morganization/Club Trip Morganization Control Color	Cocurricular Other (athletic, band, if	□ Extracurricular applicable 32) 319-5000	
Out of State Lodging Cortholic	1 Out of County Within Cou	inty Dovernight:	give name, address, phon	ne of と, て
DIDDOSE/EDUCATIONAL	-25 June DEPARTURE TIME 07: VALUE COMPETE IN TROTC	Acadamic Boul	Notional Change	moln
WHAT STANDARD IS B	EING ADDRESSED BY TAKING THE	S TRIP? (DOES NOT	APPLY TO ATHLETIC TI	RIPS.)
SOURCE OF FUNDING FOR	RTRIP HIQ AFSROTC			
AMOUNT OF STUDENT FE	E:			
NO ST	UDENT SHALL BE DENIED THE TRIP B	BECAUSE OF AN INABIL	ITY TO PAY.	
BILL TRIP EXPENSES TO:	☐ SPONSORING ORGANIZATION	☐ SCHOOL COUNCIL	□ BOARD X OTE	IER
NUMBER OF: STUDENTS	4 MALE STUDENTS 3	FEMALE STU	UDENTS	
212.)	TON: IS DISTRICT TRANSPORTATION OF COMMON CARRIER; SPECIFY	wthwest Hirline	I YES (SEE PROCEDURE 09.3 5. Subway (D.C.)	36 AP.
	EHICLE, IF ALLOWED BY POLICY; SP.			
CERTIFIED CHAPERONES	+ WOLDAM SOCAM	Mrs. Roberts		
CLASSIFIED CHAPERONE	.s			
supervise students? Y acceptable behavior? Y Elevation Signature of Faculty Spo	Yes \square No How have they be $2-28-19$ Date	ts been notified of the een notified? 300	rules and regulations regarding Z-28-10 appl Date	rding
	ESTS DUE TO UNFORSEEN CU BLE SHOULD ALSO HAVE THE			
Trip has been approved	☐ disapproved. Reason for disapproval	I	w	_
Signature of Sup	Hemmell erintendent/Designee		3-5-19 Date	
Signature of Boa	rd Chair	 	Date	
For overnight and/or	out-of-state trips, approval of the Superin	tendent 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

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 Over 300 miles Under 300 miles Other (athletic, band, if applicable) Classroom Field Trip Organization/Club Trip ADDRESS Lexington, KY PHONE-DESTINATION 606-872-0255 **DESTINATION Rupp Arena** Overnight: give name, address, phone of lodging Out of State Out of County ☐ Within County RUPP ARENA-LEXINGTON KY **RETURN TIME 10 PM DATE(S) OF TRIP** 4/18/19 **DEPARTURE TIME 12AM** (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) END PURPOSE/EDUCATIONAL VALUE To attend the STLP State Competition in Lexington KY at Rupp Arena. To allow students to compete in the state competition for STLP. WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) To utilize activities of STLP as an integral component of course content and leadership development in Technology. SOURCE OF FUNDING FOR TRIP Board of Education 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 15** NUMBER OF: STUDENTS 20 MALE STUDENTS 5 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 Classified chaperones SONYA GINN Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes 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

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

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP Maryin Harness Type of Trip (CHECK ALL THAT APPLY): Over 300 miles Under 300 miles Co curricular Extracurricular Organization/Club Trip Other (athletic, band, if applicable) Classroom Field Trip PHONE-DESTINATION 606-872-0255 **DESTINATION Galt House** ADDRESS Lousiville, KY Out of State Out of County ☐ Within County Overnight: give name, address, phone of lodging GALT HOUSE, LOUISVILLE, KY 502-589-5200 **RETURN TIME 4 PM** DATE(S) OF TRIP 4/15/19 to 4/17/19 DEPARTURE TIME 7AM (SELECT AM OR PM FROM DROPDOWN) START (SELECT AM OR PM FROM DROPDOWN) PURPOSE/EDUCATIONAL VALUE To attend the FBLA State Competition for Future Business Leader Students. To allow students to compete in the state competition and for FBLA officers/members to attend workshops at the conference. 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 10** MALE STUDENTS 10 NUMBER OF: STUDENTS 20 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO 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 ____ 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 Faculty/Sponsor Signature **Principal Signature** Trip has been papproved 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.

