| | School-Related | Student | Trip | Request | Form |
|--|-----------------------|---------|-------------|---------|------|
|--|-----------------------|---------|-------------|---------|------|

| | SUBMIT THIS FORM FOU | R (4) WEEKS PRIO | R TO TAKING THE TR | RIP. | |
|---|--|---|--|----------------------------|------------------|
| School <u>Christian Co.</u> | HS FACULTY MEMBER | (s) sponsoring th | up J. Jaworski | - | |
| Type of Trip (check one |): | | | | |
| □ Over 300 miles□ Classroom Field Trip | ➤ Under 300 miles □ Organization/Club T | | | Extracurricular icable | |
| DESTINATION MURRAY ST | TATE UNIVERSITY | | | | |
| Address <u>102 Curris Ce</u> | NTER, MURRAY, KY 42071 | | | | |
| PHONE (270) 809-6924, (2 | 270) 978-792 <u>1</u> | | | | |
| | Out of County | n County 🗆 | Overnight: give | name, address, | phone of |
| DATE(S) OF TRIP_3/18/22 | 2 DEPARTURE | Тіме <u>7:45 а.м.</u> | RETURN TIME | E3:30 рм | _ |
| Public Speaking, Interv | ALUE <u>STUDENTS PREPPING</u> IEWS, AND APPLICATION/ RES | SUME WRITING | | | |
| | ADDRESSED BY TAKING THIS T PROCEDURES AA4 COMMUNIC | | | | |
| Source of funding for t | RIP <u>CCHS FFA</u> | | | | |
| AMOUNT OF STUDEN | T FEE:\$10.00/Per. St | udent | | | |
| No | O STUDENT SHALL BE DENIED | THE TRIP BECAUSE | OF AN INABILITY TO | PAY. | |
| BILL TRIP EXPENSES TO: \Box | SPONSORING ORGANIZATION | □ ѕснос | OL COUNCIL | □ BOARD | \Box OTHER |
| Number of: students _3 | MALE STUDENT | rs1 | FEMALE STUDEN | rs2 | |
| Mode of Transportatio 212.) Certificated | N: IS DISTRICT TRANSPORTATI COMMON CARRIER; SPECIFY_ | on needed? District Von | □ NO □ YES | (SEE PROCEDUR | е 09.36 ар. — |
| □ Private ve | CHICLE, IF ALLOWED BY POLIC | Y; SPECIFY DRIVER | t(s) | | |
| CERTIFIED CHAPERONES | Jacob Jaworski | - | | | |
| CLASSIFIED CHAPERONES | | 82 | | | |
| supervise students? Ves acceptable behavior? Ves Signature of Faculty Spo | es □ No How ha 3/8/22 | Il students been reverthey been notified they been notified they been students. | notified of the rule fied? Oecmissis gnature of Principa | es and regulation son Slip | ns regarding |
| APPROVAL IMPOSSI | BLE SHOULD ALSO HA | VE THE SIGNA | | | |
| Trip has been approved | □ disapproved. Reason for d | isapproval | | | |
| Signature of Sup | erintentlent/Designee | | | 3-9= vors Date | |
| Signature of Boar | yd Chair | | \$ <u></u> | Date | |
| | ra Cnair out-of-state trips, approval of the | ha Sunarintandant a | nd/or Roard may be | | 7.09.36 |
| For overnight and/or o | out-or-state trips, approval of the | ne supermiendent a | naroi boara may be | required by policy | 07.30. |

RELATED PROCEDURES:

