

**School-Related Student Trip Request Form**

SUBMIT THIS FORM <b>FOUR (4) WEEKS</b> PRIOR TO TAKING THE TRIP.
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SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP 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 UNIVERSITYADDRESS 102 CURRIS CENTER, MURRAY, KY 42071PHONE (270) 809-6924, (270) 978-7921

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

DATE(S) OF TRIP 3/18/22 DEPARTURE TIME 7:45 A.M. RETURN TIME 3:30 PMPURPOSE/EDUCATIONAL VALUE STUDENTS PREPPING TO RUN FOR STATE FFA OFFICE OR REGIONAL OFFICE, PRACTICE PUBLIC SPEAKING, INTERVIEWS, AND APPLICATION/ RESUME WRITINGWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) AA3 COMMUNICATE AND FOLLOW DIRECTIONS/PROCEDURES AA4 COMMUNICATE EFFECTIVELY WITH CUSTOMERS AND CO-WORKERSSOURCE OF FUNDING FOR TRIP CCHS FFAAMOUNT OF STUDENT FEE: \$10.00/Per. Student

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 3 MALE STUDENTS 1 FEMALE STUDENTS 2MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY District Van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES Jacob Jaworski

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

Jacob Jaworski  
 Signature of Faculty Sponsor

3/8/22  
 Date

permission slip  
M. J. Jaworski  
 Signature of Principal

3/8/22  
 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 J. Jaworski  
 Signature of Superintendent/Designee

3/9/2022  
 Date

Chris J. Jaworski  
 Signature of Board Chair

3/9/2022  
 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

**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: CHRISTIAN COUNTY AGRICULTURE EXPO CENTERADDRESS: 2850 PEMBROKE ROAD, HOPKINSVILLE, KY 42240PHONE: 270-886-6328

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

DATE(S) OF TRIP: 3-10-22DEPARTURE TIME: 8:30 A.M.RETURN TIME: 3:00 PM

PURPOSE/EDUCATIONAL VALUE: STUDENTS SEE THE LATEST TECHNOLOGY IN THE AGRICULTURE MACHINERY INDUSTRY. STUDENTS LEARN TO SAFELY WORK AROUND AND OPERATE TRACTORS AND OTHER FARM EQUIPMENT.

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☒ OTHER  
DAF ACCOUNTNUMBER OF: STUDENTS 40MALE STUDENTS: 20FEMALE STUDENTS: 20MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO☒ YES (SEE PROCEDURE 09.36 AP. 212.) BUS  
Requested☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES VICTORIA MOHONCLASSIFIED 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

2/23/22  
Date

[Signature]  
Signature of Principal

3/1/22  
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

3-2-2022  
Date

[Signature]  
Signature of Board Chair

3-3-22  
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.23

Review/Revised: 11/21/13

emergency approval



**School-Related Student Trip Request Form**

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

SCHOOL # CCJHSFACULTY MEMBER(S) SPONSORING TRIP Kern

## 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 Holiday World ADDRESS 452 E. Christmas Blvd Santa Clause, TN PHONE-DESTINATION 800-467-2682  
☒ Out of State    ☐ Out of County    ☐ Within County    ☐ Overnight: give name, address, phone of lodging

 DATE(S) OF TRIP May 19th, 2022 DEPARTURE TIME 8:30 RETURN TIME 5:30  
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE Class of 2023 ACT Growth Trip

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

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 125 MALE STUDENTS 62 FEMALE STUDENTS 63 Approx.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 6Classified chaperones 2

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? permission slipX [Signature]

Faculty/Sponsor Signature

X [Signature]

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Clarifazul 3-2-2022

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**

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

SCHOOL \* CCJHSFACULTY MEMBER(S) SPONSORING TRIP Kern

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 Holiday World ADDRESS 452 E. Christmas Blvd PHONE-DESTINATION 800-467-2682  
Santa Clara, IN

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

 DATE(S) OF TRIP May 20<sup>th</sup>, 2022 DEPARTURE TIME 8:30am RETURN TIME 5:00pm  
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE Class of 2022 Reward Trip for Post Secondary

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

Readiness

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 Approx 125 MALE STUDENTS 62 FEMALE STUDENTS 63MODE 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 6Classified chaperones 2

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? email; person-to-person meeting; permission formX Kern

Faculty/Sponsor Signature

X Ats

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Amended 3.2.2022

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****SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL: CHRISTIAN CO. HSFACULTY MEMBER(S) SPONSORING TRIP: C. McALLISTER

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 UNIVERSITYADDRESS: 2101 COLLEGE FARM RD. MURRAY, KY 42071PHONE: 800-809-3125

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

DATE(S) OF TRIP: 4-20-22DEPARTURE TIME: 7:00 A.M.RETURN TIME: 5:00 PMPURPOSE/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 AgAMOUNT 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 30MALE STUDENTS: 15FEMALE STUDENTS: 15MODE 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

Cassidy McAllisterCLASSIFIED 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

Cassidy McAllister  
Signature of Faculty Sponsor

3/1/22  
Date

Matt S. Sl  
Signature of Principal

3/2/22  
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

3-2-2022

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 Form**

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

SCHOOL: CHRISTIAN CO. HSFACULTY MEMBER(S) SPONSORING TRIP: C. McALLISTER & 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: UK EXTENSION OFFICE EXPOSITION CENTER ADDRESS: 2850 PEMBROKE RD. HOPKINSVILLE, KY 42240PHONE: 270-886-6328

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

DATE(S) OF TRIP: 4-26-22DEPARTURE TIME: 11:20 A.M.RETURN TIME: 1:00 PMPURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPLETE THE EVENT PLANNING PROJECT FOR AG EMPLOY CLASS.

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

AC1 UTILIZE CRITICAL-THINKING SKILLS TO DETERMINE BEST OPTIONS/OUTCOMES (E.G., DEVELOP EVENT PLAN)SOURCE OF FUNDING FOR TRIP: CCHS AgAMOUNT 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 30MALE STUDENTS: 20FEMALE 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 VICTORIA MOHON, Cassidy McAllisterCLASSIFIED 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

Cassidy McAllister  
Signature of Faculty Sponsor

3/1/22  
Date

Matthew S. L.  
Signature of Principal

3/2/22  
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 ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_

Christy J. M.  
Signature of Superintendent/Designee

3-2-2022  
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 CO. HS FACULTY MEMBER(S) SPONSORING TRIP 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 UNIVERSITY OF KENTUCKYADDRESS 1540 UNIVERSITY DR, LEXINGTON, KY 40506PHONE 1(502) 507-6087, 1 (678) 516-9838

- ☐ Out of State      ☒ Out of County      ☐ Within County      ☒ Overnight: give name, address, phone of lodging  
GLO Best Western Lexington 1935 Stanton Way Lexington KY 40511 (859) 554-8854

DATE(S) OF TRIP 4/11/22 to 4/12/22 DEPARTURE TIME 3:30 PM RETURN TIME 6:00 PMPURPOSE/EDUCATIONAL VALUE STUDENTS TOURING THE UNIVERSITY AND COMPETING IN FFA COMPETITIONS.WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) EF3

DEMONSTRATE EFFECTIVE TEAM SKILLS AND EVALUATE THEIR IMPORTANCE IN THE WORKPLACE (E.G., SETTING GOALS, LISTENING, FOLLOWING DIRECTIONS, QUESTIONING, DIVIDING WORK)

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 40 MALE STUDENTS 20 FEMALE STUDENTS 20MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. Bus Requested)212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES JACOB JAWORSKI

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 & code of acceptable behavior

[Signature]  
 Signature of Faculty Sponsor

2/24/22  
 Date

[Signature]  
 Signature of Principal

2/24/22  
 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

3-2-2022  
 Date

[Signature]  
 Signature of Board Chair

[Signature]  
 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 TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP Robert A. Burnham**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 Winchester, Kentucky    ADDRESS George Rogers Clark High School, 2745 Boonesboro Rd    PHONE-DESTINATION (859) 744-6111

- ☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
LA QUINTA INN & SUITES BY WYNDHAM LEXINGTON  
SOUTH / HAMBURG, 100 CANEBRAKE DRIVE, LEXINGTON, KY 40509, (859) 543-1877

DATE(S) OF TRIP 02/24/22-02/26/22DEPARTURE TIME 12:00 PMRETURN TIME 11:00 PM

START    END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

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

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 \_\_\_\_\_MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO    ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY fkjdkjs☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_Certified chaperones ROBERT A. BURNHAMClassified chaperones ANTHONY SMITH, DECOREUS LEAVELL, DAMIEN LEAVELL, LIVINGSTON MERRITTHave 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 Conduct signed by athletes and parentX Robert A. Burnham

Faculty/Sponsor Signature

X John Miles

Principal Signature

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_

X

Signature of Superintendent/Designee

Tom Bell "Hme"Emergency approved



**School-Related Student Trip Request Form**

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

SCHOOL CCMS FACULTY 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 ADDRESS 111 FFA Camp Rd PHONE 270.756.2301  
Center Hardinsburg, KY  
☐ Out of State    ☒ Out of County    ☐ Within County    ☐ Overnight: give name, address, phone of lodging \_\_\_\_\_
DATE(S) OF TRIP march 18, 2022 DEPARTURE TIME 7:30 am RETURN TIME 4:30 pmPURPOSE/EDUCATIONAL VALUE Leadership training, FFA officer training, team buildingWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
E12 - team skills, goal setting, F9 - respect, A2 - discussion, presentationsSOURCE OF FUNDING FOR TRIP CCMS

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 6 FEMALE STUDENTS 6MODE 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  
 Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No  
 How have they been notified? Permission Slip - signed
Kassidy maierhofer 2-8-2022 Karen Cook 2/8/22  
 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 \_\_\_\_\_
Chris Jones 2/7-2022  
 Signature of Superintendent/Designee    Date

Tom Bell "Homer" 2-17-22  
 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

"Emergency approved"

**School Related Student Trip Request Form****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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE-DESTINATION \_\_\_\_\_

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

DATE(S) OF TRIP 3-27-22 3-31-22 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_  
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Create US Open Robotics Tournament

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

SOURCE OF FUNDING FOR TRIP Robotics, Gateway,

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) \_\_\_\_\_

\* Rental for 8 passengers  
\* Knight personal vehicle

Certified chaperones 3

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 ☐ NoHow have they been notified? Memo + permission formsX 

Faculty/Sponsor Signature

X 

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

X  3-3-22  
 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.

Emergency approved



STUDENTS

X HLL gateway teams qualified for state on 2/16/22

09.36 AP.21

**School Related Student Trip Request Form**

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

SCHOOL GatewayFACULTY MEMBER(S) SPONSORING TRIP Dylan Scully

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 2100 Hackney Pl, Lexington, KY PHONE-DESTINATION 859-977-5870

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

DATE(S) OF TRIP <u>3-11 to 3-12</u>	DEPARTURE TIME <u>9:00</u>	RETURN TIME <u>11:00</u>
<small>(START END)</small>	<small>(SELECT AM OR PM FROM DROPDOWN)</small>	<small>(SELECT AM OR PM FROM DROPDOWN)</small>
PURPOSE/EDUCATIONAL VALUE <u>VEX</u>		
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)		
SOURCE OF FUNDING FOR TRIP <u>VEX</u>		

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 27    MALE STUDENTS 21    FEMALE STUDENTS 6MODE 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)

Need undercarriage to transport robots

Certified chaperones Dylan ScullyClassified chaperones Robert Lee

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    ☐ NoHow have they been notified? written agreementX Dylan Scully

Faculty/Sponsor Signature

X Penny Knight

Principal Signature

Trip has been ☒ approved    ☐ disapproved. Reason for disapprovalXChizty3-3-22

Signature of Superintendent/Designee

Th...

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

emergency approved

**School Related Student Trip Request Form**

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

SCHOOL GrahamFACULTY MEMBER(S) SPONSORING TRIP Dylan Scully

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 201 Eastin Rd, LexingtonPHONE-DESTINATION 859-381-3308☐ Out of State☐ Out of County☐ Within County☐ Overnight: give name, address, phone of lodging2100 Hackney Pl, Lexington, KYDATE(S) OF TRIP 3/11 - 3/2DEPARTURE TIME 4:00RETURN TIME 10:30

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE VEX

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

SOURCE OF FUNDING FOR TRIP VEX

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 27MALE STUDENTS 21FEMALE STUDENTS 6

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 Dylan Scully, Robert Lee, Penny KnightClassified chaperones Robert Lee

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 ☐ NoHow have they been notified? Written agreement

X

Faculty/Sponsor Signature

X

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

X

Signature of Superintendent/Designee

Tom Bell "Kneel" 2-16-22

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**

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

SCHOOL Gateway

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

ADDRESS 801 Discovery Blvd, Shelbyville, KY PHONE-DESTINATION 502-647-1160

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

DATE(S) OF TRIP <u>2-26-22</u>	DEPARTURE TIME <u>4:30</u>	RETURN TIME <u>10</u>
START      END	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE <u>VEX</u>		
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____		
SOURCE OF FUNDING FOR TRIP <u>VEX</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 27    MALE STUDENTS 22    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 _____	<u>Dylan Sully</u>
Classified chaperones _____	<u>Robert Lee</u>

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    ☐ NoHow have they been notified? written agreementX

Faculty/Sponsor Signature

X

Principal Signature

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_X2-16-22

Signature of Superintendent/Designee

Tom Bell "Kme" 2-16-22

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

"Emergency approved" Cindy 2-16-22

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: Allison Gamblin

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) PAC (Virtual Tours)

DESTINATION The PAC e COMS ADDRESS 215 Glass Ave, Hopkinsville PHONE 270-887-7070

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

DATE(S) OF TRIP 3-7-2022 DEPARTURE TIME 12:30pm RETURN TIME 2:30pm

PURPOSE/EDUCATIONAL VALUE Superintendent request

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

SOURCE OF FUNDING FOR TRIP Board

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 233 MALE STUDENTS 126 FEMALE STUDENTS 107

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

☒ CERTIFICATED COMMON CARRIER; SPECIFY CCPS Buses

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

CERTIFIED CHAPERONES Hamilton, Cook, Fort, Meehan, Stallons, Addison, Gamblin, Cornell, Ashton, Shepherd, Nations

CLASSIFIED CHAPERONES Jackson, Hutchison, Clark

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? Advisory teachers

Allison Gamblin  
Signature of Faculty Sponsor

3-3-22  
Date

Shuan Addison  
Signature of Principal

3-3-22  
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 checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris J...</u> Signature of Superintendent/Designee	<u>3-7-2022</u> Date
<u>Tom B...</u> Signature of Board Chair	<u>3-7-22</u> Date
<u>For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.</u>	

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: Hopkinsville High FACULTY MEMBER SPONSORING TRIP: Amanda Ashton  
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 Holiday World ADDRESS 452 E Christmas Blvd Santa Claus, IN PHONE 1-800-467-2682  
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP May 20<sup>th</sup> DEPARTURE TIME 6:00 RETURN TIME 6:30

PURPOSE/EDUCATIONAL VALUE Senior Trip

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

SOURCE OF FUNDING FOR TRIP Student Council

AMOUNT OF STUDENT FEE: \$ TBD

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 200 MALE STUDENTS 100 FEMALE STUDENTS 100

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 Andrew Ashton Amanda Ashton Phillip Bader

Pablo Sanchez, Anathy Holloway, Sara Addison

CLASSIFIED CHAPERONES Tasha Loring

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? Flier, Senior meeting

[Signature]  
Signature of Faculty Sponsor

2-24-22  
Date

[Signature]  
Signature of Principal

2/28/22  
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 checked="" type="radio"/> approved <input type="radio"/> disapproved. Reason for disapproval	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>2-28-2022</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