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 Holiday World ADDRESS Santa Clause IN. PHONE-DESTINATION 606-872-0255
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 5/4/19 DEPARTURE TIME 5AM RETURN TIME 10 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE To allow FBLA students to attend the year end trip to a theme park. To view the theme park management/logisitics and visually see how a theme park is ran, managed, and how personnel placement is achieved to run a large family oriented business.
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 SOARD OTHER
Number of: students $\underline{80}$ Male Students $\underline{40}$ Female Students $\underline{40}$
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, CHRISITNA RUSSELL, LEEANN FERGUSON, JOHN ADAMS, BRENDEN THOMAS
Classified chaperones SONYA GINN, KAREN DRENNAN
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? Signed permission forms/paperwork
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
Signature of Superintendent/Designee

	SURMIT THIS FURM TWO (2) WEEKS PRIOR	K 10 1AALIG INE IAII.
SCHOOL Christia 7 Co. High	FACULTY MEMBER(S) SPO	INSORING TRIP Emily Taylor
Type of Trip (check ALL	THAT APPLY):	
Over 300 miles	Under 300 miles	curricular Extracurricular
Classroom Field Trip	Organization/Club Trip	Other (athletic, band, if applicable)
DESTINATION Elkion, KY	ADDRESS 806 S. Main Street	PHONE-DESTINATION 270-766-4091
Out of State	at of County Within County O	Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 3/9/2019	DEPARTURE TIME 7:30	AM RETURN TIME 4:30 PM
START	END (SELECT AM OR PM FROM DE	PROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL V	ALUE 360 Leadership Conference	A # 2 1 8 F F
WHAT STANDARD IS BEING SS-AA007 Demonstrate und	ADDRESSED BY TAKING THIS TRIP? (DOES I decitanding of basic interpersonal communic	NOT APPLY TO ATHLETIC TRIPS:) cation (listening, written, oral, etc.)
SOURCE OF FUNDING FOR T	RIP CCHS FFA	
No	STUDENT SHALL BE DENIED THE TRIP BECA	ause of an inability to pay.
BILL TRIP EXPENSES TO:	SPONSORING ORGANIZATION SCHOOL	DE COUNCIL BOARD OTHER
Number of: STADENTS 3	MALE STUDENTS 1	Female Students 2
Mode of Transportatio	N: IS DISTRICT TRANSPORTATION NEEDED	? NO YES (SEE PROCEDURE 09.36 AP. 212.)
☐ CERTIFICATED	COMMON CARRIER; SPECIFY VAN	
PRIVATE VEHIC	CLE, IF ALLOWED BY POLICY; SPECIFY DRIV	ver(s)
Certified chaperones EMILY	TAYLOR	a part Mart of * other
Classified chaperones	=	1001404
Have all chaperones underg	one the required records check and been des	signmed by the principal/designee to supervise studen
Have all students been notif	ied of the rules and regulations regarding acc	cceptable behavior?
How have they been notified	d? Student code of conduct	VCC 7
		a Charles of Charles
X Sully Sponsor Signature	aylor X /	ature ature
	And the second s	Provide State
Trip has been approved	disapproved. Reason for disapproval	
×may	A Hemmill	
Signature of Sup	erintendent/Designee	respective.
Inda Kr	eller "Kne" 3/6/1	19
For overnight and/or aut-of-state t	trips, approval of the Superintendent and/or Board may	be required by policy 09.36.

School-Related Student 1rlp Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP VSC- Kennedy 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 Holder Family Fun Ctr. Address Hendersmulle, TN PHONE 615-590-4386
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP MOH 15, 2019 DEPARTURE TIME 8:00 Q.M. RETURN TIME 5:00 p.m
PURPOSE/EDUCATIONAL VALUE PBIS Reward - EDY No Majors/No minors
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip YSC & SBDM
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 TBD MALE STUDENTS TBD FEMALE STUDENTS TBD
Mode of Transportation: is district transportation needed? No Syes (see procedure 09.36 ap. 212.) Certificated common carrier; specify
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Teachers & Admin
CLASSIFIED CHAPERONES D. Steele, B. Wadley, V. Killebrew
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? If Yes I No acceptable behavior? If Yes I No Have all students been notified of the rules and regulations regarding How have they been notified? In Novah With the face-to-face Signature of Faculty Sponsor 3/13/19
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been Dapproved disapproved. Reason for disapproval
Signature of Superintendent/Designee 3/13/19 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:1/15/09

