STUDENTS 09.36 AP.21

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOLCCHS FACULTY MEMBER(S) SPONSORING TRIP _PAULA GIESEKE TYPE OF TRIP (CHECK ONE);
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION BELMONT UNVERSITY 1900 BELMONT BOULEVARD NASHVILLE, TN 37212
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP_11-08-19 DEPARTURE TIME _8:15 RETURN TIME _6PM
PURPOSE/EDUCATIONAL VALUE _ART CLUB VISITING ART DEPARTMENT AT BELMONT UNIVERSITY
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIPART CLUB AMOUNT OF STUDENT FEE:\$0
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER
NUMBER OF: STUDENTS _45 MALE STUDENTS20 FEMALE STUDENTS25
Mode of Transportation: is district transportation needed? \square no \square yes (see procedure 09.36 ap. 212.) \square Certificated common carrier; specify
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONESPAULA GIESEKE
CLASSIFIED CHAPERONESSONYA GINN A
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? \square Yes \square No Have all students been notified of the rules and regulations regarding acceptable behavior? \square Yes \square No How have they been notified? Permission Slip
Paula Gieseke 08-28-19
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been 🗖 approved 🗆 disapproved. Reason for disapproval
Signature of Superintendent/Designee Bate
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:

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

STUDENTS 09.36 AP.21

	School-Relat	<u>ed Student Tri</u>	i <u>p Request</u> I	<u>Form</u>	
	SUBMIT THIS FOI	RM FOUR (4) WEEKS	PRIOR TO TAKIN	G THE TRIP.	
	CCHS FACULTY MEMBER (CHECK ONE):			KE	
	o miles	n/Club Trip 🛚 Othe	r (athletic, band,		ır
☐ Out of St	tate	☐ Within County	☐ Overnight:	give name, address	
	'RIP_10-18-19 DEPARTUR				
	UCATIONAL VALUE_STUDENT				
WHAT STANI	DARD IS BEING ADDRESSED	BY TAKING THIS T	RIP? (DOES NO	T APPLY TO ATHLE	etic trips.)
	UNDING FOR TRIPCCHS ST STUDENT FEE:\$7.00 paid of	out of Student Counci	l funds		
	NO STUDENT SHALL BE D				iii oaaaaa
	PENSES TO: SPONSORING OF				
	STUDENTS _30 MALE				
AP. 212.)□ C	ANSPORTATION: IS DISTRICT T ERTIFICATED COMMON CARRI	ER; SPECIFY			· · · · · · · · · · · · · · · · · · ·
] Private vehicle, if allov				
CERTIFIED C	HAPERONESPAULA GIES	EKE			
CLASSIFIED C	CHAPERONESSONYA GINN	A			
students?	perones undergone the required Yes □ No Phavior? □ Yes □ No	Have all students be	een notified of th	ne rules and regulation	ons regarding
<u>Paula G</u>	<u> 68-28-19</u>		- Oh	/ 1	8-25-15
Signature of	Faculty Sponsor	Date	Signature of Pr	rinqipal	Date
EMERGENO APPROVAL	CY REQUESTS DUE TO U L IMPOSSIBLE SHOULD A	NFORSEEN CIRC LSO HAVE THE SI	UMSTANCES '	THAT MAKE PRIC THE BOARD CHA	OR BOARD IRPERSON
Trip has been [approved disapproved. Re	ason for disapproval			
Misign	nature of Superintendent/Designed	il _	_	8-29-/9 Date	
	nature of Board Chair			Date	
For over	rnight and/or out-of-state trips, app	roval of the Superinten	dent and/or Board i	may be required by poli-	cy 09.36.

