

SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.  
NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

09.36 AP.21

STUDENTS

### School-Related Student Trip Request Form

SCHOOL: 000/CCHS FACULTY MEMBER SPONSORING TRIP: B. White

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 Caldwell County HS ADDRESS 350 Beckner Ln. Princeton Ky PHONE 970-893-1189

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

DATE(S) OF TRIP 11/5/19 DEPARTURE TIME 7:45 A.M. RETURN TIME 6:00 P.M.

PURPOSE/EDUCATIONAL VALUE 212/360 Conference - Leadership Development Event

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

Leadership Development - public speaking

SOURCE OF FUNDING FOR TRIP FFA/Perkins

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

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY bus

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

CERTIFIED CHAPERONES Brooke White

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? permission slip

Brooke White  
Signature of Faculty Sponsor

9-18-19  
Date

[Signature]  
Signature of Principal

2-5-19  
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

10-1-19  
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

Band

**School-Related Student Trip Request Form**

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

SCHOOL Christian County High School FACULTY MEMBER(S) SPONSORING TRIP Darnall/Garcia  
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 Stewart County High ADDRESS 120 Robertson Hill RD PHONE 270-304-5063  
Dover, TN.

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

DATE(S) OF TRIP 9-21-19 DEPARTURE TIME 3:00 pm RETURN TIME 10:30 pmPURPOSE/EDUCATIONAL VALUE Band Competition

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

SOURCE OF FUNDING FOR TRIP Band

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      ☐ OTHERNUMBER OF: STUDENTS 105 MALE STUDENTS 50 FEMALE STUDENTS 55MODE 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 \_\_\_\_\_

Darnall, Warren, Garcia

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? syllabus, Handbook

Signature of Faculty Sponsor Lenon GarciaDate 9-11-19Signature of Principal [Signature]Date 9-12-19

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]  
 Signature of Superintendent/Designee  
[Signature]  
 Signature of Board Chair

Date 9-13-19Date 9-17-19

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 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 CCHS FACULTY MEMBER(S) SPONSORING TRIP Jonathan Grabam

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 Homeplace ADDRESS 4512 The Trace Dover, TN PHONE 270-924-2020

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

DATE(S) OF TRIP October 14, 2019 DEPARTURE TIME 9:00 RETURN TIME 3:00

PURPOSE/EDUCATIONAL VALUE History

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

SOURCE OF FUNDING FOR TRIP CRC

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 15 MALE STUDENTS 9 FEMALE STUDENTS 6

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

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

CERTIFIED CHAPERONES Dana Hale, Jonathan Grabam

CLASSIFIED CHAPERONES Beth Coleman, Wanda Brown, Melody Holder, Portia Murphy

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? Verbal, written

[Signature] 9/11/19 Signature of Faculty Sponsor Date

[Signature] 9-12-19 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 \_\_\_\_\_

[Signature] 9-13-19  
Signature of Superintendent/Designee Date

[Signature] 9-17-19  
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: 11/21/13

"emergency approved"

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 BEN STEPHENS, ANTHONY DARNALL, ZENON GARCIA, CALVIN WARREN  
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 GATLINBURG ADDRESS 234 HISTORIC NATURE TRAIL, GATLINBURG, TN 37738

PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 4/23-4/25/2010 DEPARTURE TIME 6AM RETURN TIME 8PM

PURPOSE/EDUCATIONAL VALUE PERFORMANCE COMPETITIONS FOR CHOIR AND BAND

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

SOURCE OF FUNDING FOR TRIP STUDENT PAYMENT

AMOUNT OF STUDENT FEE \$230.00

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 \_\_\_\_\_ 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: BEN STEPHENS, ANTHONY DARNALL, ZENON GARCIA, CALVIN WARREN

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

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No  
behavior? ☒ Yes ☐ No  
Have all students been notified of the rules and regulations regarding acceptable  
How have they been notified? Notes Home and Remind 101

Zenon Garcia \_\_\_\_\_ 9-12-19  
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>Margaret Hemmell</u> Signature of Superintendent/Designee	<u>9-16-19</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



STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

SCHOOL: MHS FACULTY MEMBER SPONSORING TRIP: Gloria LeMaster

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 Bridgestone Arena ADDRESS Nashville TN PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 11/25/19 DEPARTURE TIME 8 AM RETURN TIME 12 AM

PURPOSE/EDUCATIONAL VALUE Predators Leadership Night

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

SOURCE OF FUNDING FOR TRIP Club Funds

AMOUNT OF STUDENT FEE: \$ 100

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 20 MALE STUDENTS 10 FEMALE 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 Gloria LeMaster, Marvin Harness, Bus. Department Member

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 Conduct form

Gloria LeMaster  
Signature of Faculty Sponsor

9/24/19  
Date

[Signature]  
Signature of Principal

26 Sept 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

10-1-19  
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

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: Kim Batts / 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: KYA Louisville/Frankfort ADDRESS: 830 Phillip Lane, Louisville PHONE: (502) 367-2251  
☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging: Crown Plaza, 830 Phillips Lane, Louisville, KY 40241  
DATE(S) OF TRIP: 11/20/19 - 11/23/19 DEPARTURE TIME: 3:45 RETURN TIME: 11/23/19 2:00 PM  
PURPOSE/EDUCATIONAL VALUE: Understanding how govt. runs, public speaking  
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
Public Speaking, Govt. in Action  
SOURCE OF FUNDING FOR TRIP: HHS KYA / A. Wilcox - Subs + Transportation  
AMOUNT OF STUDENT FEE: \$ 340.00

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 50 FEMALE STUDENTS 50  
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 Kim Batts, Troy Goode

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

Kim Batts  
Signature of Faculty Sponsor

9/11/19  
Date

[Signature]  
Signature of Principal

12 Sept 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 \_\_\_\_\_

Mary Ann Lemmill  
Signature of Superintendent/Designee

9-12-19  
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