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP VSC- Kennedy
TYPE OF TRIP (CHECK ONE):
□ Over 300 miles □ Cocurricular □ Extracurricular
□ Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION Holder Family Fun Ctr. Address Hendersmulle, TN PHONE 615-590-438
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP MOH 16, 2019 DEPARTURE TIME 8:00 Q.M. RETURN TIME 5:00 p.m.
PURPOSE/EDUCATIONAL VALUE PBIS Reward - EDY No Majors/No minors
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP YSC & SBDM
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 TBD MALE STUDENTS TBD FEMALE STUDENTS TBD
Mode of Transportation: is district transportation needed? No Yes (see procedure 09.36 ap. 212.) Certificated common carrier; specify The procedure of the
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Teachers & Admin
CLASSIFIED CHAPERONESD. Steele, B. Wadley, V. Killebrew
Have all chaperones undergone the required records check and been designated by the principal/designee to
supervise students? Yes \(\Delta \) No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\Delta \) No How have they been notified? Through With \(\text{Through With the face-ta-face} \)
· · · · · · · · · · · · · · · · · · ·
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 3/13/19 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:1/15/09

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Deena Oliver +
Type of Trip (check one): Bobb: Jordan
□ Over 300 miles □ Cocurricular □ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION Edgewood Bapher Address 23 00 Cadle Rd. PHONE 270-886-4461
☐ Out of State ☐ Out of County
DATE(S) OF TRIP 3-28-19 DEPARTURE TIME 8:30 Am RETURN TIME 1:30 PM
Purpose/Educational Value to provide students with activities and information to assist with transition Planning What standard is being addressed by taking this trip? (Does not apply to athletic trips.) Transition Readiness for Alternate Assessment Students
Source of funding for trip Sp. Ed Michelle Ladd IDEA-B
AMOUNT OF STUDENT FEE: N/A
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
NUMBER OF: STUDENTS 10 MALE STUDENTS 8 FEMALE STUDENTS 2
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Bobbi Jordan, Deena Oliver
CLASSIFIED CHAPERONES Felicia Shelton, Jessie Cramer, Michelle Babb
CLASSIFIED CHAPERONES 1-011C14 She HON, OF ASIE CHAPTER, IT ILCHE LE DECOS
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Wes \(\text{No} \) Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\text{No} \) No How have they been notified? Verbally + will be reminded offer.
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 papproved disapproved. Reason for disapproval
Signature of Superintentient/Designee 2-28-19 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_HHS _____FACULTY MEMBER(S) SPONSORING TRIPEDETSOLE JONES JURILLAND TYPE OF TRIP (CHECK ALL THAT APPLY) ☐ Co-Curricular ☐ Extracurricular ☐ Under 300 miles Over 300 miles DESTINATION Field Trip Organization/Club Trip Other (athletic ☐ Other (athletic, band, if applicable) Within County x□ Overnight; give name, address, phone of lodging ☐ Out of County Science, Math, Literación DATE(S) OF TRIP 27 19 DEPARTURE TIME 8309 RETURN TIME 11: 30 C PURPOSE/EDUCATIONAL VALUE TAKE STUDENTS TO COMPETE AT STATE FAIR (QUENCE Show - Potassor Wow WHAT STANDARD(S) IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETICS) 2 38, 2.36, 2.3 SOURCE OF FUNDING FOR TRIPBUSE, provided by Pennymyal Arts Tickets students Spen BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD TOTHER TICKETS STUDENT TOTAL NUMBER OF STUDENTS (1) MALE STUDENTS FEMALE STUDENTS FACULTY SPONSORS Ebersole, Junes Jundan XXES (SEE PROCEDURE 09.36 AP. IS DISTRICT TRANSPORTATION NEEDED? MODE OF TRANSPORTATION: IF SO, IS AN UNDERCARRIAGE BUS REQUIRED? □ NO X□ YES ☐ CHARTERED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE; DRIVER(S) CERTIFIED CHAPERONES Elbersole, Jones, Trapp, Jordan, Hartfield, Orma CLASSIFIED CHAPERONES LEWELL, Creaner, Babb Abbitt HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO YES DNO SUPERVISE STUDENTS? HAVE ALL STUDENTS BEEN NOTIFIED OF THE RULES AND REGULATIONS REGARDING ACCEPTABLE BEHAVIOR? LAVE THEY BEEN NOTIFIED?___LETTER AND VERBAL 2-12-19 Signature of Principal Date Signature of Faculty Sponsor Trip has been approved disapproved. Reason for disapproval: Signature of Superintendent/Designee

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

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 two (2) weeks prior to taking the trip.

