

**School-Related Student Trip Request Form****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, KY 40507 PHONE-DESTINATION 859.233.4567  
Lexington, KY

- ☐ 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, 2019DEPARTURE TIME 4:00 PMRETURN 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 StandardsSOURCE 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 52MODE 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 APPROXIMATELY 22 CERTIFIED PERSONNEL, REPRESENTING 11 DIFFERENT CCPS SCHOOLSClassified 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?

☒ Yes ☐ No

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

☒ Yes ☐ NoHow have they been notified? Local SchoolX Sandra P. HancockSandra P. Hancock  
Faculty/Sponsor SignatureX Tracy Pelletier  
by S. Hancock

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_X Margaret Lammell

Signature of Superintendent/Designee

**SchoolRelated Student Trip Request Form**SCHOOL  
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 Washington, D.C. ADDRESS Catholic University PHONE (202) 319-5000

☒ Out of State      ☐ Out of County      ☐ Within County      ☐ Overnight: give name, address, phone of lodging  
Catholic University 620 Michigan Ave NE, Washington D.C. 20064

DATE(S) OF TRIP 19 Jun - 25 June DEPARTURE TIME 07:00 AM RETURN TIME 09:00 PMPURPOSE/EDUCATIONAL VALUE Compete in JROTC Academic Bowl National Championships

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

Academic (ACT/STEM)SOURCE OF FUNDING FOR TRIP HQ AFJROTCAMOUNT 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 4 MALE STUDENTS 3 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO      ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY Southwest Airlines, Subway (D.C.)☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES MAJOR MARLOW + Mrs. Roberts

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

2-28-19  
 Date

[Signature]  
 Signature of Principal

2-28-19  
 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

3-5-19  
 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 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 Rupp ArenaADDRESS Lexington, KYPHONE-DESTINATION 606-872-0255

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

DATE(S) OF TRIP 4/18/19DEPARTURE TIME 12AMRETURN TIME 10 PM

START    END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

**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 \_\_\_\_\_NUMBER OF: STUDENTS 20MALE STUDENTS 5FEMALE STUDENTS 15MODE 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 HARNESSClassified chaperones SONYA GINN

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

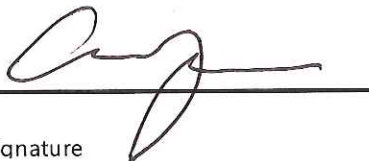
☒ Yes ☐ No

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

☒ Yes ☐ NoHow have they been notified? Signed permission forms/paperwork

X 

Faculty/Sponsor Signature

X 

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

X 

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 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 Galt HouseADDRESS Louisville, KYPHONE-DESTINATION 606-872-0255

- ☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
GALT HOUSE, LOUISVILLE, KY 502-589-5200

DATE(S) OF TRIP 4/15/19 to 4/17/19DEPARTURE TIME 7AMRETURN TIME 4 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(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 \_\_\_\_\_

NUMBER OF: STUDENTS 20MALE STUDENTS 10FEMALE STUDENTS 10

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

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

Certified chaperones MARVIN HARNESS, CHRISTIAN RUSSELL

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? Signed permission forms/paperwork

X 

Faculty/Sponsor Signature

X 

Principal Signature

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_

X 

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 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 Holiday WorldADDRESS 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 5/4/19DEPARTURE TIME 5AMRETURN 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/logistics 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    ☐ BOARD    ☐ OTHER \_\_\_\_\_

NUMBER OF: STUDENTS 80MALE STUDENTS 40FEMALE 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, 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?

☒ 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

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

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

SCHOOL Christiana Co. High

FACULTY MEMBER(S) SPONSORING TRIP Emily Taylor

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 Elkton, KY

ADDRESS 806 S. Main Street

PHONE-DESTINATION 270-766-4091

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

DATE(S) OF TRIP 3/9/2019

DEPARTURE TIME 7:30AM

RETURN TIME 4:30 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE 360 Leadership Conference

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

SS-AA007 Demonstrate understanding of basic interpersonal communication (listening, written, oral, etc.)

SOURCE OF FUNDING FOR TRIP CCHS FFA

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 1

FEMALE STUDENTS 2

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

☒ CERTIFICATED COMMON CARRIER; SPECIFY VAN

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

Certified chaperones EMILY TAYLOR

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? Student code of conduct

X Emily Taylor

Faculty/Sponsor Signature

X [Signature]

Principal Signature

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_

X [Signature]

Signature of Superintendent/Designee

Linda Keller "Kme" 3/6/19

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

"emergency approval"

**School-Related Student Trip Request Form**

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

SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP YSC- 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 Hendersonville, TN PHONE 615-590-4386  
☒ Out of State    ☐ Out of County    ☐ Within County    ☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

 DATE(S) OF TRIP May 15, 2019 DEPARTURE TIME 8:00 a.m. RETURN TIME 5:00 p.m.  
 PURPOSE/EDUCATIONAL VALUE PBIS Reward - EOY 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    ☐ OTHERNUMBER 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 \_\_\_\_\_
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES Teachers & AdminCLASSIFIED 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? ☒ Yes ☐ No  
 Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No  
 How have they been notified? Through written & face-to-face communication

 Signature of Faculty Sponsor [Signature]  
 Date 3/13/19

 Signature of Principal [Signature]  
 Date 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 ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_
 Signature of Superintendent/Designee [Signature]  
 Date 3/13/19

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: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 YSC- 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 Hendersonville, TN PHONE 615-590-4386

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

DATE(S) OF TRIP May 16, 2019 DEPARTURE TIME 8:00 a.m. RETURN TIME 5:00 p.m.PURPOSE/EDUCATIONAL VALUE PBIS Reward - EOY 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    ☐ OTHERNUMBER OF: STUDENTS TBD MALE STUDENTS TBD FEMALE STUDENTS TBDMODE 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 Teachers & AdminCLASSIFIED 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? ☒ Yes ☐ No  
 acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding  
 How have they been notified? Through written & face-to-face communication

Signature of Faculty Sponsor [Signature]Date 3/13/19Signature of Principal [Signature]Date 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 ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_Signature of Superintendent/Designee [Signature]Date 3/13/19

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:1/15/09

**School-Related Student Trip Request Form**

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Deena Oliver + Bobbi Jordan  
 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 Edgewood Baptist Church ADDRESS 2300 Cadiz Rd. Hopkinsville PHONE 270-886-4461  
☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging \_\_\_\_\_  
 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? ☐ NO ☒ 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 Creamer, Michelle Babb

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? verbally + will be reminded after boarding the bus  
Deena Oliver 3/1/19 [Signature] 1/1/19  
 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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>2-28-19</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

# SCHOOL-RELATED STUDENT TRIP REQUEST FORM

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Ebersole, Jones, Jordan

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 Alhambra Theatre ADDRESS 505 N Main St PHONE 210 887-4295

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

Science, Math, Literacy

DATE(S) OF TRIP 3/27/19 DEPARTURE TIME 8:30a RETURN TIME 11:30a

PURPOSE/EDUCATIONAL VALUE TAKE STUDENTS TO COMPETE AT STATE FAIR Science Show - Professor Wow

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 Buses provided by Pennyray Arts Tickets - students / SPEN

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER Tickets - Student SPEN

TOTAL NUMBER OF STUDENTS 100

MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS \_\_\_\_\_

FACULTY SPONSORS Ebersole, Jones, Jordan

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 Ebersole, Jones, Trapp, Jordan, Hatfield, Brown

CLASSIFIED CHAPERONES Levell, Creamer, Babb, Abbitt

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

Ebersole 2-12-19 JL 12 Feb 19  
 Signature of Faculty Sponsor Date Signature of Principal Date

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

Maureen Hemmell  
 Signature of Superintendent/Designee

2/18/19  
 Date

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

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 BLAKE LEACH - HEAD BASEBALL COACH

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 FL ADDRESS FT. WALTON BEACH FL PHONE \_\_\_\_\_ - STAYING AT GULF DUNES CONDO

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

TRIP ITINERARY INCLUDED FOR THE WEEK \_\_\_\_\_

DATE(S) OF TRIP 3/30-4/6 DEPARTURE TIME 7:00 AM RETURN TIME 5:00 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 \_\_\_\_\_

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 24 MALE STUDENTS 24 FEMALE STUDENTS \_\_\_\_\_

FACULTY SPONSORS 2

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 BLAKE LEACH, BRIAN MORRIS, ~~SCOTT GENTRY~~, ~~DUSTIN PENNINGTON~~

CLASSIFIED CHAPERONES SCOTT GENTRY, DUSTIN PENNINGTON

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 LETTER, SIGNATURE, VERBAL

Blake Leach 2/19/19 [Signature] 2/19/19  
Signature of Faculty Sponsor Date Signature of Principal Date

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

[Signature]  
Signature of Superintendent/Designee

2/20/19  
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)

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 High FACULTY MEMBER SPONSORING TRIP: Jeremy Leek Sr.  
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: Ephraim Wink Gym ADDRESS: 885 Mt. Olive Rd PHONE: 270-790-1600  
Bowling Green KY  
☐ Out of State    ☐ Out of County    ☐ Within County    ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP: 2/3/19 DEPARTURE TIME: 2:30 pm RETURN TIME: 9:45 pm

PURPOSE/EDUCATIONAL VALUE: Archery tournament

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

SOURCE OF FUNDING FOR TRIP

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 35 MALE STUDENTS 23 FEMALE STUDENTS 12

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: Lea Braunfield, Jeremy Leek

CLASSIFIED CHAPERONES

Angela Leek

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? Verbal + paper

[Signature]  
Signature of Faculty Sponsor

2/19/19  
Date

[Signature]  
Signature of Principal

2/26/19  
Date

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

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval

[Signature]  
Signature of Superintendent/Designee

2/21/19  
Date

[Signature]  
Signature of Board Chair

2-21-19  
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

Page 1 of 1

"Emergency approved"