| | | SUBMIT THIS FORM FOUR (4 | 4) WEEKS PRIOR TO TAKING THE TRIP. | |
|--|---|---|--|-----------------------|
| The State of the Sale of the S | HRISTIAN CO. H | 3 | FACULTY MEMBER(S) SPONSORING TRIP: | V. Mohon |
| | m Field Trip | □ Organization/Club Trip | Cocurricular Extracurricular Other (athletic, band, if applicable | ar |
| DESTINATION: | CHRISTIAN COL | INTY AGRICULTURE EXPO CE | ENTER | |
| Address: 285 | 0 Pembroke R | OAD, HOPKINSVILLE, KY 422 | 240 PHONE: 270-886-6328 | |
| □ Out of S | State Out o | f County X Within Cour | nty Dernight: give name, address, phon | e of lodging |
| DATE(S) OF T | RIP: 3-10-22 | DEPARTURE TIME: 8: | 30 A.M. RETURN TIME: 3:00 PM | |
| | | | EST TECHNOLOGY IN THE AGRICULTURE MACHINITY TRACTORS AND OTHER FARM EQUIPMENT. | ERY INDUSTRY. |
| What standa | ARD IS BEING ADI | PRESSED BY TAKING THIS TRIP | ? (Does not apply to athletic trips.) | |
| SS-AA007 D | EMONSTRATE UN | DERSTANDING OF BASIC INTER | RPERSONAL COMMUNICATION (LISTENING, WRITTE | N, ORAL, ETC) |
| Source of fu | INDING FOR TRIP | : CCHS FFA | | |
| AMOUNT O | F STUDENT F | EE: <u>\$0</u> | | |
| | No st | UDENT SHALL BE DENIED THE | TRIP BECAUSE OF AN INABILITY TO PAY. | |
| | PENSES TO: SPO | ONSORING ORGANIZATION | \Box SCHOOL COUNCIL \Box BOARD | OTHER PAF ACCOUNT |
| Number of: | 200 10 10 10 10 10 10 10 10 10 10 10 10 1 | MALE STUDENTS: | | 7 :- 212 \ :- |
| □ CERTIFICAT | ED COMMON CA | RRIER; SPECIFY | NEEDED? □ NO 🌣 YES (SEE PROCEDURE 09.30 | Pequest |
| □ Private ve | HICLE, IF ALLOV | ED BY POLICY; SPECIFY DRIV | ER(S) | |
| CERTIFIED CH | IAPERONES VICT | <u>oria Mohon</u> | | |
| CLASSIFIED C | haperones <u>Non</u> | <u>(E</u> | | |
| Have all ch supervise stu | | gone the required records | s check and been designated by the principa | al/designee to |
| | | tified of the rules and reg Permission Slip, Code | ulations regarding acceptable behavior? of Acceptable Behavior | Yes □ No |
| Signature of | MONON Faculty Sponso | | Signature of Principal | 3/1/22 Date |
| EMERGEN APPROVAL | CY REQUES LIMPOSSIBL | IS DUE TO UNFORSEE E SHOULD ALSO HAVE | EN CIRCUMSTANCES THAT MAKE PRI THE SIGNATURE OF THE BOARD CHA | IOR BOARD IRPERSON |
| Trip has been | □ approved □ | disapproved. Reason for disap | pproval | |
| | Chris | ENT P | 3-2-2023 Date | 2 |
| Sign | nature of Saperin | tendent/Designee | Date | |
| Cia | ngture of Board | Chair | | - |
| | , | | Superintendent and/or Board may be required by pol | icv 09 36 |
| roi ove | imgiii and/oi out- | or-state trips, approval of the s | supermientent and of Board may be required by por | 10, 00.00. |
| RELATED F | 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. |
|--|
| SCHOOL* CC) FACULTY 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) |
| Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable) DESTINATION Holday World Address 452 E. Chvistman Bludgmone-destination 800-467-2682 Santa Classe, When the Contraction of the Classe of the C |
| Use of State Out of County Within County Overnight: give name, address, phone of lodging |
| DATE(S) OF TRIP May 19th, 2002 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 CTT Growth TVIP |
| STAR END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) |
| |
| 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 63 STUDENTS 63 |
| Mode of Transportation: is district transportation needed? \(\subseteq\) no \(\subseteq\) ves (see procedure 09.36 ap. 212.) |
| CERTIFICATED COMMON CARRIER; SPECIFY |
| 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? |
| Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No |
| How have they been notified? plums 816 Step |
| X Logar Lom X Mall Signature Principal Signature |
| Trip has been approved disapproved. Reason for disapproval |
| Clarifyel 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. |

| SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. |
|--|
| SCHOOL* CC) SFACULTY 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 Holiday Worldaddress 452 E. Christman Blud PHONE-DESTINATION 800-467-2682 |
| Out of State Ut of County Within County Overnight: give name, address, phone of lodging |
| DATE(S) OF TRIP May 20th, 2022 DEPARTURE TIME 8:30 am RETURN TIME 5:00 pm |
| START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) |
| START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) PURPOSE/EDUCATIONAL VALUE (LOSS of 2022 Reward Trip fen Post Secondaly WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) POSSIBLE OF THE POST SELECT AM OR PM FROM DROPDOWN) |
| 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 43 Female Students 63 |
| Mode of Transportation: is district transportation needed? NO Ves (see procedure 09.36 ap. 212.) |
| CERTIFICATED COMMON CARRIER; SPECIFY |
| 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? Yes No |
| Have all students been notified of the rules and regulations regarding acceptable behavior? The students been notified? Description of the rules and regulations regarding acceptable behavior? The students was the students been notified? Description of the rules and regulations regarding acceptable behavior? The students been notified? Description of the rules and regulations regarding acceptable behavior? The students been notified? Description of the rules and regulations regarding acceptable behavior? The students been notified? Description of the rules and regulations regarding acceptable behavior? The students been notified? Description of the rules and regulations regarding acceptable behavior? The students been notified? Description of the rules and regulations regarding acceptable behavior? The students been notified? Description of the rules and regulations regarding acceptable behavior? |
| Faculty/Sponsor Signature Principal Signature |
| Trip has been approved disapproved. Reason for disapproval |
| Clenty of 3.2. con |
| 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. FACULTY MEMBER(S) SPONSORING TRIP: C. McAllister SCHOOL: CHRISTIAN CO. HS Type of Trip (check one): **★** Extracurricular □ Cocurricular □ Over 300 miles Under 300 miles □ Classroom Field Trip ADDRESS: 2101 COLLEGE FARM Rd. MURRAY, KY 42071 **DESTINATION: MURRAY STATE UNIVERSITY** PHONE: 800-809-3125 □ Out of State \ Out of County □ Within County □ Overnight: give name, address, phone of lodging RETURN TIME: 5:00 PM DATE(S) OF TRIP: 4-20-22 DEPARTURE TIME: 7:00 A.M. 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) CCHS AG SOURCE OF FUNDING FOR TRIP AMOUNT OF STUDENT FEE: \$0 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. □ OTHER □ BOARD BILL TRIP EXPENSES TO:

SPONSORING ORGANIZATION □ SCHOOL COUNCIL MALE STUDENTS: 15 FEMALE STUDENTS: 15 Number of: students 30 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** Cassidy myshister CLASSIFIED CHAPERONES NONE Have all chaperones undergone the required records check and been designated by the principal/designee to □ Yes □ No supervise students? Have all students been notified of the rules and regulations regarding acceptable behavior? □ Yes □ No Permission Slip, Code of Acceptable Behavior How have they been notified? gnature 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 dapproved ☐ disapproved. Reason for disapproval 2-2022 Date Signature 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:

| School-Related Student | <u> Frip Request Form</u> |
|--|--|
| SUBMIT THIS FORM FOUR (4) WEE | KS PRIOR TO TAKING THE TRIP. |
| SCHOOL: CHRISTIAN CO. HS FACULTY MEMBE TYPE OF TRIP (CHECK ONE): | R(s) SPONSORING TRIP: C. MCALLISTER & V. MOHON |
| | ther (athletic, band, if applicable |
| DESTINATION: <u>UK Extension Office Exposition Center</u> AD PHONE: <u>270-886-6328</u> □ Out of State □ Out of County Within County □ | |
| DATE(S) OF TRIP: 4-26-22 DEPARTURE TIME: 11:20 A. | M. RETURN TIME: 1:00 PM |
| PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPLETE THE | EVENT PLANNING PROJECT FOR AG EMPLOY CLASS. |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DO | ES NOT APPLY TO ATHLETIC TRIPS.) |
| AC1 UTILIZE CRITICAL-THINKING SKILLS TO DETERMINE BEST OP | TIONS/OUTCOMES (E.G., DEVELOP EVENT PLAN) |
| Source of funding for trip: CCHS Ag | |
| AMOUNT OF STUDENT FEE: <u>\$0</u> | |
| No student shall be denied the trip i | BECAUSE OF AN INABILITY TO PAY. |
| BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION | \Box SCHOOL COUNCIL \Box BOARD \Box OTHER |
| Number of: students 30 Male Students: 20 | Female Students: <u>10</u> |
| Mode of Transportation: is district transportation needed Certificated common carrier; specify | d? NO KYES (SEE PROCEDURE 09.36 AP. 212.) |
| □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)_ | |
| CERTIFIED CHAPERONES VICTORIA MOHON, Cassidy MCP | <i>-Wister</i> |
| CLASSIFIED CHAPERONES NONE | |
| Have all chaperones undergone the required records check supervise students? Have all students been notified of the rules and regulation How have they been notified? Permission Slip, Code of Action 1. | ☐ Yes ☐ No ns regarding acceptable behavior? ☐ Yes ☐ No |
| Signature of Faculty Sponsor 3 22 Date | Signature of Principal Date |
| EMERGENCY REQUESTS DUE TO UNFORESEEN C APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE | SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been approved disapproved. Reason for disapproval | |
| Musiched, | 3-2-2022 |
| Signature of Superintendent/Pesignee | Date |
| | |
| Signature of Roard 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:

| 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 Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable | |
| DESTINATION <u>University of Kentucky</u> | |
| Address <u>1540 University Dr., Lexington, KY 40506</u> | |
| PHONE <u>1(502) 507-6087, 1 (678) 516-9838</u> | |
| □ 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 (159) 554-8854 | |
| DATE(S) OF TRIP 4/11/22 TO 4/12/22 DEPARTURE TIME 3:30 PM RETURN TIME 6:00 PM | |
| PURPOSE/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 tripCCHS 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 40 Male Students 20 Bus Re | a nacla |
| Mode of Transportation: is district transportation needed? \[\text{no} \text{ no} \text{ yes (see procedure 09.36 ap.} \] 212.) \[\text{Certificated common carrier; specify} \] | A-nester |
| □ Private vehicle, if allowed by policy; specify driver(s) | |
| CERTIFIED CHAPERONESJACOB JAWORSKI | |
| Ch. Lawrence and Approximate | |
| 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 | 10 |
| acceptable behavior? AYes No How have they been notified Permission Slip & cod ab arcceptable 2/24/22 | wive |
| 2/24/22 / 3/1/2200 | |
| 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 | |
| the state of the s | |
| Trip has been papproved disapproved. Reason for disapproval | |
| 7-2-2022 | |
| 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. | |
| Tot overingin under our or once arps, approved or the paperintendent and or pour may or required by Person of Person | |

RELATED PROCEDURES:

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP Robert A. Burnham SCHOOL Christian Co. High 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 ADDRESS George Rogers Clark High PHONE-DESTINATION (859) 744-6111 **DESTINATION** Winchester, Kentucky School, 2745 Boonesboro Rd Overnight: give name, address, phone of lodging Out of State Out of County ☐ Within County LA QUINTA INN & SUITES BY WYNDHAM LEXINGTON SOUTH / HAMBURG, 100 CANEBRAKE DRIVE, LEXINGTON, KY 40509, (859) 543-1877 RETURN TIME 11:00 PM DEPARTURE TIME 12:00 PM DATE(S) OF TRIP 02/24/22-02/26/22 (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) START PURPOSE/EDUCATIONAL VALUE ... WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOURCE OF FUNDING FOR TRIP Ikidkdiks 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 **MALE STUDENTS 20** NUMBER OF: STUDENTS 20 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?
NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY fkdjskjs PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Certified chaperones ROBERT A. BURNHAM Classified chaperones ANTHONY SMITH, DECOREUS LEAVELL, DAMIEN LEAVELL, LIVINGSTON MERRITT Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes No X Yes No Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? Code of Conduct signed by athletes and parent **Principal Signature** Faculty/Sponsor Signature Trip has been approved disapproved. Reason for disapproval 1 Den BITT "Hure"