SCHOOL_HHS FACULTY MEMBER(S) SPONSORING TRIP BLAKE LEALH - LIGAD BAJEBALL COALH
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)
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable) DESTINATION FL ADDRESS FT. WALTON BULL FL PHONE STAYING AT GRULF DUNCK CONDO
2-Out of State Out of County Within County x Overnight; give name, address, phone of lodging
TRIP ITINERARY WILLUDED FOR THE WEEK
DATE(S) OF TRIPS/SO-416 DEPARTURE TIME 7:00AM RETURN TIME 5:00 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
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD XD OTHER
TOTAL NUMBER OF STUDENTS 24 MALE STUDENTS 24 FEMALE STUDENTS
FACULTY SPONSORS Z
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ZNO X YES (SEE PROCEDURE 09.36 AP.
if so, is an undercarriage bus required? ⊠ no x□ yes
☐ CHARTERED COMMON CARRIER; SPECIFY PRIVATE VEHICLE; DRIVER(S)
CERTIFIED CHAPERONES BLAKE LEACH, BENAN MORRIS, SALESTANDER
CLASSIFIED CHAPERONES SCOTT GENTRY, DATIN PENDLETON
HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
HAVE ALL STUDENTS BEEN NOTIFIED OF THE RULES AND REGULATIONS REGARDING ACCEPTABLE BEHAVIOR? EYES DINO
HOW HAVE THEY BEEN NOTIFIED? LETTER AND VERBAL CETTEL, SIGNATURE, VERBAL
2011. 11
BUU 2/19/19 2/19/19
Signature of Faculty Sponsor Date Signature of Principal Date
Trip has been approved disapproved. Reason for disapproval:
mattermill 2/20/19
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 BY THE FIRST THURSDAY OF MONTH.

NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: Hopkinsville H	TOO FACULTY	MEMBER SPONSORING T	RIP: U Oremy	Leek Sr
TYPE OF TRIP (CHECK ONE):	J			
		O Co-curricular		ar
O Classroom Field Trip O Orga				134, -15
DESTINATION Ephram While G	MYM ADDRESS 665	m+ Olivet Rd	PHONE 270 - 70	90-1600
O Out of State O Out of Coun	ty O Within Coi	inty 9 overnight:	give name, addres	s, phone of
lodging	*			
DATE(S) OF TRIP \$3 1 19	DEPARTIRE	тіме <u>2:30 рго</u>	RETURN TIME 9	:45 pm
PURPOSE/EDUCATIONAL VALUE				7
WHAT STANDARD IS BEING ADDRESS	ESSED BY TAKING	THIS TRIP? (DOES NO	OT APPLY TO ATHL	ETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP	manananan manan mana	Control of the Contro		994-1
AMOUNT OF STUDENT FEE: \$	- St Assistation and Commission of the Commis	r managarining		
NO STUDENT SHAI	LL BE DENIED THE TE	UP BECAUSE OF AN INA	BILITY TO PAY.	
BILL TRIP EXPENSES TO: O SPONSOR	RING ORGANIZATION	O SCHOOL COUNC	IL O BOARD	O OTHER
NUMBER OF: STUDENTS 35	MALE STUDENTS_	23 FEMALE	STUDENTS 12	
MODE OF TRANSPORTATION: IS DIST				09.36 AP. 212.1
O CERTIFICATED COMMON	CARRIER; SPECIFY_			
O PRIVATE VEHICLE, IF ALLO				
CERTIFIED CHAPERONES Lea	_Brumfir	eld, Jeremi	1 Leek	10 Co., LAN. 1999
CLASSIFIED CHAPERONES	n ve stebb	CALL MADELLAND TO BE A DECIDED OF	- Annual Police - Control of the Con	
anae	ela Luk			
Have all chaperones undergone the-re	quired records check	and been designated by	the principal/designe	e to supervise
students? WYes O No		lents been notified of t		ons regarding
acceptable behavior? Wires O No	How have the	y been notified? Vey	bal + pap	er
Ald below	2/19/19	\mathcal{M}_{-}	£ 1	211861
Signature of Faculty Sponsor	Date	Signment of P	rincipal	Date
EMERGENCY REQUESTS DUE	TO UNFORESER	J CIDCEMSTANCES	THAT MAKE PRI	OR ROARD
APPROVAL IMPOSSIBLE SHOU	LD ALSO HAVE T	HE SIGNATURE OF	THE BOARD CHA	IRPERSON
Trip has been O approved O disappro	ved. Reason for disapp	proval	***************************************	***************************************
· AND	mul / / www.man.		nis . o. is Nephronenanos i recessorano maneris i recessorano de la companio del companio de la companio de la companio del companio de la companio del la companio de la companio del la companio de la	Manager (1757)
yn //			2/21/	19
Signature of Superimendent/L	Jemma	· ·	Date	dura de comença de la come
Signature of Superimendance	resignee		O o o o	
Trive Kolle			2-21-19	}
Signature of Board Chair	Market pure and a second control of the seco		Date	
For overnight and/or out-of-state tr	ips, approval of the Su	perintendent and/or Boat	d may be required by pe	olicy 09.36.
RELATED PROCEDURES:				

