SchoolRelated Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP JERI LYNN 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 CINCUNATION ADDRESS SEE BACK Out of State □ Out of County □ Within County □ Overnight: give name, address, phone of lodging DATE(S) OF TRIP 03/27/20 DEPARTURE TIME 5:00 AM RETURN TIME 10:00 PM PURPOSE/EDUCATIONAL VALUE CULTURAL ENPICHMENT WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) Source of funding for trip WL 802 AMOUNT OF STUDENT FEE: 375 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: A SPONSORING ORGANIZATION □ SCHOOL COUNCIL MALE STUDENTS ~ 15 FEMALE STUDENTS _ ~ 10 Number of: students 45 CERTIFICATED COMMON CARRIER; SPECIFY ANCHOR TRANSPORTATION □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES JERI LYNN THOMAS JACKIE WILLIAMS, PAULA GIESEKE REISTEN NOUTE 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 How have they been notified? SIGNED LETTER HOME CAUMAIN TENNOSCHA 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 papproved disapproved. Reason for disapproved.	roval
man Dun Demmill	1-10-20
Signature of Superintendent/Designee	Date
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

Review/Revised:11/21/13

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP_ SCHOOL * TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular X Extracurricular Under 300 miles Over 300 miles Other (athletic, band, if applicable) Organization/Club Trip Classroom Field Trip PHONE-DESTINATION ADDRESS_ DESTINATION_ Overnight: give name, address, phone of lodging Springhill Swites - See attached ☐ Within County Out of County Out of State DATE(S) OF TRIP March 20-21 RETURN TIME DEPARTURE TIME (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) END START PURPOSE/EDUCATIONAL VALUE_ WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOURCE OF FUNDING FOR TRIP BOOSTER NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER FEMALE STUDENTS_ NUMBER OF: STUDENTS 13 MALE STUDENTS_ MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN 10 YES (SEE PROCEDURE 09.36 AP. 212.) DECERTIFICATED COMMON CARRIER; SPECIFY BUS OF DISTRICT UON PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____ Certified chaperones _ Sher, Hancock - hood Coach Classified chaperones Coachos: Robert Jones, Ricky P'Pool, Jason Crick Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No Yes No Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? In writing - signed off + Addessed by cooching **Principal Signature** Faculty/Sponsor Signature Trip has been approved 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.

	SUBMIT THIS FORM	I I WO (2) WEEKS F	MON TO TAKETO	1412 14411	
CHOOL * FACULTY MEMBER(S) SPONSORING TRIP					
Type of Trip (check ALI	L THAT APPLY):				
Over 300 miles	Under 300 miles		Co curricular	Extracurricul	
Classroom Field Trip	Organizat	ion/Club Trip	Other (ath	lletic, band, if appli	cable)
DESTINATION_	ADDRES		The state of the s	ONE-DESTINATION	
Out of State	of County \[\]	Within County [Overnight: giv	e name, address, pl	see attacked
DATE(S) OF TRIP Agel V	1-1 9 1	DEPARTURE TIME	* R	ETURN TIME	*
START	END	(SELECT AM OR PM FR	OM DROPDOWN)	(SELECT AM OR PM	FROM DROPDOWN)
PURPOSE/EDUCATIONAL V					82
WHAT STANDARD IS BEING	ADDRESSED BY TAK	ing this trip? (Do	OES NOT APPLY T	O ATHLETIC TRIPS	s.)
SOURCE OF FUNDING FOR	min Roman Col	aub.			
	STUDENT SHALL BE		DECAUSE OF AN I	MARILITY TO PAY.	
					THE PROPERTY.
BILL TRIP EXPENSES TO:	•				INER
Number of: students		UDENTS			00 26 AB 217 \
MODE OF TRANSPORTATIO	ON: IS DISTRICT TRA	NSPORTATION NEE	DED? UNO U	YES (SEE PROCED	URE 09.30 Ar. 212.)
	D COMMON CARRIER				
	ICLE, IF ALLOWED BY	1 /1 1h			
Certified chaperones She	en Hancock - He	ad work	v popl	Jason G	nch
Certified chaperones She	eaches. Kobert	JONES, MIC	M 1 100.7		· · · · · · · · · · · · · · · · · · ·
Have all chaperones under	gone the required reco	ords check and been	n designated by the	he principal/design	ee to supervise students
Have all students been notified	ified of the rules and r	egulations regardin	ng acceptable beh	avior?	Yes No CLO
How have they been notific	ed? In writing	, - signed of	t 4 400	ressed by Co	bothy star
		2		**	
X Sher d	Yancock	<u>X</u>	am	Jan	
Faculty/Sponsor Signature	e	Principal S	Signature)	
Trip has been approved [disapproved. Reason	for disapproval			
Signature of Su	perintendent/C	Designee	597		•
For overnight and/or out-of-state	e trips, approval of the Sup	erintendent and/or Boar	nd may be required by	policy 09.36.	

Band

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL * Christian County High FACULTY MEMBER(S) SPONSORING TRIP Garcia Darnal
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-DESTINATION
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP DEPARTURE TIME
Performance CAE
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
NUMBER OF: STUDENTS 40 MALE STUDENTS 20 FEMALE STUDENTS 20
Mode of Transportation: is district transportation needed? \(\subseteq\) no \(\subseteq\) yes (see procedure 09.36 ap. 212.)
CERTIFICATED COMMON CARRIER; SPECIFY BVS
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Certified chaperones
Classified chaperones
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? UYes No
Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No
How have they been notified?
X Principal Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval Trip has been approved approved. Reason for disapproval Trip has been approved approved. Reason for disapproval Trip has been approved approved. Reason for disapproval Trip has been approved approved approved. Reason for disapproval Trip has been approved approved approved. Reason for disapproval Trip has been approved approved approved. Reason for disapproval Trip has been approved approve

"emergency approva"

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 Johnson City, TN ADDRESS Johnson City, TN 37604 PHONE-DESTINATION 1-423-929-2000
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 4/8/20 - 4/11/20 DEPARTURE TIME 10:00*AM RETURN TIME 8:00*PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE CCHS Baseball Spring Break Tournament
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip CCHJ Basebell Boosters
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 20 Female Students 6
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.)
CERTIFICATED COMMON CARRIER; SPECIFY District & School Vans
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Certified chaperones Trey Wheeler, Cole Isom
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?
How have they been notified? CCHS Baseball Rules Code of Acceptable Behavior
× Sy whele × MISS
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
× Mandeminell 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.
2 or 5 common or 5 car or 5 cars are approved or the Superintendent minute boats may be required by policy 07.30.

School	SUBMIT THIS FORM TWO (2)	WEEKS PRIOR TO TA	KING THE TRIP.
Type of Trip (check ALL TI		r(s) sponsoring tr	IP
	ler 300 miles	□ Cai1-	D Program of t
☐ Classroom Field Trip	X Organization/Club Trip		
Destination Newburg			(athletic, band, if applicable)
School Newburg	Louisville, Kentucky		PHONE-DESTINATION <u>931-266-2827</u>
	County Within County	X Overnight: 901	give name, address, phone of lodging 6TH ST NW WASHINGTON, DC 20001(
	DOWNTOWN CONVENTION) 202-2		
Date(s) of Trip 30Jan-3 Feb	DEPARTURE T	(-)	RETURN TIME 6:00 pm
START		PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)
	Vex Robotics Signature Event		
WHAT STANDARD IS BEING ADDR	RESSED BY TAKING THIS TRIP? (DO	ES NOT APPLY TO AT	HLETIC TRIPS.)
Source of funding for trip _	Robotics DAF		
No	O STUDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN	INABILITY TO PAY
	ONSORING ORGANIZATION		
Number of: students 4	MALE STUDENTS 4_		STUDENTS 0
Mode of Transportation:	IS DISTRICT TRANSPORTATION NEI		YES (SEE PROCEDURE 09.36 AP. 212.)
☐ CERTIFICATED COM	MON CARRIER; SPECIFY	3 3300	125 (SZZ TROCHDURE UP.SU AT. Z1Z.)
	F ALLOWED BY POLICY; SPECIFY D	RIVER(S)	
Certified chaperones1			
Classified chaperones			
Have all chaperones undergone		been designated by	y the principal/designee to supervise students
Have all students been notified	of the rules and regulations reg		pohovior? V.V. D.N.
How have they been notified?		arding acceptable t	pehavior? X Yes □ No
)		
Xma	X	PennyKn	diffi
Faculty/Sponsor Signature	Princ	ipal Signature	O
Trip has been 🗹 approved □ disa	pproved. Reason for disapproval		
× Marker	Jemmill		
Linds Kell	intendent/Designee	oard may be required b	y policy 09 36

22	7. 5	EEKS PRIOR TO TAKING THE TRIP,	
School		s) sponsoring trip	
Type of Trip (check ALL TI	STATE OF STATE OF STATE OF COMMENT OF STATE OF S		VV
	nder 300 miles	☐ Co curricular ☐ Extracurr	
☐ Classroom Field Trip	X Organization/Club Trip	☐ Other (athletic, band, if a	505° W
DESTINATION Martha Collins High School	Layne Address 801 Boulevard Shelbyvill 40065	Discovery Phone-destinati le, Kentucky	ON <u>931-266-2827</u>
☐ Out of State X Out o	of County	☐ Overnight: give name, addres	s, phone of lodging
DATE(s) OF TRIP 28-29 Feb 20	DEPARTURE TIM	ле <u>05:00 pm</u> RETURN TIME <u>6</u>	:00 pm
Start	END (SELECT AM OR PM	A FROM DROPDOWN) (SELECT AM O	r PM from Dropdown)
PURPOSE/EDUCATIONAL VALUE	Vex Robotics Event Robo Rum	ible	
WHAT STANDARD IS BEING ADD	PRESSED BY TAKING THIS TRIP? (D	OOES NOT APPLY TO ATHLETIC TRIPS	5.)
Source of funding for trip	Dobotics CAE		
		RIP BECAUSE OF AN INABILITY TO PA	V.
		CHOOL COUNCIL BOARD 0	
Number of: students 45	MALE STUDENTS 40_	Female Students 5	2
The contract of the contract o		EDED? INO X YES (SEE PROC	EDURE 09.36 AP. 212.)
	MON CARRIER; SPECIFY		
	IF ALLOWED BY POLICY; SPECIFY I	DRIVER(S)	
Certified chaperones4			
Classified chaperones			
Have all chaperones undergone		een designated by the principal/des	ignee to supervise students?
Have all students been notified	l of the rules and regulations regar	ding acceptable behavior?	X Yes □ No
How have they been notified?	Letter		
Faculty/Sponsor Signature	Princip	Pound Knieth	
Trip has been approved disa	approved. Reason for disapproval	×	
Signature of Super	rintendent/Designee		S. Salara
For everyight and/or out of state tring	approval of the Superintendent and/or Bo	oard may be required by policy 00.36	

School-Related Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP SCHOOL: **HMS** TYPE OF TRIP (CHECK ONE): ☑ Over 300 miles ☐ Under 300 miles ☐ Co-curricular ☐ Extracurricular ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable) ☐ Classroom Field Trip Varia Clause Findiana PHONE (812) 937 DESTINATION HOU day World ADDRESS Out of State □ Out of County ☐ Within County Overnight: give name, address, phone of lodging nont DATE(S) OF TRIP 5/22 DEPARTURE TIME 7 am RETURN TIME PURPOSE/EDUCATIONAL VALUE Trumbus for studet earning PRIDE All 4 9 will WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? DOES NOT APPLY TO ATHLETIC TRIPS.) Source of Funding FOR TRIP AttoY Other 0582104 0679 1287 AMOUNT OF STUDENT FEE: \$ SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL FEMALE STUDENTS 22 NUMBER OF: STUDENTS 49 MALE STUDENTS 27 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? DNO DYES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES CLASSIFIED CHAPERONES William 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 nomice 24-2020 Over Over Signature of Faculty Sponsor Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTAT ES 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 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	SUBMIT THIS FORM FOUR (4) WEEKS PRIC	OR TO TAKING THE	TRIP.	
TYPE OF TRIP	· · · · · · · · · · · · · · · · · · ·	onnovimmurs		armanamananahanannas ee	
Over 300 miles	Under 300 miles	☐ Cocurric		Extracurricula:	T
Classroom Field Trip		Other (a	R1=1	licable	
DESTINATION	ADDRESS		PHONE		
lodging		n County	☐ Overnight: giv	e name, addres	s, phone of
DATE(S) OF TRIP $A-5$	- 20 DEPARTURE TIME	E 8:30	RETURN TIME	11:00	tivestalastastastastastastas
PURPOSE/EDUCATIONAL V.		pased	Instruction		
MOSTO TITLE	NG ADDRESSED BY TAKENO		? (DOES NOT APP	LY TO ATHLE	TIC TRIPS.)
SOURCE OF FUNDING FOR	TRIP J Special I	ducation		annium	
AMOUNT OF STUDENT FEE:	······································	i ki ki ki ki ki ka fara sa	***************************************		
NO STU	DENT SHALL BE DENIED THE	TRIP BECAUS	E OF AN INABILITY	TO PAY.	
BILL TRIP EXPENSES TO:	SPONSORING ORGANIZATIO	N DSCH	OOL COUNCIL	□ BOARD	□ OTHER
NUMBER OF: STUDENTS	40		FEMALE STUDE	NTS _	
	N: IS DISTRICT TRANSPORTA COMMON CARRIER; SPECIFY		D'S INO A AE	S (SEE PROCEDU	RE 09.36 AP.
□ PRIVATE VE	HICLE, IF ALLOWED BY POLIC		ORIVER(S)	13000000000111111111111000000000000000	
CERTIFIED CHAPERONES_	Leslie Clau	cay	A micromonomiconomic		
CLASSIFIED CHAPERONES	Angelia Kenr	sec ,	fleggy Mo	oce.	
Have all chaperones unde	ergone the required records	check and	been designated by	v the principal/	designee to
supervise students? \ Yes	□ No Have all s	tudents been	notified of the rule	s and regulation	is regarding
acceptable behavior? VY	es 🗆 No How have t	hey been not	fi ed?		
Signature of Faculty Spon		Si	gnature of Principa	all	Jate 11
EMERGENCY REQUES	STS DUE TO UNFORSEE	N CIRCUM	STANCES THAT	MAKE PRIO	R BOARD
APPROVAL IMPOSSIB	LE SHOULD ALSO HAVE	THE SIGN	ATURE OF THE	BOARD CHAI	RPERSON
Trip has been papproved	disapproved. Reason for disap	proval		eniatidanidida di Ulumbi Ulumbi en esperance	olonostarionen antinamina
700	emanil I		aanaa ya aa a	1-24-20	
Signature of Super		**************************************	***************************************	Date	920000000000000000000000000000000000000
Jamos Ku	LOC IKne"	0.000.00.000.000		1-34-908	D
Signature of Board				Date	
For overnight and/or ou	1-of-state trips, approval of the S	uperintendent :	milior Board may be	remited by notice	09 36