breezency approved

| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. |
|---|
| SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP Kassidy Majerho |
| TYPE OF TRIP (CHECK ONE): |
| ☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable |
| DESTINATION FF14 leadership training ADDRESS III FF14 CAMP Rd PHONE 270.756.2301 |
| DESTINATION FFA leadership training Address III FFA Crypp Rd PHONE 270.756.2301 Out of State Out of County Within County Overnight: give name, address, phone of lodging |
| DATE(S) OF TRIP MOUTCH 18, 2022 DEPARTURE TIME 7:30 PM RETURN TIME 4:30 PM |
| Purpose/Educational Value Leadership training. FFA officer training, tem building |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) F.12-teamskills. goal setting, F9-respect, A2-discussion. presentations Source of funding for trip Cens |
| 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 12 Male Students 6 Female Students 6 |
| MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN YES (SEE PROCEDURE 09.36 AP. 212.) |
| PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES KASSIAY Maierhofer |
| CLASSIFIED CHAPERONES |
| Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\sum_{No} \) Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\sum_{No} \) How have they been notified? Yermission Slip - Signed 2.8.2022 Signature of Faculty Sponsor Date Signature of Principal |
| 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 |
| Marshel 217-2572 |
| Signature of Superintendent/Designee Date |
| Tion Bill "Money" 23-17-22 |
| 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

| | SUBMIT THIS FORM TWO (2) WEE | KS PRIOR TO TAKING THE TRIP. | | |
|---|--|---|-----------------|--|
| School | FACULTY MEMBER(S) SPONSORING TRIP | | | |
| Type of Trip (check ALL 7 | ΓHAT 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 | t of County | ☐ Overnight: give name, address, phone of lo | odging | |
| DATE(S) OF TRIP 3-27-27 | 3-31-72 DEPARTURE TIM | RETURN TIME | | |
| Start | | M FROM DROPDOWN) (SELECT AM OR PM FROM DRO | PDOWN) | |
| PURPOSE/EDUCATIONAL VALUE | JE Creure US OPEN | Robot.LS Tournament | | |
| WHAT STANDARD IS BEING AD | DRESSED BY TAKING THIS TRIP? (DOES | NOT APPLY TO ATHLETIC TRIPS.) | | |
| | Robotics, Gateway, | | | |
| | | | | |
| | No student shall be denied the tr | | | |
| | | OL COUNCIL DEBOARD DOTHER | | |
| Number of: students | | | | |
| Mode of Transportation: | IS DISTRICT TRANSPORTATION NEED | | | |
| (Certificated Co | OMMON CARRIER; SPECIFY | IVER(S) * Rental for 8 passen * Knight personal ve | gers | |
| √ Private vehicle | C, IF ALLOWED BY POLICY; SPECIFY DRI | IVER(S) * K Knight personal ue | hicle | |
| Certified chaperones 3 | | | | |
| Classified chaperones | - | | | |
| Have all chaperones undergo | | peen designated by the principal/designee to supe No | rvise students' | |
| Have all students been notif | ied of the rules and regulations regar | rding acceptable behavior? 🗖 Yes 🗆 🗅 | 10 | |
| How have they been notified | d? Memo + permission + | torms | | |
| | | | | |
| x 2/2 | X | Penny Knight | | |
| Faculty/Sponsor Signature | Princip | pal Signature | | |
| | | | | |
| Trip has been papproved approved approved | disapproved. Reason for disapproval | | | |
| Signature of Sys | July Serintendent/Designee | 3-3-22 | | |
| 1/h | SING | | | |
| For overnight and/or out-of-state to | rips, approval of the Superintendent and/or Bo | oard may be required by policy 09.36. | | |