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

Page 1 of 1

Review/Revised: 11/21/13

Henergency approved "

SUBMITTHIS FORM BY THE FIRST THURSDAY OF MONTH.

NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: HUS	FACULTY MEMBER SPONSORING TRIP:	Barbara Young
TYPE OF TRIP (CHECK ONE):	-	J
	or 300 miles Co-curricular nization/Club Trip O Other (athletic, band, if a	O Extracurricular pplicable)
And the second of the second o	ADDRESS 101 Dawson Road 1	The state of the s
	y O Within County O Overnight: giv	
	2019 DEPARTURE TIME 8:30 am RI	
PURPOSE/EDUCATIONAL VALUE	TEAM focused event for DI	HH Students
KY. HS. C Forces and	ESSED BY TAKING THIS TRIP? (DOES NOT A	PPLY TO ATHLETIC TRIPS.) rdipindint Ecosystims
SOURCE OF FUNDING FOR TRIP ME	ntucky School for Deaf	
AMOUNT OF STUDENT FEE: \$ NA	*	
NO STUDENT SHAL	L BE DENIED THE TRIP BECAUSE OF AN INABILI	TY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORI	ING ORGANIZATION O SCHOOL COUNCIL	O BOARD O OTHER
NUMBER OF: STUDENTS	MALE STUDENTS FEMALE STU	DENTS
MODE OF TRANSPORTATION: IS DISTI	RICT TRANSPORTATION NEEDED? O NO O YE CARRIER; SPECIFY	S (SEE PROCEDURE 09.36 AP. 212.)
O PRIVATE VEHICLE, IF ALLO	WED BY POLICY; SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES Barbo	ara Young	
CLASSIFIED CHAPERONES Deai	ise Boyce	
Have all chaperones undergone the red students? • Yes O No acceptable behavior? • Yes O No Signature of Faculty Sponsor	Have all students been notified of the reflection of the results of the reflection o	ules and regulations regarding
	TO UNFORESEEN CIRCUMSTANCES TH LD ALSO HAVE THE SIGNATURE OF TH	
Trip has been approved O disapprov	ved. Reason for disapproval	1189 WW. 1189 W. 1189
Signature of Superintendent/Do	esignee	3-1/-19 Date
Signature of Board Chair	40.65 production to the state of the state o	Date
763	ps, approval of the Superintendent and/or Board ma	1980/PROPERTY.

RELATED PROCEDURES:

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

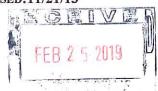
Review/Revised: 11/21/13

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

SCHOOL <u>MIGRANT EDUCATION PROGRAM</u> FACULTY MEMBER(S) SPONSORING TRIP <u>LISA CHAMPION, LISA RODGERS</u> 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 HOPKINSVILLE COMMUNITY COLLEGE "KICCS" PROGRAM
Address 720 North Drive, Hopkinsville Phone 270-707-3751
□ Out of State □ Out of County □ Within County □ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 6/10-6/14; 6/17-6/21; 7/8-7/12; 7/15-7/19 2019 DEPARTURE TIME 7:00 AM BUS PICKUP AT RETURN TIME 1:30 BUS ARRIVAL DAILY AT HOMES
Purpose/Educational Value Various Topics IN all Subject matter instructed by Certified TEACHERS
What standard is being addressed by taking this trip? (Does not apply to athletic trips.) <u>Various core content</u> <u>Standards according to each subject area of Language Arts, Science, Math, Social Studies and Humanities/Art.</u>
SOURCE OF FUNDING FOR TRIP MIGRANT EDUCATION PROGRAM
Amount of Student Fee: None; all paid by Migrant Education Program (\$89 per student/per week)
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: ☑SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER
Number of: students 21 Male Students 15 Female Students 6
Mode of Transportation: is district transportation needed? No Yes (Paid by Migrant Funds) (See Procedure 09.36 ap. 212.) Certificated common carrier; specify
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES <u>LISA CHAMPION</u> <u>LISA RODGERS</u> (ADDITIONALLY THE INSTRUCTORS AT THE KICCS PROGRAM WHICH ARE ALL CERTIFIED TEACHERS)
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? **Individually, in person and discussed with parents.**
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 2/26/19 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
FEB 2 5 2019
3. TITLE I OFFICE