RELATED PROCEDURES:

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

Review/Revised:11/21/13

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL: HMS FACULTY MEMBER(S) SPONSORING TRIP WILLIAM OWN 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 WE Cine mad & 61 by 450 bress 4930 the Campbell Blud Phone 270 9909 Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP \$ 15 20 DEPARTURE TIME 8:45 RETURN TIME 1:00
PURPOSE/EDUCATIONAL VALUE FRUNTRY for gladile of no behave, no unisculed abytim, no inviting assy
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Attoy Other 0582104 0679 128 F
AMOUNT OF STUDENT FEE: \$ 1000
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 7 MALE STUDENTS 4 FEMALE STUDENTS 3
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
CLASSIFIED CHAPERONES WILLIAM TWW
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? Yes \(\text{No} \) Signature of Faculty Sponsor Date 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 Papproved
Signature of Superintendent/Designee 1-27-21) 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. FACULTY MEMBER(S) SPONSORING TRIP SCHOOL: TYPE OF TRIP (CHECK ONE): Under 300 miles ☐ Over 300 miles ☐ Co-curricular ☐ Extracurricular ☐ Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable) ADDRESS / Worch KY ☐ Out of State ☐ Within County D Overnight: give name, address, phone of lodging TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) WHAT) STANDARD IS BEING ADDRESSED BY 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 FEMALE STUDENTS NUMBER OF: STUDENTS MALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO EXYES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY **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? Al Yes I No How have they been notified? Signature of Faculty Sponsor Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMST 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

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

Related Procedures:

Signature of Board Chair

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

Review/Revised: 11/21/13

Date

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL: HMS FACULTY MEMBER(S) SPONSORING TRIP Elizabeth Wichten 4580
☐ Over 300 miles ☐ Co-curricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION (2) 1 ADDRESS 1906 COMERC HOULD BYPHONE
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of
DATE(S) OF TRIP 3/6/2020 DEPARTURE TIME 6:004m RETURN TIME 8:30 pm
PURPOSE/EDUCATIONAL VALUE HOTOR BUNG to firther musicinship
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP HMS Band
AMOUNT OF STUDENT FEE: \$ 21 X Student
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 FEMALE STUDENTS FEMALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO Sees (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES Elizabeth Wechtenhise
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? A yes No A we all students been notified of the rules and regulations regarding 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
Machine of Superintendent/Designee Date
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.

Related Procedures:

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

Review/Revised: 11/21/13