Related Procedures:

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

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP Olivia Clark SCHOOL Christian Co. High TYPE OF TRIP (CHECK ALL THAT APPLY): Extracurricular Co curricular Under 300 miles Over 300 miles Other (athletic, band, if applicable) ☐ Organization/Club Trip Classroom Field Trip ADDRESS 111 FFA Camp Rd. PHONE-DESTINATION 270-839-2948 DESTINATION Leadership Hardinsburg, KY Training Center Overnight: give name, address, phone of lodging Out of County Within County Out of State 111 FFA CAMP RD, HARDINSBURG **DEPARTURE TIME 2:30 PM** RETURN TIME 2:00 PM DATE(S) OF TRIP 9-13-19 to 9-14-19 (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) END START PURPOSE/EDUCATIONAL VALUE Participate in 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: \boxtimes SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER $_$ FEMALE STUDENTS 1 MALE STUDENTS 1 NUMBER OF: STUDENTS 2 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? 🔯 NO 💢 YES (SEE PROCEDURE 09.36 AP. 212.) dismit run ☐ 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 Principal Signature Faculty/Sponsor 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.

Christian County High School	
SCHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR T	TO TAKING THE TRIP.
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricula ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athle DESTINATION FOR COLUMN ADDRESS ☐ COMMENT ADDRESS ☐ COCURRICULAR COLUMN AD	
☐ Out of State ☐ Out of County ☐ Within County ☐ lodging	Overnight: give name, address, phone of
DATE(S) OF TRIP 10-29-19 DEPARTURE TIME 8:000m PURPOSE/EDUCATIONAL VALUE STUDIENT PRIS REMAIN	return time 2:30?w
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (I MODELING APPROPRIATE DENOVIOR MEETING EXPECTATION SOURCE OF FUNDING FOR TRIP 1815 NECOLAT	DOES NOT APPLY TO ATHLETIC TRIPS.)
AMOUNT OF STUDENT FEE: 🎐 🕼 🕙	
NUMBER OF: STUDENTS 50 MALE STUDENTS	COUNCIL DOARD DOTHER FEMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? 212.) □ CERTIFICATED COMMON CARRIER; SPECIFY □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRI CERTIFIED CHAPERONES Math Bachwian, Stacy Crick, 28	VER(S)
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and bee supervise students? Yes No acceptable behavior? Yes No How have they been notified to the property of the	tified of the rules and regulations regarding de Stand Parks of She regulated Language Date ANCES THAT MAKE PRIOR BOARD
Trip has been ☑ approved □ disapproved. Reason for disapproval	
Signature of Superintendent/Designee	8-20-18 Date
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintendent and	or Board may be required by policy 09.36.

RELATED PROCEDURES:

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

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP Olivia Clark, Parity of Earlier
Type of Trip (CHECK ALL THAT APPLY): Solver 300 miles Solver 300 miles Co curricular Sextracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION Indianapolis, IN ADDRESS Convention Center PHONE-DESTINATION 270-839-2948
Out of State Out of County Within County Overnight: give name, address, phone of lodging 5797 ROCKVILLE ROAD INDIANAPOLIS, IN 46224
DATE(S) OF TRIP 10-30 to 11-1 DEPARTURE TIME 7:00AM RETURN TIME 4:00 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE Students will attend various leadership workshops and sessions at the convention
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 24 MALE STUDENTS 12 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 VICTORIA MOHON, AARON STALLONS
Classified chaperones
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? in class by Code of Conduct
X Violotta Mehen X Cump Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
Signature of Superintendent/Designee
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

