

School-Related Student Trip Request Form

SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP KEISHA BENSON - SENIOR COUNSELOR
 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 MURRAY STATE UNIVERSITY

ADDRESS 102 CURRIS CENTER, MURRAY, KY 42071

PHONE 270-809-3002

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

DATE(S) OF TRIP JANUARY 24, 2022 DEPARTURE TIME 8:30AM RETURN TIME 2:30PM

PURPOSE/EDUCATIONAL VALUE _____

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
INFORMATIVE TOUR/ PRESENTATION POST-SECONDARY OPTION

SOURCE OF FUNDING FOR TRIP 030210406791281

AMOUNT OF STUDENT FEE: \$0

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

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

NUMBER OF: STUDENTS 15 MALE STUDENTS 7 FEMALE STUDENTS 8

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 KEISHA BENSON

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR

CLASSIFIED CHAPERONES SHAWNA JOHNSON, GABRIELLE DOOLEY

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? ☐ Yes ☐ No How have they been notified? Code of acceptable behavior, informational meeting

Keisha Benson

01/10/2022

Signature of Faculty Sponsor

Date

Keisha Benson
Signature of Principal

1/10/22
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 _____

Chris Jones
Signature of Superintendent/Designee

1/10/22
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.

SCHOOL: CHRISTIAN CO. HSFACULTY MEMBER(S) SPONSORING TRIP: V. MOHON

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: KENTUCKY FAIR & EXPO CENTERADDRESS: 937 PHILLIPS LN., LOUISVILLE, KYPHONE: 270-839-2948

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

DATE(S) OF TRIP: 2-17-22DEPARTURE TIME: 7:00 A.M.RETURN TIME: 6:00 PMPURPOSE/EDUCATIONAL VALUE: STUDENTS SEE THE LATEST EQUIPMENT AND ARE REWARDED FOR FFA EFFORTS IN FFA

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 FFAAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 25MALE STUDENTS: 13FEMALE STUDENTS: 12MODE 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) _____bus request
submittedCERTIFIED CHAPERONES VICTORIA MOHONCLASSIFIED CHAPERONES NONEHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Permission Slip, Code of Acceptable Behavior

Victoria Mohon
Signature of Faculty Sponsor

12/30/21
Date

[Signature]
Signature of Principal

1/4/22
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

1-5-2022
Date

[Signature]
Signature of Board Chair

1-5-2022
Date

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS

FACULTY MEMBER(S) SPONSORING TRIP: V. MOHON

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: WESTERN KENTUCKY UNIVERSITY ADDRESS: 1906 COLLEGE HEIGHTS BLVD #41066, BOWLING GREEN, KY 42101

PHONE: 270-745-3151

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

DATE(S) OF TRIP: 4-13-22

DEPARTURE TIME: 7:00 A.M.

RETURN TIME: 5:00 PM

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN LEADERSHIP AND CAREER DEVELOPMENT EVENT 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: CCHS FFA

AMOUNT OF STUDENT FEE: \$0

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

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

NUMBER OF: STUDENTS 4

MALE STUDENTS: 3

FEMALE STUDENTS: 1

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) _____

*school van
requested*

CERTIFIED CHAPERONES VICTORIA MOHON

CLASSIFIED CHAPERONES NONE

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? Permission Slip, Code of Acceptable Behavior

Victoria Mohon

Signature of Faculty Sponsor

12/30/21

Date

Matthew S. L.

Signature of Principal

1/4/22

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 _____

Chris Remy

Signature of Superintendent/Designee

1-5-2022

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS

FACULTY MEMBER(S) SPONSORING TRIP: V. MOHON & J. JAWORSKI

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: MURRAY STATE UNIVERSITY

ADDRESS: 102 CURRIS CENTER, MURRAY, KY 42071

PHONE: 800-272-4678

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

DATE(S) OF TRIP: 3-4-22

DEPARTURE TIME: 7:00 A.M.

RETURN TIME: 5:00 PM

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN LEADERSHIP AND CAREER DEVELOPMENT EVENT 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: CCHS FFA

AMOUNT OF STUDENT FEE: \$0

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

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

NUMBER OF: STUDENTS 30

MALE STUDENTS: 15

FEMALE STUDENTS: 15

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

bus request
submitted

CERTIFIED CHAPERONES VICTORIA MOHON, JACOB JAWORSKI

CLASSIFIED CHAPERONES NONE

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? Permission Slip, Code of Acceptable Behavior

Victoria Mohon
Signature of Faculty Sponsor

12/30/21
Date

[Signature]
Signature of Principal

1/4/22
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

1-5-2022
Date

[Signature]
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 FormSCHOOL CHRISTIAN CO. HS 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 Clerksville TNADDRESS PHONE

Out of State

Out of County

Within County

Overnight: give name, address, phone of

lodging DATE(S) OF TRIP Jan/14/22 DEPARTURE TIME 8:30 RETURN TIME 2:30 pmPURPOSE/EDUCATIONAL VALUE Hispanic AwarenessWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) 1.5SOURCE OF FUNDING FOR TRIP World Language Club Acc'tAMOUNT 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 1 MALE STUDENTS 1 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

Jackie Williams Robert CruzCLASSIFIED CHAPERONES

Have all chaperones undergone the required records check and b

SUBMIT THIS FORM FOUR (4) WEEKS PR

supervise students? Yes No

Have all students been notified of the rules and regulations regarding

acceptable behavior? Yes No

How have they been notified?

Robert Cruz/Jackie Williams 12/17/21Matt [Signature]12/17/21

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 CHAIRPERSONTrip has been approved disapproved. Reason for disapproval Cham [Signature]
Signature of Superintendent/Designee12-17-2021
DateTom Bell "Knee"
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"

School Related Student Trip Request Form

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

SCHOOL GratneyFACULTY MEMBER(S) SPONSORING TRIP Dylan Saully

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 1600 Dixie Hwy. Park Hills, KY PHONE-DESTINATION 859-491-2247

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Comfort Inn + Suites N. KY
10 County Dr, Wilder, KY, 859-441-3707

DATE(S) OF TRIP 1/28-1/29DEPARTURE TIME 3:30RETURN TIME 9:45

START

END

(SELECT AM OR PM FROM DROPDOWN)(SELECT AM OR PM FROM DROPDOWN)PURPOSE/EDUCATIONAL VALUE VEX Robotics

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

SOURCE OF FUNDING FOR TRIP VEX Robotics

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 20 FEMALE STUDENTS 10MODE 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 Dylan SaullyClassified chaperones Robert Lee

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? written agreementX Dylan Saully
Faculty/Sponsor SignatureX Penny Knight
Principal SignatureTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____X Chung
Signature of Superintendent/Designee

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

School Related Student Trip Request Form

SCHOOL

TYPE OF TRIP

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 applicableDESTINATION LOUISVILLE, KYADDRESS 120 Kentucky Mill DrPHONE (502) 240-6171☐ Out of State☒ Out of County☐ Within County☒ Overnight: give name, address, phone of

lodging

FAIRFIELD INN & SUITES - (502) 240-6171 - EASTERN U.S.DATE(S) OF TRIP 12/17-12/30DEPARTURE TIME 10:00 AMRETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE

BASKETBALL INVITATIONAL - EASTERN U.S.

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☐ OTHERNUMBER OF STUDENTS 16MALE STUDENTS 14FEMALE STUDENTS 2

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?

☐ NO☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFYBUS☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

CERTIFIED CHAPERONES

JORDAN MAJORS - ASST. COACH

CLASSIFIED CHAPERONES

ANTHONY BABB - HEAD COACH, MIKE MUMFORD - ASST. COACHESHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ Noacceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? Parent Signatures

Signature of Faculty Sponsor

Date 12/16/21

Signature of Principal

Date 12/15/21

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

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"