emergency approved

XIIII bateway teams qualified for state on 2/106/22

STUDENTS

School Related Student Trip Request Form

| 200 | SUBMIT THIS FO | ORM TWO (2) WEEKS PRIOR TO TAKING | S THE TRIP. |
|--------------------------|--|--|---|
| SCHOOL Gratury | FA | ACULTY MEMBER(S) SPONSORING TRI | - Dylan Sully |
| Type of Trip (check AL) | L THAT APPLY): | | , |
| Over 300 miles | ☐ Under 300 miles | ☐ Co curricular | ☐ Extracurricular |
| ☐ Classroom Field Trip | Organiza | ation/Club Trip | athletic, band, if applicable) HONE-DESTINATION <u>45</u> 9-977-587 |
| DESTINATION | | | |
| ☐ Out of State | Out of County | Within County | give name, address, phone of lodging |
| | | | 2 |
| DATE(S) OF TRIP | (-11) to 3-12) | | RETURN TIME//:ob |
| START | END | (Select AM) OR PM FROM DROPDOWN) | (SELECT AM O(PM) FROM DROPDOWN) |
| Purpose/Educational V | | | |
| What standard is being | ADDRESSED BY TAKING | THIS TRIP? (DOES NOT APPLY TO AT | ILETIC TRIPS.) |
| Source of funding for t | RIP /EX | | |
| | No student shall | BE DENIED THE TRIP BECAUSE OF AN | INABILITY TO PAY. |
| BILL TRIP EXPENSES TO: | SPONSORING ORGANI | IZATION SCHOOL COUNCIL BO | DARD OTHER |
| Number of: students | Male St | rudents 21 Female | STUDENTS 6 |
| Mode of Transportatio | N: IS DISTRICT TRA | NSPORTATION NEEDED? \square NO | YES (SEE PROCEDURE 09.36 AP. 212.) |
| ☐ CERTIFICATED | COMMON CARRIER; SP | PECIFY | Need undercarriage to |
| ☐ Private vehi | CLE, IF ALLOWED BY PO | OLICY; SPECIFY DRIVER(S) | transport robots |
| Certified chaperones | - Dylan Ser | 1(4 | |
| Classified chaperones | - Robert | Lee | |
| Have all chaperones unde | ergone the required re | cords check and been designated b | y the principal/designee to supervise students |
| | | CKYes \square No | |
| | • | d regulations regarding acceptable l | pehavior? □ Yes □ No |
| How have they been noti | fied? wot | ten agreement | |
| | To any of the second se | | |
| X Hefan | deally | X Penny Ki | right |
| Faculty/Sponsor Signat | ure | Principal Signature | |
| | The state of the s | | |
| Trip has been approved | ☐ disapproved. Reason | for disapproval | |
| Signature of S | Chart | 3-3-22 Designee | |
| | 1.4 | uperintendent and/or Board may be required | by policy 09.36. |

Imergency appround

| 8 | | | | |
|-----------------------------------|--|---|--------------------|---|
| | SUBMIT THIS F | ORM TWO (2) WEEKS PRIOR TO TAKING | G THE TRIP. | |
| School Galery | F | ACULTY MEMBER(S) SPONSORING TRIE | - Du | lan Serlly |
| Type of Trip (check ALL | THAT APPLY): | | - / | / |
| Over 300 miles | Under 300 miles | ☐ Co curricular | | |
| Classroom Field Trip | D Organiz | ation/Club Trip | athletic, band, if | applicable) |
| DESTINATION | | ess 201 Eastin Rd, Lexing 1 | | |
| | 04 (1990-1990 1990 1990 14 (1990-1990 14 (1990-1990 14 (1990-1990 14 (1990-1990 14 (1990-1990 14 (1990-1990 14 | | | ess, phone of lodging way Pl, Lexington, Ky |
| DATE(S) OF TRIP 3/ | 11-312 | DEPARTURE TIME 400 | RETURN TIME | 10:30 |
| Start | END | (Select AM or M FROM DROPDOWN) | (Select AM | OR PM FROM DROPDOWN) |
| Purpose/Educational Val | U W / 3 | | | |
| What standard is being ai | DRESSED BY TAKING | THIS TRIP? (DOES NOT APPLY TO ATH | LETIC TRIPS.) | |
| | 88 | | ~4 | |
| Source of funding for tri | | | | |
| | | BE DENIED THE TRIP BECAUSE OF AN | | |
| | | IZATION SCHOOL COUNCIL BO | | |
| Number of: students 23 | | @ | STUDENTS | |
| Mode of Transportation: | | NSPORTATION NEEDED? \square NO | YES (SEE PROC | CEDURE 09.36 AP. 212.) |
| | COMMON CARRIER; SE | | | |
| | | DLICY; SPECIFY DRIVER(S) | | 1) |
| Certified chaperones | Dylan & | Lully, Robert Le | e, Pen | ny Knight |
| Have all chaperones underg | gone the required re | cords check and been designated by | the principal/d | esignee to supervise students? |
| Have all students been noti | fied of the rules and | l regulations regarding acceptable b | ehavior? | Yes □ No |
| How have they been notified | ed? writ | then agreement | | |
| | | , | | |
| 11/ | | | | |
| X / /// | ~ | X Penny | nulit | |
| | | | | |
| Faculty/Sponsor Signature | Э | Principal Signature | | |
| Trip has been □ approved □ | diameters d. Dongon | for discouraval | | |
| Trip has been papproved | disapproved. Reason | for disapprovat | | |
| × a | might | ye | | |
| Signature of Su | perintendent | /Designee | | |
| Tom Be | ll"Kne" | 5-110-02 | | |
| For overnight and/or out-of-state | trips, approval of the Su | perintendent and/or Board may be required b | by policy 09.36. | |