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

Type of Trip (check one): FACULTY MEMBER(S) SPONSORING TRIP LISA CHAMPION, LISA RODGERS
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular
□ Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION MIGRANT EDUCATIONAL LEADERSHIP INSTITUTE, MURRAY STATE UNIVERSITY
Address MSU Campus, Murray KY 42071 Phone 800-272-4678
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging <u>Murray State</u> <u>University Dorm, Murray KY</u>
DATE(S) OF TRIP JUNE 9 - JUNE 15, 2019 DEPARTURE TIME 8:00 AM JUNE 9 RETURN TIME 3:00 PM JUNE 15
Purpose/Educational Value <u>Various topics in all subject matter instructed by certified teachers to</u> <u>PROMOTE LEADERSHIP ABILITIES IN MIGRANT STUDENTS.</u>
What standard is being addressed by taking this trip? (Does not apply to athletic trips.) <u>Various core content</u> <u>Standards according to each subject area of Language Arts, Science, Math, Social Studies and Humanities/Art.</u>
Source of funding for trip MIGRANT EDUCATION PROGRAM
Amount of Student Fee: None; all paid by Migrant Education Program
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: ■ SPONSORING ORGANIZATION ■ SCHOOL COUNCIL ■ BOARD ■ OTHER
Number of; students 3 Male Students 3 Female Students
Mode of Transportation: Is district transportation needed? \square no \square yes (Paid by Migrant Funds) (see procedure 09.36 ap. 212.) \square Certificated common carrier; specify
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES LISA CHAMPION, LISA RODGERS, SHERRILL TANNER (WEBSTER COUNTY DISTRICT)
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? Individually, in person and discussed with parents.
Signature of Faculty Sponsor Date Signature of Principal 2/25/19 Date Signature of Principal 2/25/19
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 Compared Designee
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



SUBMIT THIS FORM FOUR ((4)	WEEKS PRIOR TO	TAKING THE TRIP.
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SCHOOL MIGRANT EDUCATION PROGRAM FACULTY MEMBER(S) SPONSORING TRIP LISA CHAMPION, LISA RODGERS 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 REGIONAL MIDDLE SCHOOL MIGRANT SUMMER EDUCATIONAL CAMP
ADDRESS KY DAM VILLAGE STATE RESORT PARK, GILBERTSVILLE KY PHONE 270-362-4741
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging KY DAM VILLAGE STATE RESORT PARK, GILBERTSVILLE KY (cabins)
DATE(S) OF TRIP JUNE 24-JUNE 27, 2019 DEPARTURE TIME 8:00 AM JUNE 24 RETURN TIME 3:00 PM JUNE 27
Purpose/Educational Value <u>Various topics in all subject matter instructed by certified teachers to</u> <u>promote leadership abilities in Migrant students.</u>
What standard is being addressed by taking this trip? (Does not apply to athletic trips.) <u>Various core content</u> <u>Standards according to each subject area of Language Arts, Science, Math, Social Studies and Humanities/Art.</u>
SOURCE OF FUNDING FOR TRIP MIGRANT EDUCATION PROGRAM
AMOUNT OF STUDENT FEE: None; all paid by Migrant Education Program
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 5 Male Students 3 Female Students 2
Mode of Transportation: is district transportation needed? □ no ☑ yes (Paid by Migrant Funds) (see procedure 09.36 ap. 212.)□ Certificated common carrier; specify
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES LISA CHAMPION, LISA RODGERS, SHERRILL TANNER (WEBSTER COUNTY DISTRICT)
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? Individually, in person and discussed with parents.
Signature of Faculty Sponsor Date Signature of Principal 2/25/19 Date Date Date Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval
Signature of Superintendent/Designee Date Date 2/26/19 Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Dat
Related Procedures: 09 36 AP 211 09 36 AP 212 09 36 AP 23 Prvirw/Prvisrp.11/21/13

