

School-Related Student Trip Request Form

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

SCHOOL: CCPS ELEM. MS & HS STUDENTS FACULTY MEMBER(S) SPONSORING TRIP: FELICIA CHAPMAN / JASON WILSON

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: RUPP ARENA ADDRESS: 432 W. VINE ST. LEXINGTON KY 40507 PHONE: 859.233.4567

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

DATE(S) OF TRIP: APRIL 20, 2022 DEPARTURE TIME: 5:00 AM RETURN TIME: 10:00PMPURPOSE/EDUCATIONAL VALUE: TO ATTEND STLP STATE COMPETITION IN LEXINGTON, KY @ RUPP AREA. TO ALLOW STUDENTS TO COMPETE IN THE STATE COMPETITION FOR STLP.WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) TO UTILIZE ACTIVITIES OF STLP AS AN INTEGRAL COMPONENT OF COURSE AND LEADERSHIP IN TECHNOLOGY.SOURCE OF FUNDING FOR TRIP: DISTRICTAMOUNT OF STUDENT FEE: n/a

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: 32 MALE STUDENTS: 15 FEMALE STUDENTS: 17MODE 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 APPROXIMATELY 8 CERTIFIED PERSONNEL, REPRESENTING 4 DIFFERENT CCPS SCHOOLS.CLASSIFIED CHAPERONES APPROXIMATELY 1 CLASSIFIED PERSONNEL, REPRESENTING 1 CCPS SCHOOLHave 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? Local School

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:

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 FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP Ms G

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 Jeffers Bend Environmental CenterADDRESS 450 Metcalfe Lane Hopkinsville Ky 42240PHONE 270-885-5600 / 270 887-3682

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

DATE(S) OF TRIP 04-22-22 DEPARTURE TIME 8:00 RETURN TIME 3:20PURPOSE/EDUCATIONAL VALUE Painting Community Mural at Jeffers Bend

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

SOURCE OF FUNDING FOR TRIP N/AAMOUNT 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 30 MALE STUDENTS 15 FEMALE 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 Paula GiesekeCLASSIFIED CHAPERONES Monica HollowayHave 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? Code of Acceptable BehaviorPaula Gieseke

Signature of Faculty Sponsor

03-22-22

Date

Matt 581

Signature of Principal

3/23/22

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 _____Chris Gandy

Signature of Superintendent/Designee

3-29-22

Date

Tom Bell "Kno"

Signature of Board Chair

3-29-22

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 approved

School-Related Student Trip Request Form

CCHS

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

SCHOOL * Christian County FACULTY MEMBER(S) SPONSORING TRIP Robert Cruz
Jackie WilliamsTYPE OF TRIP (CHECK ALL THAT APPLY): High School
☐ Over 300 miles ☐ Under 300 miles ☐ Co curricular ☐ Extracurricular
☒ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION Plaza Marañon ADDRESS _____ PHONE-DESTINATION _____
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP April, 22, 22 DEPARTURE TIME 8:05 RETURN TIME 3:15 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 SAF World Language Club.
40 Cultural product and practices
Participation in cultural interaction.

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 _____ 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 2

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 ☐ No

How have they been notified? _____

X [Signature]

Faculty/Sponsor Signature

X [Signature]

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____
Unzinger
Tom Bell "Horse"

3-29-22

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

Emergency approved

. STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Christian County High FACULTY MEMBER(S) SPONSORING TRIP Kiki Radford
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 Bethel University ADDRESS 325 Cherry Avenue PHONE (231) 697-1284
☒ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Bethel University Student Dorms

DATE(S) OF TRIP June 12-14, 2022 DEPARTURE TIME 3:00pm RETURN TIME 11:00pm

PURPOSE/EDUCATIONAL VALUE Student Basketball Team Camp

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 ☐ OTHER

NUMBER OF: STUDENTS 12 MALE STUDENTS 0 FEMALE STUDENTS 12

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 Kiki Radford, Erica Gordian, David Brown

CLASSIFIED CHAPERONES Ashley Smith

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? Player Signed Expectation Form

Kiki Radford
Signature of Faculty Sponsor

3/23/22
Date

AC Malone
Signature of Principal

3-23-22
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

Christy Gorge
Signature of Superintendent/Designee

3-23-2022
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 TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**

SCHOOL

FACULTY MEMBER(S) SPONSORING TRIP Benjamin Stephens

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 Western Ky University

ADDRESS

PHONE-DESTINATION _____

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

DATE(S) OF TRIP 4/12/22DEPARTURE TIME 9:00 AMRETURN TIME 3:30 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE District Vocal Assessment Performance

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

SOURCE OF FUNDING FOR TRIP To be billed to HS Choir DAF

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 85MALE STUDENTS 25FEMALE STUDENTS 60MODE OF TRANSPORTATION: BUS 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 BEN STEPHENS, CHARLOTTE WILHELM, CJ WILHELM

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? Letters home, and review of travel expectations

X 

Faculty/Sponsor Signature

X 

Principal Signature

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

X 

Signature of Superintendent/Designee

Tom Bell "Kno" 3-15-22

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

Emergency approval

SchoolRelated Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**

SCHOOL _____	FACULTY MEMBER(S) SPONSORING TRIP <u>Benjamin Stephens</u>
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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 Western Ky University

ADDRESS _____

PHONE-DESTINATION _____

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

DATE(S) OF TRIP <u>4/13/22</u>	DEPARTURE TIME <u>9:00 AM</u>	RETURN TIME <u>3:30 PM</u>
START END	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE <u>District Vocal Assessment Performance</u>		
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____		
SOURCE OF FUNDING FOR TRIP <u>To be billed to HS Choir DAF</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 30 MALE STUDENTS 10FEMALE 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 BEN STEPHENS, CHARLOTTE WHILHELM

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? Letters home, and review of travel expectations

X 

Faculty/Sponsor Signature

X 

Principal Signature

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

X 

Signature of Superintendent/Designee

Ton Bell "xme" 3-15-22

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

"Emergency approval"

. STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Sheri Hancock

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 Male High School ADDRESS 4409 Preston Hwy PHONE 502-712-3390

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

DATE(S) OF TRIP 3-25 to 3-26 DEPARTURE TIME 5:30 P.M. Fri RETURN TIME 9:00 P.M. Sat

PURPOSE/EDUCATIONAL VALUE Athletics

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

SOURCE OF FUNDING FOR TRIP CCHS Softball Boosters

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 16 MALE STUDENTS _____ FEMALE STUDENTS 16

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 Sheri Hancock

CLASSIFIED CHAPERONES Jason Crick Bryan Shaw

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? writing

Sheri Hancock
Signature of Faculty Sponsor

3-11-22
Date

Matt [Signature]
Signature of Principal

3/16/22
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

3-16-2022
Date

Don Bell "uncle"
Signature of Board Chair

3-17-22
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

SchoolRelated Student Trip Request Form

SCHOOL _____ SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
 TYPE OF TRIP _____

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

DESTINATION John Hardin ADDRESS 384 W A Jenkins PHONE 270-769-8906

☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Super 8 2028 N. Mulberry Street, Elizabethtown, Ky. 42701

DATE(S) OF TRIP 4-8-22 DEPARTURE TIME 4:15 am RETURN TIME 4-9-22 @ 10:00 pm

PURPOSE/EDUCATIONAL VALUE Softball Tournament

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

SOURCE OF FUNDING FOR TRIP ~~Softball Tournament~~

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 17 MALE STUDENTS 1 FEMALE STUDENTS 16

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 Tara Toliver

CLASSIFIED CHAPERONES ANadia McCoy

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? Verbal + signed agreement

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 Chris Jones

Date 3-30-2022

Signature of Board Chair Tom Bell "Mike"

Date 3-30-22

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

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

School Related Student Trip Request Form

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

SCHOOL GATEWAY

FACULTY MEMBER(S) SPONSORING TRIP Robert Lee**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 Crowne PlazaADDRESS Louisville, KY

PHONE-DESTINATION _____

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

DATE(S) OF TRIP Apr 13-16DEPARTURE TIME 9:00AMRETURN TIME 1:00 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Required CTSO competition, Robotics trainingWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
_____SOURCE OF FUNDING FOR TRIP Perkins and VOC Fund 1

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 2 MALE STUDENTS 2 FEMALE STUDENTS 0MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY Enterprise☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones 1 ~ ROBERT LEE

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 and Parent meetingX

Faculty/Sponsor Signature

X

Principal Signature

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

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

School Related Student Trip Request Form

SCHOOL GATEWAY ACADEMY

FACULTY MEMBER(S) SPONSORING TRIP Jennifer McCain

TYPE OF TRIP (CHECK ALL THAT APPLY):

Over 300 miles ☐ Under 300 miles ☒

X Co curricular

Extracurricular

X Classroom Field Trip

Organization/Club Trip

Other (athletic, band, if applicable)

DESTINATION Millbrooke ADDRESS 415 Millbrooke Dr/434 PHONE-DESTINATION 270-887-7270
Elementary/Hopkinsville Middle Koffman Dr.. Hopkinsville
School

Out of State

Out of County

X Within County

Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 04/12/22DEPARTURE TIME 8:40amRETURN TIME 2:30pm

START END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE The Teaching and Learning scholars will observe real-world interactions in an actual classroom at Millbrooke Elementary. As part of the Teaching and Learning pathway, the scholars need to see the daily expectations of teachers as well as the daily routines of a classroom with public school students.

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

The Teaching and Learning pathway allows the scholars to explore the education profession. Valuable field experiences such as these allow the scholars to see what will be expected of them as a teacher: from lesson plan delivery to classroom management to supervision during lunch.

SOURCE OF FUNDING FOR TRIP _____

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

SUBMIT THIS FORM TWO (2) WEEKS PRI

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

NUMBER OF: STUDENTS 17 MALE STUDENTS 2 FEMALE 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 2

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? in writing

X

Jennifer McCain

Faculty/Sponsor Signature

X

Alicia K. Lancaster

Principal Signature

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

X

Chris Zentgraf

Signature of Superintendent/Designee

Tom Bell 'Kmer' 4-11-22

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

Emergency approved