

SchoolRelated Student Trip Request Form**SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP MARVIN HARNESS

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 MURRAY STATE UNIVERSITY ADDRESS MURRAY, KYPHONE 606-872-0255

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

DATE(S) OF TRIP: MARCH 7, 2022 DEPARTURE TIME 5:30 AM RETURN TIME 7:00 PM

PURPOSE/EDUCATIONAL VALUE: **CAREER EXPLORATION IN THE VARIOUS FIELDS OF BUSINESS/TECHNOLOGY AVAILABLE THROUGH LEADERSHIP DEVELOPMENT BY FBLA BUSINESS COMPETITIONS.**

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

SOURCE OF FUNDING FOR TRIP CCHS FBLA

AMOUNT OF STUDENT FEE: _____ N/A

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION (FBLA) ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 35 MALE STUDENTS 15 FEMALE STUDENTS 20MODE 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) MARVIN HARNESSCERTIFIED: CHAPERONES: MARVIN HARNESS (CCHS) GLORIA LEMASTER (HHS)

CLASSIFIED CHAPERONES: _____

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? Code of Acceptable behavior and permission form for the trip

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

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:

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 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 Murray State University
 ADDRESS 102 Carris Center Murray Ky 42071
 PHONE 1-800-272-4678

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

DATE(S) OF TRIP 03-18-22 DEPARTURE TIME 8:30 RETURN TIME 2:30PURPOSE/EDUCATIONAL VALUE Tour Art Department + Regional Art Exhibit

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

SOURCE OF FUNDING FOR TRIP Art ClubAMOUNT 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 40 MALE STUDENTS 20 FEMALE STUDENTS 20MODE 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 Paula GiesekeCLASSIFIED CHAPERONES Monica Holloway Songa Ginn

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

Paula Gieseke
 Signature of Faculty Sponsor

02-01-22
 Date

Matt S
 Signature of Principal

2/7/22
 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 _____
Charmaine Ginn
 Signature of Superintendent/Designee

2-8-2022
 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 County Middle FACULTY MEMBER(S) SPONSORING TRIP CJ Brewer, Dee Wilford, Jeremy Garrett
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 Lexington, KY ADDRESS 980 Midnight Pass PHONE 859 368 9491☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of
lodging Towne Place Suites Keenland/Airport, 980 Midnight Pass, Lexington KYDATE(S) OF TRIP Feb. 4th - Feb 6th DEPARTURE TIME 3:00 pm RETURN TIME based on elimination

PURPOSE/EDUCATIONAL VALUE _____

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

SOURCE OF FUNDING FOR TRIP Boys Basketball Fund

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 12 MALE STUDENTS 12 FEMALE STUDENTS _____MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY Maxie Stamps will drive bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Jeremy GarrettCLASSIFIED CHAPERONES Claude Brewer, Dee WilfordHave 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? _____CJ Brewer
Signature of Faculty Sponsor1/11/22
DateClaude Brewer
Signature of Principal1/11/22
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 _____Tom Bell
Signature of Superintendent/Designee1-13-2022
DateTom Bell
Signature of Board Chair1-14-22
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.22, 09.36 AP.23

Review/Revised: 1/15/09

"Emergency approved"

School-Related Student Trip Request Form

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

SCHOOL CCMSFACULTY MEMBER(S) SPONSORING TRIP Kassidy Maierhofer

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 FFA Leadership Training Center ADDRESS 111 FFA Camp Rd. PHONE 270-756-2301

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of
 lodging 111 FFA Camp Rd, Hardinsburg, KY 40143 270-756-2301

DATE(S) OF TRIP 7/24/2022 DEPARTURE TIME 7:24 3:00pm RETURN TIME 7/27 12:30pmPURPOSE/EDUCATIONAL VALUE 7/27/2022 FFA leadership training, public speaking, team work

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

Ag: E13 - Create new ideas, value other opinions, E14 - define jobs with specific career path, E17 - Self-improve opportunitiesSOURCE OF FUNDING FOR TRIP Sponsorship + students

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 10 MALE STUDENTS 5 FEMALE STUDENTS 5MODE 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 Kassidy Maierhofer

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?

Signature of Faculty Sponsor Kassidy MaierhoferDate 7/14/2022Signature of Principal Karen [Signature]Date 7/18/22

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 [Signature]Date 7-19-2022

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.22, 09.36 AP.23

Review/Revised: 1/15/09

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

TYPE OF TRIP (CHECK ALL THAT APPLY):

☐ Classroom Field Trip

X Organization/Club Trip

☐ Co curricular☐ Extracurricular☐ Other (athletic, band, if applicable)

ADDRESS Crowne Plaza

PHONE-DESTINATION 502-367-2251☐ Out of State

X Out of County

☐ Within County

X Overnight: give name, address, phone of lodging

CROWNE PLAZA 830 PHILLIPS LANE LOUISVILLE KY

SOURCE OF FUNDING FOR TRIP HOSA SAF

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 1

FEMALE STUDENTS 23

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 DAWN RAY

Classified chaperones SAM CULTON

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

XYes ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No

How have they been notified? in person & written

Faculty/Sponsor Signature

Principal Signature

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

X Chris Zentgraf
Signature of Superintendent

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.

NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: HHB/CCHS FACULTY MEMBER SPONSORING TRIP: K. Marquess / L. Cohn

TYPE OF TRIP (CHECK ONE): Round Trip

☒ Over 300 miles ☐ Under 300 miles ☐ Co-curricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION Lancaster Pool UK ADDRESS Lexington Ky PHONE 859 257 7940

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

DATE(S) OF TRIP 2/18 - 2/19/22 DEPARTURE TIME 7:00 am RETURN TIME 10:00 pm

PURPOSE/EDUCATIONAL VALUE STATE SWIM MEET

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

SOURCE OF FUNDING FOR TRIP CCPS

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 8 MALE STUDENTS _____ FEMALE STUDENTS 8

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

CERTIFIED CHAPERONES LYNNE COHN

CLASSIFIED CHAPERONES KEITH MARQUESS

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? VERBALLY AND IN WRITING

Lynne Cohn
 Signature of Faculty Sponsor

1/13/22
 Date

[Signature]
 Signature of Principal

1/28/22
 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 <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>1-28-2022</u> Date
<u>[Signature]</u> Signature of Board Chair	<u>1-31-22</u> 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:

"emergency approval"

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: HMS FACULTY MEMBER SPONSORING TRIP: Julie Gilliam
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: MSU W2Cumb3 Ct ADDRESS: Murray 42071 PHONE: 800-272-4678
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging: n/a
DATE(S) OF TRIP: March 4th DEPARTURE TIME: 7:30 AM RETURN TIME: 3:30 PM
PURPOSE/EDUCATIONAL VALUE: Regional Speaking Contest
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Leadership
SOURCE OF FUNDING FOR TRIP: Parkins / FFA 0502818 0894 AG-SCH
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 20 MALE STUDENTS TBA FEMALE STUDENTS TBA
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: Julie Gilliam / Aaron Skilleon
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? verbal / written form

Julie Gilliam
Signature of Faculty Sponsor

2/7/22
Date

[Signature]
Signature of Principal

FF602
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

2-8-2022
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