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: HHS FACULTY MEMBER SPONSORING TRIP: Barbara Young

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 Princeton, KY ADDRESS 101 Dawson Road PHONE 270-350-7879

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

DATE(S) OF TRIP march 27, 2019 DEPARTURE TIME 8:30 am RETURN TIME 2:00 pm

PURPOSE/EDUCATIONAL VALUE STEAM focused event for DHH Students

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
KY. HS. C Forces and interactions ; KYHS.H Interdependent Ecosystems

SOURCE OF FUNDING FOR TRIP Kentucky School for Deaf

AMOUNT OF STUDENT FEE: \$ NA

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 2 MALE STUDENTS 1 FEMALE STUDENTS 1

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

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

CERTIFIED CHAPERONES Barbara Young

CLASSIFIED CHAPERONES Denise Boyce

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

acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? In person

Barbara J. Young  
Signature of Faculty Sponsor

3-7-19  
Date

[Signature]  
Signature of Principal

7 March 19  
Date

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

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

3-11-19  
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 FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

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 HOPKINSVILLE COMMUNITY COLLEGE "KICCS" PROGRAMADDRESS 720 NORTH DRIVE, HOPKINSVILLEPHONE 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 HOMES  
 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.) VARIOUS CORE CONTENT STANDARDS ACCORDING TO EACH SUBJECT AREA OF LANGUAGE ARTS, SCIENCE, MATH, SOCIAL STUDIES AND HUMANITIES/ART.
SOURCE OF FUNDING FOR TRIP MIGRANT EDUCATION PROGRAMAMOUNT 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    ☐ OTHERNUMBER 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 LISA CHAMPION LISA RODGERS (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.
Lisa Champion 02/20/19  
 Signature of Faculty Sponsor Date

S. Hartley 2/25/19  
 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 \_\_\_\_\_
Margaret Hemmell  
 Signature of Superintendent/Designee

2/26/19  
 Date

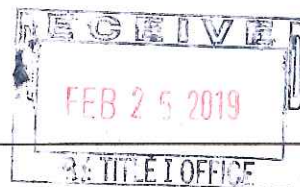
Signature of Board Chair

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



**School-Related Student Trip Request Form**

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

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 MIGRANT EDUCATIONAL LEADERSHIP INSTITUTE, MURRAY STATE UNIVERSITYADDRESS MSU CAMPUS, MURRAY KY 42071 PHONE 800-272-4678

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

DATE(S) OF TRIP JUNE 9 – JUNE 15, 2019 DEPARTURE TIME 8:00 AM JUNE 9 RETURN TIME 3:00 PM JUNE 15PURPOSE/EDUCATIONAL VALUE VARIOUS TOPICS IN ALL SUBJECT MATTER INSTRUCTED BY CERTIFIED TEACHERS TO PROMOTE LEADERSHIP ABILITIES IN MIGRANT STUDENTS.WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) VARIOUS CORE CONTENT STANDARDS ACCORDING TO EACH SUBJECT AREA OF LANGUAGE ARTS, SCIENCE, MATH, SOCIAL STUDIES AND HUMANITIES/ART.SOURCE OF FUNDING FOR TRIP MIGRANT EDUCATION PROGRAMAMOUNT 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    ☐ OTHERNUMBER OF: STUDENTS 3 MALE STUDENTS 3 FEMALE STUDENTS     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.

Lisa Champion 02/20/19    S. Harting 2/25/19  
 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     

Mary Ann Hemmell 2/26/19  
 Signature of Superintendent/Designee    Date

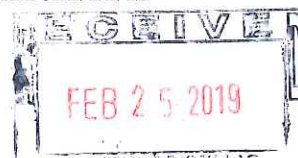
Signature of Board Chair

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

REVIEW/REVISED: 11/21/13



**School-Related Student Trip Request Form**

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

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 CAMPADDRESS KYDAM 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 KYDAM 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 27PURPOSE/EDUCATIONAL VALUE VARIOUS TOPICS IN ALL SUBJECT MATTER INSTRUCTED BY CERTIFIED TEACHERS TO PROMOTE LEADERSHIP ABILITIES IN MIGRANT STUDENTS.WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) VARIOUS CORE CONTENT STANDARDS ACCORDING TO EACH SUBJECT AREA OF LANGUAGE ARTS, SCIENCE, MATH, SOCIAL STUDIES AND HUMANITIES/ART.SOURCE OF FUNDING FOR TRIP MIGRANT EDUCATION PROGRAMAMOUNT 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    ☐ OTHERNUMBER OF: STUDENTS 5 MALE STUDENTS 3 FEMALE STUDENTS 2MODE 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.

Lisa Champion 02/20/19  
 Signature of Faculty Sponsor Date

S. Hartline  
 Signature of Principal

2/25/19  
 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 of Superintendent/Designee

Mary Ann Gemmill  
 Signature of Board Chair

Date

2/26/19  
 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