SCHOOL CHASTUM COUNTY HIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
TYPE OF TRIP
☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable ☐ DESTINATION ☐ ONE
Out of State Out of County
DATE(S) OF TRIP OCHODEY 4th, 2019 DEPARTURE TIME BAWY RETURN TIME 3PM
PURPOSE/EDUCATIONAL VALUE (IL MUNICLE PAYN) SLAT
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP CIUD ACCOUNT + STUDENT PAYMENT
AMOUNT OF STUDENT FEE: \$ 35
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: M SPONSORING ORGANIZATION □ SCHOOL COUNCIL □ BOARD □ OTHER
NUMBER OF: STUDENTS 40 MALE STUDENTS 20 FEMALE STUDENTS 220
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? \(\sigma\) NO \(\frac{\text{YES}}{\text{YES}}\) (SEE PROCEDURE 09.36 AP.
212.)
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES JEVI LYAN THOMAS JACKIE WILLIAMS KINSTIN NOITE,
Bariagia Stevens
CLASSIFIED CHAPERONES
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? WITHO SIGNED PLYMICS ON FIN
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 disapproved disapproved. Reason for disapproval
Signature of Superintendent/Designee Date
Signature of Superintentient Designee Dute
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 FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
SCHOOL CCM5/ + M5 FACULTY MEMBER(S) SPONSORING TRIP	_
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 MUNTAY STATUADDRESS 102 CHANG (LATEPHONE MA	
Out of State Dout of County Within County Overnight: give name, address, phone lodging	of _
DATE(S) OF TRIP 11/25/19 DEPARTURE TIME 6.30 A.M. RETURN TIME TBA	
Purpose/Educational Value bearning from Matter Conditte	<u></u>
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS	s.) _
SOURCE OF FUNDING FOR TRIP COC 1652 (WI) COL)	_
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD $ ot\hspace{-1.5em}\not$ LOTHE	R
NUMBER OF: STUDENTS <u>70</u> MALE STUDENTS <u>70</u> FEMALE STUDENTS <u>20</u>	
Mode of Transportation: is district transportation needed? ☐ no 🗹 yes (see procedure 09. ap. 212.) ☐ Certificated common carrier; specify	.36
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY PRIVER(S)	
CERTIFIED CHAPERONES Elizabeth Wechtenhison, Calvin] ja
CLASSIFIED CHAPERGNES /	
CLASSIFIED CHAI ENGINES	_
Have all chaperones undergone the required records check and been designated by the principal/designee supervise students? Have all students been notified of the rules and regulations regard acceptable behavior? How have they been notified?	to ing
11/19 Year 120 9/4/1	7
Signature of Faculty Sponsor Date Signature of Principal Date	
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOAD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO	RD ON
Trip has been ☐ approved ☐ disapproved. Reason for disapproval	
400 D-M 100 9-5-19	_
Signature of Superintendent/Designee Date	-
	Î
Signature of Board Chair Date	
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

RELATED PROCEDURES:

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

09.36 AP.21
School-Related Student Trip Request Form
Submit this form Four (4) Weeks prior to taking the trip.
School District GT FACULTY MEMBER(s) SPONSORING TRIP GT Instructors Type of Trip (CHECK ONE): Over 300 miles Under 300 miles Cocurricular Extracurricular Classroom Field Trip Office
☐ Out of State ☐ Out of County → Within County ☐ Overnight: give name, address, phone of lodging
Date(s) of Trip Sept. 27, 2019 Departure Time 8:30 am. Return Time 2:20 p.m.
PURPOSE/EDUCATIONAL VALUE GT Ennichment Experiences for 8th grade GT.
What standard is being addressed by taking this trip? (Does not apply to athletic trips.) NAGE Standard 1.4 Dut of School Hearning opportunities
Source of funding for trip <u>GT funds</u>
Amount of Student Fee:
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAX.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
Number of: students 50 Male Students 23 Female Students 27
Mode of Transportation: is district transportation needed? 212.) **Certificated common carrier; specify **D\(\frac{1}{2}\) \(\frac{1}{2}\)
CERTIFIED CHAPERONES L. Brumfield, J. Jatczak, D. Stamper,
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Ves \(\text{No} \) No Have all students been notified of the rules and regulations regarding acceptable behavior? Ves \(\text{No} \) No How have they been notified? Aistrict hand book + Conduct
L. Brumbald 8-21-19 Amy Willow 8/23/19
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
Manufacture of Sungintendent/Designage 8-23-19

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

RELATED PROCEDURES:

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

Signature of Board Chair

Review/Revised:11/21/13

Date

SUBMIT THIS FORM FOUR (4) TWEEKS PRIOR TO TAKING THE TRIP.
SCHOOL District GT FACULTY MEMBER(S) SPONSORING TRIP GT Instructors
Type of Trip (check one): (L. Brumfield, J. Jatcza
□ Over 300 miles Under 300 miles □ Cocurricular □ Extracurricular
□ Classroom Field Trip M Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION Gateway Address 705 N. Elm Street PHONE 270-887-7030
□ Out of State □ Out of County Within County □ Overnight: give name, address, phone of
lodging
DATE(S) OF TRIP Sept 19, 2019 DEPARTURE TIME 8:30 arm RETURN TIME 2:20 pm
PURPOSE/EDUCATIONAL VALUE GT Envichment Experiences for 7th grade G
NAGC Standard 1.4 out of school learning opportunities
Source of funding for trip GT funds
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
Number of: students 71 Male Students 37 Female Students 34
Mode of Transportation: is district transportation needed? □ no 💢 yes (see procedure 09.36 ap. 212.)
□ Private vehicle, if allowed by policy; specify driver(s)
A A
A A
CERTIFIED CHAPERONES L. Brumfield, J. Jatczak, Dena Stamper, Tonya Childs
CERTIFIED CHAPERONES L. Brumfield, J. Jatczak, Dena Stamper,
CERTIFIED CHAPERONES L. Brumfield, J. Jatczak, Dena Stamper, Tonya Childs
CERTIFIED CHAPERONES L. Brumfield, J. Jatczak, Dena Stamper, Tonya Childs CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Ves no have all students been notified of the rules and regulations regarding
CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{No} \) Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\text{No} \) How have they been notified? How have they been notified?
CERTIFIED CHAPERONES L. Brumfield, J. Jatczak, Dena Stamper, Tonya Childs CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Ves no have all students been notified of the rules and regulations regarding
CLASSIFIED CHAPERONES CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{No} \) Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\text{No} \) How have they been notified? How have they been notified?
CERTIFIED CHAPERONES L. Brumfield, J. Jatczak, Dena Stamper, Tonya Chi as Classified Chaperones Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{No} \) No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\text{No} \) No How have they been notified? A Multiplication of the rules and regulations regarding the standard of the rules and regulations regarding the rules are regulations.
CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{NO}\) No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\text{NO}\) No How have they been notified? How have they been notified? Signature of Faculty Sponsor Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD
Certified chaperones L. Brumfield, J. Jatczak, Dena Stamper, Tonya Chi as Classified chaperones Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes I No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No How have they been notified? How have they been notified? 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
CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes INO Have all students been notified of the rules and regulations regarding acceptable behavior? Yes INO How have they been notified? How have they been notified? 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 I disapproved. Reason for disapproval
Certified chaperones L. Brumfield, J. Jatczak, Dena Stamper, Tonya Chi as Classified chaperones Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes I No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No How have they been notified? How have they been notified? 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
CERTIFIED CHAPERONES L. Brumfield, J. Jatczak, Dena Stamper, Tonya Chi as Classified Chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes INO Have all students been notified of the rules and regulations regarding acceptable behavior? Yes INO How have they been notified? Astro-Approval 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 purproved In disapproved. Reason for disapproval Signature of Superintendent/Designee Signature of Superintendent/Designee B-23-19 Date 8-23-19 Date
CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{NO} \) No Acceptable behavior? Yes \(\text{NO} \) No How have they been notified? How have they been notified? Acceptable behavior? Yes \(\text{NO} \) No How have they been notified? 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 papproved disapproved. Reason for disapproval Signature of Superintendent/Designee 8-23-19 Date

RELATED PROCEDURES:

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

Review/Revised:11/21/13

"everteurs obbronas"

School-Related Student 1rip Request Form
Susmit this form Four (4) Weeks prior to taking the trip.
SCHOOL DISTRICT GT FACULTY MEMBER(S) SPONSORING TRIP GT Instructors Type of Trip (CHECK ONE): (L. Brumfield, J. Jatczak)
□ Over 300 miles □ Cocurricular □ Extracurricular □ Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION Gateway Address 705 N. Elm Street Phone 270-887-7030
☐ Out of State ☐ Out of County
DATE(S) OF TRIP Sept. 17,2019 DEPARTURE TIME 8:30 am RETURN TIME 2:00 pm
Purpose/Educational Value GT Enrichment Experiences for 5th + leth grade GI.
What standard is being addressed by taking this trip? (Does not apply to athletic trips.) NAGO. Standard 1.4 Out of School Rayning opportunties
Source of funding for trip GT Funds
Amount of Student Fee:
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY,
BILL TRIP EXPENSES TO: DISPONSORING ORGANIZATION DISCHOOL COUNCIL STORMS OTHER NUMBER OF: STUDENTS 64 MALE STUDENTS 30 FEMALE STUDENTS 34 54 6
Number of: Students 64 Male Students 30 Female Students 34 556
Mode of Transportation: is district transportation needed? No Yes (see procedure 09.36 Ap. 91000000000000000000000000000000000000
212.) CERTIFICATED COMMON CARRIER; SPECIFY BUS
Certified Chaperones L. Brumtield, J. Jatczak, L. Ramirez,
CERTIFIED CHAPERONES L. Brumtield, J. Jatczak, L. Ramirez, L. Pinson, L. Toliver
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{No} \) Have all students been notified of the rules and regulations regarding acceptable behavior? Yes, \(\text{No} \) No How have they been notified? Out to hand \(\text{No} \) \(\text{No} \) How have they been notified? Out to hand \(\text{No} \) \(\te
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
Signature of Superintendent/Designee 8-23-19 Date
Signature of Board Chair 8-33-19 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

" Unexprey Opprove Review/Revised: 11/21/13

SCHOOL: HHS	FACULTY MEMBER	SPONSORING TRIP: Brian	na Barnes	
TYPE OF TRIP (CHECK ONE):		To the state of th		
	300 miles	-	tracurricular	
	ization/Club Trip	Other (athletic, band, if applicab		
	MANAGER OF THE SECOND	West DRAE 317-2	247-4281	
Out of State Out of Cou			ame, address, phone of	
lodging La Quinta Inr		lham Indianapoli	and the same the same and the s	
DATE(S) OF TRIP 10 29	DEPARTURE TIME	#:60 RETURN TIME /	And the summer of the summer o	
PURPOSE/EDUCATIONAL VALUE 1	chonel F			
WHAT STANDARD IS BEING ADDRE	SSED BY TAKING	THIS TRIP? (DOES NOT APPLY	TO ATHLETIC TRIPS.)	
SOURCE OF FUNDING FOR TRIP	* }			
AMOUNT OF STUDENT FEE: \$ 50		Министипентод ил Менинскитте поточно Модей и навиштелную роб Манини.	WATER TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	
	<u></u>		1 Th 4 W	
		OF AN INABILITY TO		
BILL TRIP EXPENSES TO: SPONSORIA		SCHOOL COUNCIL SUBM FEMALE STUDENT	THIS FORM BY THE FIRST TH	IURSI
11011ADDIC Q2.Q2-Q2-1	MALE STUDENTS		OFDITTE 06 36 4 P 341)	
MODE OF TRANSPORTATION: IS DISTR CERTIFICATED COMMON C	ARRIER; SPECIFY		CEBURE USSO AC. 1145)	
PRIVATE VEHICLE, IF ALLOW	ÆD BY POLICY; SPEC	CIFY DRIVER(S)		
CERTIFIED CHAPERONES Brian	wa barn	<u> 42</u>		
CLASSIFIED CHAPERONES				
Change Ch				
Have all chaperones undergone the	required records of	check and been designated by	the principal/designee to	
supervise students? (Ye) No	Have all str	idents been notified of the rules	and regulations regarding	
acceptable behavior? Yes No	How have the	ey been notified? <u>VIS</u>		
Bronna Barrer	9/5/19	At the	_ 95pA19	
Signature of Faculty Sponsor	Date	Signature of Principal	Date	
2.B				
EMERGENCY REQUESTS DUE	TO UNFORESEE	N CIRCUMSTANCES THAT	MAKE PRIOR BOARD	
APPROVAL IMPOSSIBLE SHOU	ILD ALSO HAVE	THE SIGNATURE OF THE BO	OARD CHAIRPERSON	
Trip has been approved disapprov	ved. Reason for disapp	roval		
74	~ 1		00.0	
ment better	mall_		7-9-19	
Signature of Superintendent/L)esignee		Date '	
St for f P J Ch -/-			Date	
Signature of Board Chair	ing appropriately Co	uperintendent and/or Board may be		
r or overnight ana/or out-oj-state ti	ips, approvai of the su	the miserances mission violes a may be	Adversary At Second Actable	

RELATED PROCEDURES:

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: HHS	FACULTY MEMBER SPONSORING TRIP: Glos is	eyeder
Type of Trip (check one):		•
	 Under 300 miles O Co-curricular O Extracurricul Organization/Club Trip O Other (athletic, band, if applicable) 	ar
•	K Uhir. ADDRESS 102 Cor's Cent Mirry PHONE 800 -	272 -467
•	County O Within County O Overnight: give name. addres	
	DEPARTURE TIME 7:16 AM RETURN TIME 3:	K PM_
PURPOSE/EDUCATIONAL VALU	DEPARTURE TIME 7:15 AM RETURN TIME 3:	ackusta.
	ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHL	
SOURCE OF FUNDING FOR TRIP	FBLA Fund - Registration & Perkins - Subs f	or Spiner
AMOUNT OF STUDENT FEE: \$	K-Club-te Cour	i
No student	T SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: • SPC	ONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD	O OTHER
	MALE STUDENTS 9 FEMALE STUDENTS 9	*******
Mode of Transportation: i	IS DISTRICT TRANSPORTATION NEEDED? ○ NO ● YES (SEE PROCEDURE) MMON CARRIER; SPECIFY	-
O PRIVATE VEHICLE, IF	FALLOWED BY POLICY; SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES	Blork West	Ned containing de committee on containing de
C1.ASSIFIED CHAPERONES		er tra elegist filosofici e de la casa de la
Have all chanerones undergone	the required records check and been designated by the principal/designe	e to sunervise
students? ● Yes O No	Have all students been notified of the rules and regulation	•
acceptable behavior? • Yes O	No How have they been notified? Lette / Promotion 1	TOM
House delugation	9 28 P Date Sjøpanne of Principal	75-pt 19
Signature of Faculty Sponsor	Date Signature of Principal	Date
	DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRI SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHA	
Trip has been @approved O di	isapproved. Reason for disapproval	ndicananananananananan territoraanet
m. 2	Temmill 9-9-19	tra A socialispos develos é un superiode d de m inistrativa política.
Signature of Superinten		half descriptings describe the special transverse for the set of the two two two two two sets and t
Signature of Board Cha	normanismos de la senticiona del senticiona de la senticiona del senticiona d	11.6 (- 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
- •	or State trips, approval of the Superintendent and/or Board may be required by pa	olien 09 36.
		/ 1 (L) / / 1 L · U ·

RELATED PROCEDURES:

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

Page 1 of 1

	School-Related Student Trip Request Form
	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
CHOOL:	HMS FACULTY MEMBER(S) SPONSORING TRIP Comper
☐ Over 300	om Field Trip 🔲 Organization/Club Trip 🔲 Other (athletic, band, if applicable)
DESTINATION	Alhambra Theode Address Main Street PHONE State Out of County Within County Overnight: give name, address, phone of
lodging	TRIP 24 20 DEPARTURE TIME 8:45 RETURN TIME 11:30
)ATE(S) OF	OUCATIONAL VALUE Dr. Martin L. King Prosentation
URPOSE/ED	DARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF 1	FUNDING FOR TRIP
	STUDENT FEE: \$
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP E	XPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
NUMBER OF	STUDENTS 360 MALE STUDENTS 130 FEMALE STUDENTS 130
AP. 212.) 🗆 🤇	RANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO IN YES (SEE PROCEDURE 09.36 CERTIFICATED COMMON CARRIER; SPECIFY
,	□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED (CHAPERONES /
CLASSIFIED	CHAPERONES
students? El acceptable b	Yes \(\text{No} \) Have all students been notified of the rules and regulations regarding the principal of the rules and regulations regarding the rules are the rules and regulations regarding the rules are the rules are the rules and regulations regarding the rules are the rules
Signature o	of Faculty Sponsor Date Signature of Principal Date
	NCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD IN IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been	n Dapproved disapproved. Reason for disapproval
	granterel S-12-19 Date Date
www.west.ii	gnature of Board Chair Date
For ov	vernight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
10101	contigue without our or active tripe, 47,