| | SUBMIT THIS F | ORM TWO (2) WEEKS PRIOR TO TAKIN | G THE TRIP. | |
|--|--|--|--|--|
| SCHOOL (nakeway FACULTY MEMBER(S) SPONSORING TRIP | | | | |
| Type of Trip (check ALL | THAT APPLY): | | , e. | |
| Over 300 miles | Under 300 miles | ☐ Co curricular | ☐ Extracurricular | |
| Classroom Field Trip | 🖺 Organiza | ation/Club Trip | athletic, band, if applicable) | |
| DESTINATION | Addri | ESS 801 Discovery Blvd, | PHONE-DESTINATION 502-647-1160 give name, address, phone of lodging | |
| ☐ Out of State ☑ Ou | it of County 🗆 | Within County Overnight: | give name, address, phone of lodging | |
| | | approximation against agree | | |
| DATE(S) OF TRIP 2-2 6- | . 2 2 | DEPARTURE TIME 4: 30 | RETURN TIME LO | |
| Start | END | (SELECT AM OR PM FROM DROPDOWN) | (Select AM or PM) FROM DROPDOWN) | |
| Purpose/Educational Val | UE VEX | | | |
| WHAT STANDARD IS BEING AD | DRESSED BY TAKING | THIS TRIP? (DOES NOT APPLY TO ATE | ILETIC TRIPS.) | |
| | | | | |
| Source of funding for tri | P VEX | | | |
| Table quire est frie 1994 fried (frie 1996) (frie 1996) comment anna can carrie anna 2014 frie frie 1996 f | No student shall | . BE DENIED THE TRIP BECAUSE OF AN | INABILITY TO PAY. | |
| BILL TRIP EXPENSES TO: | SPONSORING ORGAN | IZATION SCHOOL COUNCIL B | DARD OTHER | |
| Number of: students 27 | Male S | rudents 22 Female | STUDENTS | |
| Mode of Transportation: | IS DISTRICT TRA | nsportation needed? \Box no | TYES (SEE PROCEDURE 09.36 AP. 212.) | |
| ☐ CERTIFICATED C | OMMON CARRIER; SE | PECIFY | | |
| ☐ Private vehicl | e, if allowed by Po | OLICY; SPECIFY DRIVER(S) | | |
| Certified chaperones | - Du/- 6 | 5_ 16. | | |
| Classified chaperones | | | | |
| Certified chaperones Dylan Sully Classified chaperones Robert Lee Hove all chaperones undersome the required records check and been designated by the principal/designee to supervise students? | | | | |
| 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? written as recuent | | | | |
| 110W have they been nounc | и | , | | |
| | | | | |
| 171 0/1 | 7 | n |) . 4 | |
| X /// | | X tourner | null | |
| | Charles provided the second of | | ikala matana ang matana ana ana ana ana ana ana ana ana an | |
| Faculty/Sponsor Signatur | е | Principal Signature | | |
| | | | | |
| Trip has been □ approved □ | disapproved. Reason | for disapproval | | |
| | | | | |
| - Was | | 2 0 | - Control of the Cont | |
| | | 9-11-93 | > | |
| Signature of Su | perintendent | /Designee | | |
| Tom Bell "kne" 2-14:32 | | | | |
| | | - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | by policy 09.36 | |
| I tot overtight grandt out-ou-state | mps, approvat of the or | Lermengent min or right min's no reduced | - Procedure | |

