SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. SCHOOL CCHS FACULTY MEMBER(s) SPONSORING TRIP: TYPE OF TRIP (CHECK ONE): Over 300 miles ☐ Under 300 miles ☐ Co-curricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip X Other (Mental Mapping) DESTINATION FORT CAMPBELL MILITARY BASE ADDRESS FT CAMPBELL, KY PHONE 270-839-6591 ☐ Out of State X Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging DATE(S) OF TRIP MAY 10, 2019 DEPARTURE TIME 9:00 A.M. RETURN TIME 2:30 P.M. PURPOSE/EDUCATIONAL VALUE: STUDENTS INTERESTED IN A MILITARY CAREER WILL HAVE THE OPPORTUNITY TO TOUR A MILITARY BASE AT FT CAMPBELL. WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? MULTIPLE EMPLOYABILITY STANDARDS— EXAMPLE: EF 1 RECOGNIZE THE CHARACTERISTICS OF A TEAM ENVIRONMENT AND WORKPLACE SOURCE OF FUNDING FOR TRIP: SBDM AMOUNT OF STUDENT FEE: \$0.00 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. X OTHER ☐ SCHOOL COUNCIL □ BOARD NUMBER OF: STUDENTS 30 **MALE STUDENTS 20** FEMALE STUDENTS 10 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?
\[\sigma \text{NO} \text{ X YES (SEE PROCEDURE 09.36)} \] AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY: WISE COACHES CHARTER BUS OF HERMITAGE, TN ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES TBD McNease Quan CLASSIFIED CHAPERONES TBD 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? X Yes No How have they been notified? Code of Acceptable Behavior Policy 5-2-19 ussell Signature of Faculty Sponsor 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 KNO DON "Kune" Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

" emergency "

Related Procedures:

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

Review/Revised:11/21/13

Page 1 of 1

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP Olivia Clark, Victoria Mohon, 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 Rupp Arena ADDRESS Lexington, KY PHONE-DESTINATION 270-839-2948
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP June 10-13, 2019 DEPARTURE TIME 9:00 AM RETURN TIME 4:00 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE Attend various leadership workshops and compete in various contests
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 <u>CCHS FFA</u>
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 $\underline{30}$ MALE STUDENTS $\underline{15}$ FEMALE STUDENTS $\underline{15}$
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 OLIVIA CLARK, VICTORIA MOHON, EMILY TAYLOR
Classified chaperones
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? No
Have all students been notified of the rules and regulations regarding acceptable behavior?
How have they been notified? Student code of conduct
× Olivia Clark × 419/19 Cegen
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
X May Long Millows 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 TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP Olivia Clark, Victoria Mohon
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 FFA Camp ADDRESS 111 FFA Camp Rd, PHONE-DESTINATION 270-839-2948 Hardinsburg, KY
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP June 17-21, 2019 DEPARTURE TIME 7:00 AM RETURN TIME 2:00 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE Attend various leadership workshops
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 $\underline{30}$ MALE STUDENTS $\underline{15}$ FEMALE STUDENTS $\underline{15}$
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 OLIVIA CLARK
Classified chaperones
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
Have all students been notified of the rules and regulations regarding acceptable behavior?
How have they been notified? Student code of conduct
x Monaclan xt/8/19 Cegan
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
The has been [-] approved [_] disapproved. Reason for disapproval
X Many Independent/Designee 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.

CCHS
SCHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable DESTINATION
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP May 3, 70% DEPARTURE TIME RETURN TIME PURPOSE/EDUCATIONAL VALUE reward & RISING STUDIES, end of club WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP & RISING ACTIVITY ACCOUNT
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 ☐ ☐ MALE STUDENTS ☐ ☐ FEMALE STUDENTS ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO SYES (SEE PROCEDURE 09.36 AP. 212.) SINCE CERTIFICATED COMMON CARRIER; SPECIFY COMMON CARRIER; SPECIFY DRIVER(S)
certified Chaperones Shannon Carter
CLASSIFIED CHAPERONES
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
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been □ approved □ disapproved. Reason for disapproval
Signature of Superintendent/Designee 4-24-19 Date 4-26-19
Signature of Board Chair Date For exercists and/or Board may be required by notice 09.36

RELATED PROCEDURES:

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

SCHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurr ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable DESTINATION SWHUM DUM MADDRESS 300) ☐ Other (athletic, band, if applicable 300 miles ☐ Other (athletic, band, if applicable 300 mile	
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, a lodging	
DATE(S) OF TRIP 4/24/19 DEPARTURE TIME 11:4500 RETURN TIME 3:CO. PURPOSE/EDUCATIONAL VALUE FOR REWAYCLE TVIP	pm
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO AT ROUNCE OF FUNDING FOR TRIP CCHS. CTE Deposit Funding For Trip	THLETIC TRIPS.)
AMOUNT OF STUDENT FEE: 19- To be paidly COJES	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: □ SPONSORING ORGANIZATION □ SCHOOL COUNCIL □ BOARD	
NUMBER OF: STUDENTS /// MALE STUDENTS ///// FEMALE STUDENTS /// MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?	<u>ピメ</u> 50 CEDURE 09.36 AP. -
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES	
CLASSIFIED CHAPERONES AG Teachen, Bisness Teachen	, Almin
Have all chaperones undergone the required records check and been designated by the principal supervise students? The supervise students been notified of the rules and regular companies. The supervise students been notified? How have they been notified? Signature of Frincipal Signature of Principal Signature of Pr	dations regarding 1
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD C	HAIRPERSON
Many Hemmel 4-23- Signature of Superintendent/Designee Date	19
Signature of Superintentian Designee North New York Signature of Board Chair Date	7
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

CCHS Sponsor: Karen Rogers
SCHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
Over 300 miles Under 300 miles Cocurricular Extracurricular Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable DESTINATION Holiday World ADDRESS 452 Christmas PHONE 1800-467-2682 Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 5-17-19 DEPARTURE TIME 7: 30 am RETURN TIME 7:30 pm
PURPOSE/EDUCATIONAL VALUE Transition Ready Reward Trip 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 ☑ MALE STUDENTS FEMALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ■ NO ■ YES (SEE PROCEDURE 09.36 AP:
212.) A CERTIFICATED COMMON CARRIER; SPECIFY Apchor Transportation
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Rogers, Reed, Turner, Malone, Hightower
J. Jones, Garcia, King, Harness CLASSIFIED CHAPERONES Moore, Hall, Cruz, Joiner
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 How have they been notified? How have they been notified? Signature of Faculty Sponsor 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 1-23-19 Date 1-23-19 Date 1-23-19 Date 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 approvae"

Page 1 of 1

SCHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
☐ Over 300 miles ☐ Onder 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable DESTINATION ☐ OVER ☐ DESTINATION ☐ DESTINA
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 5/16/19 DEPARTURE TIME 7 am RETURN TIME 3 pm PURPOSE/EDUCATIONAL VALUE CTOOD FOR THE PENGLED
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 MALE STUDENTS MALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO STATES (SEE PROCEDURE 09.36 AP. 212.) PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES TWO CONFIDENCE PM Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No How have they been notified? PMM SW YES Signature of Faculty Sponsor Signature of Faculty Sponsor Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been paperoved disapproved. Reason for disapproval Signature of Superintendent/Designee Date

RELATED PROCEDURES:

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

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL * FACULTY MEMBER(S) SPONSORING TRIP
TYPE OF TRIP (CHECK ALL THAT APPLY):
Over 300 miles Under 300 miles Co curricular Extracurricular
Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable)
DESTINATION Holiday World ADDRESS 452 E Christmas Biv Phone-DESTINATION
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP START END DEPARTURE TIME THE RETURN TIME W * OF THE START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP HOSA
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
NUMBER OF: STUDENTS 4 MALE STUDENTS 5 FEMALE STUDENTS 4 PAGE S
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 3
Classified chaperones
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise student Yes
Have all students been notified of the rules and regulations regarding acceptable behavior?
How have they been notified? <u>Nemo</u> Perminir Slip
X Ellaw X Penny Knight
Faculty/Sponsor Signature Principal Signature
radulty, openior significant
Trip has been approved disapproved. Reason for disapproval
× Mant and Jemmill
Signature of Superintendent/Designee
Lunda Kedler "Hore" 5-7-19
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: HHS	FACULTY	MEMBER SPONSORING T	RIP: COLORIA	Lewaste
TYPE OF TRIP (CHECK ONE):				•
V Over 300 miles	O Under 300 miles	O Co-curricular	O Extracurrio	ular
O Classroom Field Trip				
DESTINATION NLC -San	Monio TXADDRESS_	, , , , , , , , , , , , , , , , , , ,	_ PHONE HOLI	-210-224-2500
Out of State O Out	of County O Within C	ounty & Overnight:	Moru St. Se	an Antonia TX
DATE(S) OF TRIP 629-	713 DEPARTUR	E TIME TBO	_RETURN TIME [BD 79201 61505
PURPOSE/EDUCATIONAL VAL	LUESTURAL COMPL	lar of risla i	Drunell	
WHAT STANDARD IS BEING SOURCE OF FUNDING FOR TR AMOUNT OF STUDENT FEE: 5	ADDRESSED BY TAKING	THIS TRIP? (DOES NO	T APPLY TO ATI	HETIC TRIPS.)
Source of funding for tr	IP Dietret-Stud	ente + Perkin	· Spirer &	Strate Sto
AMOUNT OF STUDENT FEE: S	120 Restra	hio.		Solkin
No stude	ENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INA	BILITY TO PAY.	•
BILL TRIP EXPENSES TO: O S				O OTHER
NUMBER OF: STUDENTS	MALE STUDENTS	FEMALE	STUDENTS <u>5</u>	
MODE OF TRANSPORTATION	i: IS DISTRICT TRANSPORTA OMMON CARRIER; SPECIFY	TION NEEDED? NO	YES (SEE PROCEDU	RE 09,36 AP. 212.)
O PRIVATE VEHICLE,	, IF ALLOWED BY POLICY; S	PECIFY DRIVER(S)	~ .	
CERTIFIED CHAPERONES_	Gloric leugast		- Depth (control of the control of t	
CLASSIFIED CHAPERONES		7		
Have all chaperones undergo students? Yes O No cceptable behavior? Yes Signature of Faculty Sponso	O No How have t	udents been notified of t	he rules and regul	anee to supervise ations regarding - (i de of Circle) 7 May 17 Date
EMERGENCY REQUEST APPROVAL IMPOSSIBLE	S DUE TO UNFORESE! E SHOULD ALSO HAVE	EN CIRCUMSTANCES THE SIGNATURE OF	THAT MAKE F	RIOR BOARD HAIRPERSON
Trip has been approved O	disapproved. Reason for disa	pproval		
Signature of Superin	endent/Designee		Date	Zamanananananan
Signature of Board (Date	
For overnight and/or out-	of-state trips, approval of the S	Superintendent and/or <u>Boar</u>	<u>d may be required b</u>	<u>y policy 09.36.</u>

RELATED PROCEDURES:

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

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	H189	STANDON (SPONTONOLINIO TRID.	Troy Goods
Type of Trip (CHECK ONE):	FACULTY MI	MBER SPONSORING TRIF.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The state of the s		Co-curricular Other (athletic band, if an	
DESTINATION Lexington	Anners 43	owest vine 5	10X 159 233456
O Out of State Out of County lodging (/arion //o	O Within Coun	ty Overnight: give	name, address, phone of
DATE(S) OF TRIP June 11-1	3 DEPARTURE T	IME 8:00 RE	TURN TIME 4:00
PURPOSE/EDUCATIONAL VALUE	Talle stu	leuts for 601	upetetion
WHAT STANDARD IS BEING ADDRES	SED BY TAKING TI		
SOURCE OF FUNDING FOR TRIP		rhios	
		And the contribute	
No student shall	BE DENIED THE TRI	P BECAUSE OF AN INABILIT	YTO PAY.
BILL TRIP EXPENSES TO: OSPONSORI	NG ORGANIZATION	O SCHOOL COUNCIL	O BOARD O OTHER
NUMBER OF: STUDENTS 6 M	AALE STUDENTS	6 FEMALE STUD	DENTS O
MODE OF TRANSPORTATION: IS DISTR			
O PRIVATE VEHICLE, IF ALLOW			
CERTIFIED CHAPERONES Tros			
CLASSIFIED CHAPERONES	namana ka mata ka	konte e pasakka talika ka sapanaka kitasa ka talika ka k	ski kistorial en skrevenn ann kun stembre skret de Servici in gener gener skrevennen i skilde.
Have all chaperones undergone the requ	uired records check a	nd been designated by the p	rincipal/designee to supervise
students? O Yes O No	Have all stude	nts been notified of the ru	les and regulations regarding
acceptable behavior? O Yes O No	How have they	been notified?	bald-letter
12 % Moore	5/7/19	- X/f	
Signature of Faculty Sponsor	Date	Signature of Princip	pal Date *
EMERGENCY REQUESTS DUE T APPROVAL IMPOSSIBLE SHOUL	O UNFORESEEN D ALSO HAVE TI	CIRCUMSTANCES THA	AT MAKE PRIOR BOARD E BOARD CHAIRPERSON
Trip has been approved O disapprove	ed. Reason for disappr	oval	aan tirkuulista kunimpi tayya pagamahaa magaa 1975 di 1870 di 1870 di 1870 di 1880 di 1880 di 1880 di 1880 di 1
			and the state of t
Junior State Company of the State of the Sta	mill	**************************************	5-7-19
Signature of Superintendent/De	signee		Date
Signature of Board Chair	Name and the second		
		The CONSTRUCTION OF THE CO	Date
For overnight and/or out-of-state trip	s, approval of the Sun	erintendent and/or Board may	Date be required by policy 09.36.

RELATED PROCEDURES:

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

SCHOOL SUBMIT THIS FORM FOUR (4)	WEEKS PRIOR TO TAKING THE TRIP.
Over 300 miles Under 300 miles	☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization ☐ Lub Trip	Other (athletic pand, if applicable 0
DESTINATION TO DELL'EST SOLL	man below thousand he
□ Out of State □ Out of County □ Within	County D Overnight: give name, address, phone of
lodging	
DATE(S) OF TRIP 5 OF DEPARTURE TIME	RETURN TIME
purpose/educational value	AU A
WHAT STANDARD IS BEING ADDRESSED BY TAKING	THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP 45 P	
AMOUNT OF STUDENT FEE:	- requirements
NO STUDENT SHALL BE DENIED THE T	RIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO SPONSORING ORGANIZATION	☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER
NUMBER OF: STUDENTS MALE STUDENTS	FEMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTAT 212.) □ CERTIFICATED COMMON CARRIER; SPECIFY	TON NEEDED? INO I YES (SEE PROCEDURE 09.36 AP.
☐ PRIVATE VEHICLE, IF ALLOWED BY POLIC	Y; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES	
CLASSIFIED CHAPERONES	
CLASSIPIED CRAFERONES	The state of the s
Have all chaperones undergone the required records	check and been designated by the principal/designee to
supervise students? \(\sigma\) Yes \(\sigma\) No Have all str	idents been notified of the rules and regulations regarding
	ey been notified?
	(Charles I 25)
Signature of Ficulty Sponsor Date	Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN	CIRCUMSTANCES THAT MAKE PRIOR BOARD
	THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapp	roval
Ω M	7
Mark for the man will	7-23-19
Signature of Superintendent/Designee	Date
Lindo hellov kne	4-53-19
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Su	perintendent and/or Board may be required by policy 09,36.

RELATED PROCEDURES:

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