Related Procedures:

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

School-Related Student Trip Request Form							
	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.						
	HMS FACULTY MEMBER(S) SPONSORING TRIP D. Stamper P (CHECK ONE):						
☐ Over 306☐ Classroo	O miles Under 300 miles Co-curricular Extracurricular om Field Trip Organization/Club Trip Other (athletic, band, if applicable)						
☐ Out of S lodging_	Abambra ThaterAddress Main Street PHONE tate Out of County Owithin County Overnight: give name, address, phone of	_					
DATE(S) OF T	TRIP 9/24/19 DEPARTURE TIME 8:45 RETURN TIME 12:30 (3)					
PURPOSE/ED	UCATIONAL VALUE Shakespeare Play / Walking Tour						
WHAT STAN	DARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)	ŧ					
	FUNDING FOR TRIP GT						
	STUDENT FEE: \$						
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.						
But Told Ex	TPENSES TO: DSPONSORING ORGANIZATION DSCHOOL COUNCIL DBOARD DOTHER						
NIGHTED OF	STUDENTS 30 MALE STUDENTS 15 FEMALE STUDENTS 15						
MANE ATT	ANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO IN YES (SEE PROCEDURE 09.36	5					
AP. 212.)□ C	CERTIFICATED COMMON CARRIER; SPECIFY Takeng Lunch						
	□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	_					
	CHAPERONES Wena Slampey						
CLASSIFIED	CHAPERONES						
Have all char	perones undergone the required records check and been designated by the principal/designee to supervise	e ~					
students?	Yes No Have all students been notified of the rules and regulations regarding chavior? No How have they been notified? Now on this top	5					
سا آکس		110					
	Faculty Sponsor Date Signature of Principal Date	1"					
TMEDCEN	CY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARI	0					
APPROVA	L IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON	1					
Trip has been	□ approved □ disapproved. Reason for disapproval						
Masig	nature of Superintendent Designee Date						
612	nature of Board Chair Date	•					
For ave	ernight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.						
1		- 11					

Related Procedures:

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

C.L. I D.L. J. Standard Twin Boggood Form									
School-Related Student Trip Request Form									
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.									
SCHOOL: HMS FACULTY MEMBER(S) SPONSORING TRIP Shelly Long / Kin	*								
tyk of the (check one).									
☐ Over 300 miles ☐ Under 300 miles ☐ Co-curricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)									
DESTINATION LOUISVILLE / Exactle Address Crown Place / Contol Phone									
□ Out of State □ Out of County □ Within County ☑ Overnight: give name, address, phone of									
lodaina									
DATE(S) OF TRIP Dec. 14-17 DEPARTURE TIME Dec. 14-10:00 RETURN TIME Dec. 17-2									
PURPOSE/EDUCATIONAL VALUE CUrriculas and competition									
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)									
WHA! SIMINARY IS BEING PRESIDENCE TO									
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									
MUMBER OF STUDENTS 13D MALE STUDENTS 15 FEMALE STUDENTS 5									
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN 10 WYES (SEE PROCEDURE 09.36									
AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY									
FT COMMENT OF THE ATT AND DESIGNATION OF THE PROPERTY ADDIVIDADE									
CERTIFIED CHAPERONES Shelley Long, Kim Batts, Britteny Canaler, Riley, Stone,									
Goode									
CLASSIFIED CHAPERONES									
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise									
Have all chidents been notified of the fulles and regulations regulates	-MPs								
acceptable behavior? Des Divo	W								
Signature of Paculty Sponsor Date Signature of Principal Date	1								
Signature of Vaculty Sponsor Date Sponsor D	•								
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									
— — — — — — — — — — — — — — — — — — —									
Manufacture of Superintendent/Designee 8-12-19 Date Date									
/ Signature of Supermentent/Designee									
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