

STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP: CHRISTINA RUSSELL, JOHN ADAMS, AND BRENDEN THOMAS

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 PIGEON FORGE, TN ADDRESS DOLLYWOOD

PHONE 270-839-6591

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

DATE(S) OF TRIP MAY 3, 2019

DEPARTURE TIME 5:30 A.M.

RETURN TIME 11:30 P.M.

PURPOSE/EDUCATIONAL VALUE: BUSINESS STUDENTS WILL ATTEND A HUMAN RESOURCES PRESENTATION AT DOLLYWOOD THEME PARK IN PIGEON FORGE, TN

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? MULTIPLE EMPLOYABILITY AND BUSINESS STANDARDS—EXAMPLE: EF.1 RECOGNIZE THE CHARACTERISTICS OF A TEAM ENVIRONMENT AND CONVENTIONAL WORKPLACE

SOURCE OF FUNDING FOR TRIP: CCHS BUSINESS PERKINS, STUDENT

AMOUNT OF STUDENT FEE: \$40.00

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 48

MALE STUDENTS 22

FEMALE STUDENTS 26

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY: WISE COACHES CHARTER BUS OF HERMITAGE, TN

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

CERTIFIED CHAPERONES BRENDEN THOMAS, JOHN ADAMS III, CHRISTINA 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? Code of Acceptable Behavior Policy

Christina Russell  
Signature of Faculty Sponsor

5/3/19  
Date

[Signature]  
Signature of Principal

3-12-19  
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

3-14-19  
Date

\_\_\_\_\_  
Signature of Board Chair

\_\_\_\_\_  
Date

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

Related Procedures:

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

Review/Revised: 11/21/13



STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL Christian Co. High

FACULTY MEMBER(S) SPONSORING TRIP 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 Drury Inn

ADDRESS Paducah, KY

PHONE-DESTINATION 606-872-0255

☐ Out of State

☒ Out of County

☐ Within County

☒ Overnight: give name, address, phone of lodging  
DRURY INN PADUCAH KY

DATE(S) OF TRIP 5/3/19 5/4/19

DEPARTURE TIME 8 AM

RETURN TIME 4 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE To Take STLP students on trip for end of year activities.

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 STLP

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

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

NUMBER OF: STUDENTS 12

MALE STUDENTS 2

FEMALE STUDENTS 10

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) Marvin Harness

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?  
☒ Yes ☐ No

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

How have they been notified? Signed permission forms/paperwork

X Marvin Harness

Faculty/Sponsor Signature

X [Signature]

Principal Signature

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

X [Signature]

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. MiddleFACULTY MEMBER(S) SPONSORING TRIP Karen Kennedy & Vice Killebrew**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 Lawrence Central ADDRESS 7300 E 56<sup>th</sup> Street  
High School Indianapolis Indiana
PHONE-DESTINATION 270-4986459

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

DATE(S) OF TRIP 05/17/19DEPARTURE TIME 11:00 AMRETURN TIME 11:00 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Dream Team No More Excuses Stand Up Mentoring Conference / Robert Jackson

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

MentoringSOURCE OF FUNDING FOR TRIP KERALOT Youth Service Center (YSC)

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 10-15MALE STUDENTS 10-15FEMALE STUDENTS 0MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO    ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY District Vans☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

Certified chaperones \_\_\_\_\_

Classified chaperones KAREN KENNEDY, VICE KELLIBREW, DENISE STELLE

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? Letter and verbally

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.

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: HHHS FACULTY MEMBER SPONSORING TRIP: Troy Goode

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 Lexington ADDRESS 430 W Vine Lexington KY 40507 PHONE 859 233-4567

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Comfort Inn 5531 Athens Booneboro Rd Lexington KY

DATE(S) OF TRIP June 11-13 DEPARTURE TIME 8:00 RETURN TIME 6:00

PURPOSE/EDUCATIONAL VALUE Take students to State Convention

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

Academically prepare students  
SOURCE OF FUNDING FOR TRIP Perkins / FFA

AMOUNT OF STUDENT FEE: \$ 0

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

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

NUMBER OF STUDENTS 6 MALE STUDENTS 4 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 Troy Goode

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? Letter & Verbal

T. Goode 3/20/19 [Signature] 21 March  
Signature of Faculty Sponsor Date Signature of Principal 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] 3-25-19  
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 TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Gloria Lemaster

TYPE OF TRIP (CHECK ALL THAT APPLY)

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

DESTINATION \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

Galt House 140 North 4th St, Louisville KY 40202 800-843-4258

DATE(S) OF TRIP 4/15-17 DEPARTURE TIME 7:30 AM RETURN TIME 4:00 PM

PURPOSE/EDUCATIONAL VALUE TAKE STUDENTS TO COMPETE AT STATE FAIR Take students to compete at FBLA SLCC

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 Fundraising, donations,

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 20 MALE STUDENTS 9 FEMALE STUDENTS 11

FACULTY SPONSORS Gloria Lemaster

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

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

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

CERTIFIED CHAPERONES Gloria Lemaster

CLASSIFIED CHAPERONES \_\_\_\_\_

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☒ YES ☐ NO

HAVE ALL STUDENTS BEEN NOTIFIED OF THE RULES AND REGULATIONS REGARDING ACCEPTABLE BEHAVIOR? ☒ YES ☐ NO

HOW HAVE THEY BEEN NOTIFIED? LETTER AND VERBAL

Gloria Lemaster 3/19/19 [Signature] March 19  
 Signature of Faculty Sponsor Date Signature of Principal Date

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

[Signature] 3-25-19  
 Signature of Superintendent/Designee Date  
 For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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

STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL: HMS FACULTY MEMBER(S) SPONSORING TRIP Linda Leake

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 Alhambra Theater ADDRESS 507 N Main St PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 3-27 DEPARTURE TIME 11:00 RETURN TIME approx. 2:00

PURPOSE/EDUCATIONAL VALUE Dr. Wow Science presentation

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

SOURCE OF FUNDING FOR TRIP Field trip account

AMOUNT OF STUDENT FEE: \$ 5.00

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

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

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

CERTIFIED CHAPERONES Vicki Jenkins, Becky Milburn, Linda Leake  
Cassandra Oliver

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

Linda Leake  
Signature of Faculty Sponsor

3-18-19  
Date

Have all students been notified of the rules and regulations regarding How have they been notified? Permission slip sent home

[Signature]  
Signature of Principal

3/18/19  
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  
[Signature]  
Signature of Board Chair

3-18-19  
Date  
3-18-19  
Date

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

Related Procedures:

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

Review/Revised: 11/21/13

*"emergency approval"*



STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL: HMS

FACULTY MEMBER(S) SPONSORING TRIP Milburn/Jenkins

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) 874-2265

DESTINATION Southern Lanes ADDRESS Canton PHONE 270-882-2000

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

DATE(S) OF TRIP 4/11/2019 DEPARTURE TIME 11:00 RETURN TIME 2:30

PURPOSE/EDUCATIONAL VALUE PBIS reward trip

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

SOURCE OF FUNDING FOR TRIP student

AMOUNT OF STUDENT FEE: \$ 10.00

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

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

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

CERTIFIED CHAPERONES Milburn, Jenkins, Mathis

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? Code of Acceptable Behavior

[Signature]  
Signature of Faculty Sponsor

3/18/19  
Date

[Signature]  
Signature of Principal

3/18/19  
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>3-19-19</u> Date
<u>[Signature]</u> Signature of Board Chair	<u>3-19-19</u> Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

Related Procedures:

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

Review/Revised: 11/21/13

Emergency approval

**School-Related Student Trip Request Form**

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

SCHOOL HMS FACULTY MEMBER(S) SPONSORING TRIP Dena Stamper  
Lea Brumfield  
 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 WE Day Ky ADDRESS 501 W. Main Louisville PHONE \_\_\_\_\_  
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging N/A  
 DATE(S) OF TRIP 4/16/19 DEPARTURE TIME 6:00 am RETURN TIME 4:00 pm  
 PURPOSE/EDUCATIONAL VALUE gifted and talented services  
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
NAGC standard 4.3.3 promote opportunities for leadership  
 SOURCE OF FUNDING FOR TRIP District GT  
 AMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER  
 (DISTRICT GT)  
 NUMBER OF: STUDENTS 25 MALE STUDENTS 10 FEMALE STUDENTS 15  
 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 Dena Stamper, Lea Brumfield

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? district handbook

Lea Brumfield  
 Signature of Faculty Sponsor

3-22-19  
 Date

Amy Wilcox  
 Signature of Principal

3/26/19  
 Date

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

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

Mary Ann Hemmell  
 Signature of Superintendent/Designee

3-26-19  
 Date

Kinda Keller "kme"  
 Signature of Board Chair

3-26-19  
 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

"Emergency Approval"

Review/Revised: 11/21/13

Pd. from District GT.A. Wilcox 3/25/19