"emergency approved" Claryy 2" com

SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.

STUDENTS

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

School-Related Student Trip Request Form

| SCHOOL: HHS | FACULTY MEMBER SPONSORING TRIP: Allison Gamble |
|---|---|
| TYPE OF TRIP (CHECK C | DNE): |
| O Over 300 miles O Classroom Field Tr DESTINATION The F | O Under 300 miles O Co-curricular O Organization/Club Trip O Other (athletic, band, if applicable) PAC (Viviua) Tour PAC COMS ADDRESS 215 Glass Ave Hopein Miles 270-887-7070 |
| O Out of State O lodging | Out of County |
| DATE(S) OF TRIP_3- | 7-2022 DEPARTURE TIME 12:30pm RETURN TIME 2:30pm |
| PURPOSE/EDUCATIONA | L VALUE Superintendent request |
| WHAT STANDARD IS I | BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) |
| SOURCE OF FUNDING FO | DR TRIP BOOYD |
| AMOUNT OF STUDENT | FEE: \$ |
| No s | TUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. |
| BILL TRIP EXPENSES TO Number of: students | o: O sponsoring organization O school council • board O other 5 _ 233 Male Students 126 Female Students 107_ |
| | ATION: IS DISTRICT TRANSPORTATION NEEDED? O NO YES (SEE PROCEDURE 09.36 AP. 212.) FED COMMON CARRIER; SPECIFY CCPS BUses |
| CERTIFIED CHAPERON CLASSIFIED CHAPERON | nell, Ashton, Shepherd, Nations |
| Have all chaperones unstudents? Yes O No acceptable behavior? Signature of Faculty S | Yes O No How have they been notified? Advisory teachers 3-3-22 Mull 1 daugy 3-3-3-22 |
| EMERGENCY REQ APPROVAL IMPOS | UESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD SIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been papprove | d O disapproved. Reason for disapproval |
| Signature of S | uperintendent/Designee 37-2522 Date |
| Signature of B | Oard 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

09.36 AP.21

Page 1 of 1

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

Review/Revised: 11/21/13

School-Related Student Trip Request Form

| SCHOOL: <u>Hopkinsville. Hish</u> Faculty member sponsoring trip: <u>Amanda. RSh-Ion</u> Type of Trip (check one): |
|--|
| O Over 300 miles Under 300 miles O Co-curricular O Extracurricular O Classroom Field Trip O Organization/Club Trip O Other (athletic, band, if applicable) |
| Out of State O Out of County O Within County O Overnight: give name, address, phone of lodging |
| DATE(S) OF TRIP May 20th DEPARTURE TIME 6:00 RETURN TIME 6:30 PURPOSE/EDUCATIONAL VALUE Senior Toip |
| 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: \$ 780 |
| No student shall be denied the trip because of an inability to pay. Bill trip expenses to: Sponsoring organization O school council O board O other Number of: students 200 Male Students 100 Female Students 100 |
| MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO OFÉS (SEE PROCEDURE 09.36 AP. 212.) O CERTIFICATED COMMON CARRIER; SPECIFY |
| O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) |
| Pablo Sanchez, Anathy Holloway, Sara Addison Chassieles Chapters February Tolloway, Sara Addison |
| CLASSIFIED CHAPERONES Tocho Loringer |
| Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? O'Yes O No Have all students been notified of the rules and regulations regarding acceptable behavior? O'Yes O No How have they been notified? Flier Senior reef; as Signature of Faculty Sponsor Date Signature of Principal |
| EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been O approved O 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: