SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. School: Christian Co. HS FACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI/V. MOHON Type of Trip (check one): Over 300 miles □ Under 300 miles □ Cocurricular □ Extracurricular □ Classroom Field Trip Address: 937 Phillips Ln., Louisville, Ky DESTINATION: KENTUCKY FAIR & EXPO CENTER PHONE: 270-839-2948 □ Out of State \ Out of County □ Within County □ Overnight: give name, address, phone of lodging DATE(S) OF TRIP: 2-16-23 DEPARTURE TIME: 7:00 A.M. RETURN TIME: 6:00 PM Purpose/Educational Value: Students see the latest equipment and are rewarded for FFA efforts in ffa WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETC) Source of funding for trip: CCHS 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 □ OTHER Number of: students 25 MALE STUDENTS: 13 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 JACOB JAWORSKI/VICTORIA MOHON 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? Date

Doler + Brun 1/9/2023

Signature of Principal

Date Signature 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 approved □ disapproved. Reason for disapproval 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.

RELATED PROCEDURES:

Signature of Board Chair

School-Related Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. Sheri SCHOOL FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): Under 300 miles ☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable Park DESTINATION G-1904 GOSSINGS ADDRESS GEOGGETOWN PHONE Overnight: give name, address, phone of ☐ Out of State Out of County ☐ Within County lodging DEPARTURE TIME 5.00 DATE(S) OF TRIP AOC. PURPOSE/EDUCATIONAL VALUE 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 MALE STUDENTS FEMALE STUDENTS 15 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO WYES (SEE PROCEDURE 09.36 AP. 212.)□ CERTIFICATED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) shes Hancock CERTIFIED CHAPERONES

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

Date

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

Have all students been notified of the rules and regulations regarding

How have they been notified? WO to 9 To porson

Frip has been approved disapproved. Reason for disapproval	The state of the s
Signature of Superintendent/Pesignee	1-17-2027
Signature of Superintendent/Designee	Date
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintender	nt and/or Board may be required by policy 09.36

Related Procedures:

students? XYes I No

acceptable behavior? N Yes No

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

Review/Revised:11/21/13

Date

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 School Faculty Member(s) sponsoring trip: M. Wyatt, J. Jaworksi, V
<u>Mohon</u>
Type of Trip (check one):
□ Over 300 miles X Under 300 miles X Cocurricular □ Extracurricular □ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION: CHRISTIAN COUNTY EXTENSION OFFICE
Address: 2850 Pembroke road Hopkinsville, Kentucky 42240
PHONE: (270-886-6328)
□ Out of State □ Out of County X Within County
□Overnight: give name, phone number, and address of lodging
Not an overnight trip
DATE(S) OF TRIP: 3/7/2023
DEPARTURE TIME: 11:45 AM on 3/7/2023 RETURN TIME: 1:30 P.M. on 3/7/2023
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIA COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.
What standard is being addressed by taking this trip? (Does not apply to athletic trips.)
SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETC.
Source of funding for trip: CCHS FFA SAF
AMOUNT OF STUDENT FEE: \$0
No student shall be denied the trip because of an inability to pay.
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
Number of: students 2 Male Students 1 Female Students 1 Mode of Transportation: is district transportation needed? X no yes (see procedure 09.36 ap. 212.)
X CERTIFICATED COMMON CARRIER; SPECIFY CCHS VAN
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONES MATTEA WYATT, JAKE JAWORSKI, OR VICTORIA MOHON
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee supervise students? X Yes □ No
Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No
How have they been notified? Code of Acceptable Behavior, Permission Slip 1/01400 1/101401 1-4-23 Power Brune 1/5/23
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOAR APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been papproved disapproved. Reason for disapproval
[m. Zenty] 1-5-2020
Signature of Superintendent/Designee Date

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

Date

RELATED PROCEDURES:

Signature of Board Chair

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
School: Christian County High School Faculty Member(s) sponsoring trip: M. Wyatt, J. Jaworksi,	V.
Mohon	
Type of Trip (check one):	
□ Over 300 miles X Under 300 miles X Cocurricular □ Extracurricular □ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable	
DESTINATION: CHRISTIAN COUNTY EXTENSION OFFICE	
Address: 2850 Pembroke road Hopkinsville, Kentucky 42240	
PHONE: (270-886-6328)	
□ Out of State □ Out of County X Within County	
□Overnight: give name, phone number, and address of lodging	
Not an overnight trip	
DATE(S) OF TRIP: 2/7/2023	
DEPARTURE TIME: 11:45 AM on 2/7/2023 RETURN TIME: 1:30 P.M. on 2/7/2023	
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRIST COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.	<u>IAN</u>
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, e	TC
Source of funding for trip: CCHS FFA SAF	
AMOUNT OF STUDENT FEE: <u>\$0</u>	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION \Box SCHOOL COUNCIL \Box BOARD \Box OTHE	R
Number of: students $\underline{2}$ Male Students $\underline{1}$ Female Students $\underline{1}$	
Mode of Transportation: is district transportation needed? X no ☐ YES (SEE PROCEDURE 09.36 AP. 212.) X CERTIFICATED COMMON CARRIER; SPECIFY <u>CCHS Van</u>	
□ Private vehicle, if allowed by policy; specify driver(s)	
CERTIFIED CHAPERONES MATTEA WYATT, JAKE JAWORSKI, OR VICTORIA MOHON	
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the principal/designed supervise students? X Yes □ No	e to
Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No	
How have they been notified? Code of Acceptable Behavior, Permission Slip	
1 1 that 1-4-23 pour bleen 1/5/23	
Signature of Faculty Sponsor Date Signature of Principal Date	
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOA APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO	ARD ON
Trip has been papproved disapproved. Reason for disapproval	_
(lungraph 1-5-2-23	
Signature of Superintendent/Designee Date	
Signature of Roard Chair 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.	
For overlingin and/or out-or-state trips, approval of the superintendent and/or board may be required by poney of sol	

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP:M. WYATT, J. JAWORKSI, V.
Mohon
Type of Trip (check one):
□ Over 300 miles X Under 300 miles X Cocurricular □ Extracurricular □ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION: CHRISTIAN COUNTY EXTENSION OFFICE
Address: 2850 Pembroke road Hopkinsville, Kentucky 42240
PHONE: (270-886-6328
□ Out of State □ Out of County X Within County
□Overnight: give name, phone number, and address of lodging
Not an overnight trip
DATE(S) OF TRIP: <u>5/2/2023</u>
DEPARTURE TIME: 11:45 AM on 5/2/2023 RETURN TIME: 1:30 P.M. on 5/2/2023
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN
COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.
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: <u>CCHS FFA SAF</u>
AMOUNT OF STUDENT FEE: <u>\$0</u>
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION \Box SCHOOL COUNCIL \Box BOARD \Box OTHER
Number of: students <u>1</u>
Mode of Transportation: is district transportation needed? X no ☐ yes (see procedure 09.36 ap. 212.) X Certificated common carrier; specify <u>CCHS Van</u>
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONES MATTEA WYATT, JAKE JAWORSKI, OR VICTORIA MOHON
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes □ No
Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No
How have they been notified? Code of Acceptable Behavior, Permission Slip Code of Acceptable Behavior, Permission Slip Code of Acceptable Behavior, Permission Sl
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARI
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval
11 7 51
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:

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
School: Christian County High School Faculty Member(s) sponsoring trip:M. Wyatt, J. Jaworksi, V.
Mohon
Type of Trip (check one):
□ Over 300 miles □ Classroom Field Trip X Under 300 miles X Cocurricular □ Other (athletic, band, if applicable □ Other (applicable Classroom Field Trip Classroom Field Trip □ Other (applicable Classroom Field Trip Cl
DESTINATION: CHRISTIAN COUNTY EXTENSION OFFICE
Address: 2850 Pembroke road Hopkinsville, Kentucky 42240
PHONE: (270-886-6328
□ Out of State □ Out of County X Within County
□Overnight: give name, phone number, and address of lodging
Not an overnight trip
DATE(S) OF TRIP: 4/4/2023
DEPARTURE TIME: 11:45 AM on 4/4/2023 RETURN TIME: 1:30 P.M. on 4/4/2023
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN
COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETC
Source of funding for trip: CCHS FFA SAF
AMOUNT OF STUDENT FEE: <u>\$0</u>
No student shall be denied the trip because of an inability to pay.
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER
Number of: students <u>1</u> Female Students <u>1</u>
Mode of Transportation: is district transportation needed? X no ☐ yes (see procedure 09.36 ap. 212.) X Certificated common carrier; specify <u>CCHS Van</u>
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONES MATTEA WYATT, JAKE JAWORSKI, OR VICTORIA MOHON
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes □ No
Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No
How have they been notified? Code of Acceptable Behavior, Permission Slip
Signature of Faculty Sponsor Date 1-4-23 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 papproved disapproved. Reason for disapproval
α
1-5-2029
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.

510	School-l	Related Student Trip Request Form	05.00111.121
		THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	8
	HOOL CCMS PE OF TRIP (CHECK ONE):	FACULTY MEMBER(S) SPONSORING TRIP Steph	anie Eastes
™ DES	Over 300 miles Und	der 300 miles	59-733-45707
DAT	TE(S) OF TRIP 11823-12	20 23 DEPARTURE TIME 8 000 118 RETURN TIME	
		R. Beta Club State Convention	
Sou	erforming arts US	ressed by taking this trip? (Does not apply to such arts, public speaking leams to fund asserts, student fees	duship
	NO STUDENT SHA	ALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY	•
BIL	L TRIP EXPENSES TO: TSPONSOR	ORING ORGANIZATION SCHOOL COUNCIL BOA	RD OTHER
Nu	MBER OF: STUDENTS/5	MALE STUDENTS 6 FEMALE STUDENTS	9
	DIDE OF TRANSPORTATION: IS DIST 212.)□ CERTIFICATED COMMON	STRICT TRANSPORTATION NEEDED? IN NO VES (SEE N CARRIER; SPECIFY	
	☐ PRIVATE VEHICLE, IF	F ALLOWED BY POLICY; SPECIFY DRIVER(S)	
CEI	RTIFIED CHAPERONES Step	phanie Eastes	
CL	ASSIFIED CHAPERONES	,	
stuc acc	ve all chaperones undergone the redents? Ves No eptable behavior? Yes No No Variety Yes No Ye	required records check and been designated by the principal/d Have all students been notified of the rules and re How have they been notified? <u>Newbol Communication</u> 12/10/22 Date Signature of Principal	egulations regarding
EM	IERGENCY REQUESTS DUE	E TO UNFORSEEN CIRCUMSTANCES THAT MAKI ULD ALSO HAVE THE SIGNATURE OF THE BOARI	E PRIOR BOARD
Trip	p has been □ approved □ disappro	roved. Reason for disapproval	
	Signature of Superintendent/I	A MARTIN CONTRACTOR OF THE CON	
	Signature of Board Chair	Da trips, approval of the Superintendent and/or Board may be required	150
Re	elated Procedures: 09.36 AP.211, 09.36 AP.2	Unerguney approved 212, 09.36 AP.23	
# # # # # # # # # # # # # # # # # # #		Review/I	Revised:11/21/13
*overnight		5-GLO BEST WESTERN 1935 Stanton Way	
Pa	ge 1 of 1	S-GLO BEST WESTERN 1935 Stanton Way Uxington, KY 40511 859-554-8854	
		021-224-8854	

0 0	SUBMIT THIS I	FORM TWO (2) WEEK	S PRIOR TO TAKIN	IG THE TRIP	
SCHOOL GATEWAY ACADEMY	F	ACULTY MEMBER(S) SPONSORING TR	IP Dawn Ray	
Type of Trip (check ALL	THAT APPLY):			Aug	
	Under 300 miles		☐ Co curricula	r 🗆 Extracur	riovlo-
☐ Classroom Field Trip	X Organiza	ation/Club Trip		athletic, band, if	
DESTINATION		Ess Crowne Plaza			аррисавіе) DN <u>502-367-2251</u>
☐ Out of State X Ou		Within County	X Overnight	give name addra	ss, phone of lodging
			Crowne I	PLAZA 830 PHILLI	es, phone of lodging PS LANE LOUISVILLE KY
DATE(s) OF TRIP <u>3/23-3/25</u>		DEPARTURE TIME	2pm	RETURN TIME 3/	
Start 3/	2112 3/23	(SELECT AM OR PM	FROM DROPPOWER		PR PM FROM DROPDOWN)
Purpose/Educational Val	UE State competition	n for HOSA memb	ers		A 2 1/2 PROM DROPDOWN)
WHAT STANDARD IS BEING AD	DRESSED BY TAKING	THIS TRIP? (DOES N	OT APPLY TO ATH	LETIC TRIPS.)	
Source of funding for trii	HOSA SAF				
		No. 100	-		
BILL TRIP EXPENSES TO: X S	NO STUDENT SHALL	BE DENIED THE TRI	BECAUSE OF AN	INABILITY TO PAY.	
BILL TRIP EXPENSES TO: X S NUMBER OF: STUDENTS 9	M C	ATION LI SCHOOL			
Mode of Transportation:	MALE ST			STUDENTS 9	
CERTIFICATED CO	IS DISTRICT TRAN	SPORTATION NEEDEL	? □ NO ∑	YYES (SEE PROCED	URE 09.36 AP. 212.)
PRIVATE VEHICLE	WINON CARRIER; SPE	CIFY En CEP	ise		
☐ PRIVATE VEHICLE Certified chaperones Dawn F	, IF ALLOWED BY POI	LICY; SPECIFY DRIVE	ER(S)		
Classified chaperones SAM C					
Have all chaperones undergo					gnee to supervise students
Have all students been notific	ed of the rules and r	egulations regarding	1g acceptable be	havior?	Yes □ No
How have they been notified	? in person & writte	en en	-g weeptable be	davior:	Yes □ No
X Dawita		X	enny Dni	gut	_
Faculty/Sponsor Signature		Principal	Signature		
Trip has been approved □ dis	approved. Reason for	disapproval			
× Um	mifing				
Signature of Supe	rintendent/D	esignee			
or overnight and/or out-of-state trips	s, approval of the Superi	ntendent and/or Board	may be required by n	policy 09 36	25

SCHOOL: HHS	FACULTY MEMBER SPONSORING TRIP: DILLAM Stalle
TYPE OF TRIP (CHECK ONE):	
	ler 300 miles O Co-curricular O Extracurricular anization/Club Trip O Other (athletic, band, if applicable)
	Address Chiny Exico Phone Ma
	nty O Within County O Overnight: give name, address, phone of
lodging	by O within county O Overnight, give hame, address, phone of
DATE(S) OF TRIP 4-19-23	DEPARTURE TIME 7:30 AM RETURN TIME 4 PM
Purpose/Educational Value <u>(</u>	ween Development in all Pathways
all parmireup anil	ESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip H	
AMOUNT OF STUDENT FEE: \$_ M	1
No student shal	LL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSOR	ING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER
Number of: students 40	MALE STUDENTS TBA FEMALE STUDENTS TBA
MODE OF TRANSPORTATION: IS DIST	RICT TRANSPORTATION NEEDED? O NO OYES (SEE PROCEDURE 09.36 AP. 212.) CARRIER; SPECIFY
O Private vehicle, if allo Certified chaperones \(\mathcal{U}\)	wed by policy; specify driver(s)
CLASSIFIED CHAPERONES MA	
Have all chaperones undergone the rec	uired records check and been designated by the principal/designee to supervise
students? OYes O No	Have all students been notified of the rules and regulations regarding
acceptable behavior? OYes O No	How have they been notified? <u>Form</u>
Juli Dillian	
Signature of Faculty Sponsor	Date Signature of Principal Date
EMERGENCY REQUESTS DUE TAPPROVAL IMPOSSIBLE SHOUL	O UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD LD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been Sapproved O disapprov	ed. Reason for disapproval
	,
Ministr	1-12-2-203
Signature of Superintentient/The	signee Date
Signature of Board Chair	Date
	s, approval of the Superintendent and/or Board may be required by policy 09.36.
The state of the s	The state of the s

RELATED PROCEDURES:

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

	SCHOOL: HES FACULTY MEMBER SPONSORING TRIP: Wam Stale Type of Trip (CHECK ONE):
	O Over 300 miles
	O Out of State Out of County O Within County O Overnight: give name, address, phone of lodging
100 P.	PURPOSE/EDUCATIONAL VALUE READERS DEPARTURE TIME 7:30 AM RETURN TIME 4:30 PM
	WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
	Source of funding for trip Hay
	AMOUNT OF STUDENT FEE: \$_Mq
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER
	Number of: students 25 Male Students Female Students
cetts has requested bus	MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO VES (SEE PROCEDURE 09.36 AP. 212.) O CERTIFICATED COMMON CARRIER; SPECIFY
bus	O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES SILLIAM, SALLOW, CCHS Ag
	CLASSIFIED CHAPERONES MA
(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? How have they been notified? Signature of Faculty Sponsor Date Signature of Principal 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 O disapproved. Reason for disapproval
	1-29 Can
	Chan Redal 12-29-20"
	Signature of Superintenden 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

SCHOOL: AHS	FACULTY MEMBER SPONSORING TRIPE 2 HOUM Stallow
TYPE OF TRIP (CHECK ONE):	
O Over 300 miles	nder 300 miles O Co-curricular O Extracurricular
0	ganization/Club Trip O Other (athletic, band, if applicable)
DESTINATION HOWSVILL KY	ADDRESS Freedom Hall PHONEMA
O Out of State Out of Con	•
lodging	7.044
DATE(S) OF TRIP 2 - 16 - 23	DEPARTURE TIME 7/4/1/2 RETURN TIME 7/9/1
PURPOSE/EDUCATIONAL VALUE	
all ag Power, grea	
SOURCE OF FUNDING FOR TRIP	000000 HHS Ag or LAVEC
AMOUNT OF STUDENT FEE: \$	0
No student sh	ALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSO	DRING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER
Number of: students 25	MALE STUDENTS TBA FEMALE STUDENTS TBA
MODE OF TRANSPORTATION: IS DIS	STRICT TRANSPORTATION NEEDED? O NO O YES (SEE PROCEDURE 09.36 AP. 212.)
O CERTIFICATED COMMO	n carrier; specify Shanney bus w/ CCHS
	OWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES	Iliam or Stallono Calts Ag Teacher
CLASSIFIED CHAPERONES 10	
Have all chaperones undergone the r students? • Yes O No acceptable behavior? • Yes O No	equired records check and been designated by the principal/designee to supervise Have all students been notified of the rules and regulations regarding How have they been notified? Form
Juli (Dilliam)	1110123 / andy/ 1/20101 1-12-2023
Signature of Faculty Sponsor	Date Signature of Principal Date
EMERGENCY REQUESTS DUE APPROVAL IMPOSSIBLE SHO	TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD ULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON oved. Reason for disapproval
The Books of the Community of the Commun	
Man	mul 12-63-2013
Signature of Superintendent	
Signature of Supermentation	2 Me
G' (P -1Cl-)	Dete
Signature of Board Chair	Date rips, approval of the Superintendent and/or Board may be required by policy 09.36.
FOF Overnight who out-of-state th	ips, approval of the Superimenaem and or Dourd may be required by poncy 07.50.

RELATED PROCEDURES:

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

SCHOOL: HHS	FACULTY MEMBER SPONSORING TRIP: William
TYPE OF TRIP (CHECK ONE):	The state of the s
O Classroom Field Trip O Or	der 300 miles O Co-curricular O Extracurricular ganization/Club Trip O Other (athletic, band, if applicable)
	INIVERSITE PHONE PHONE
lodging	anty O Within County O Overnight: give name, address, phone of
	DEPARTURE TIME 7PM RETURN TIME 7PM
PURPOSE/EDUCATIONAL VALUE	umpus Tour College Farm Tours
WHAT STANDARD IS BEING ADD College Placement Source of Funding For Trip	RESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) Exposing Libs to unknown programs Perlans
AMOUNT OF STUDENT FEE: \$ -	Ð
	LL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSO	
	MALE STUDENTS TBH FEMALE STUDENTS TBH
MODE OF TRANSPORTATION: IS DIS	TRICT TRANSPORTATION NEEDED? O NO O YES (SEE PROCEDURE 09.36 AP. 212.) V. CARRIER; SPECIFY V. P. V.
O PRIVATE VEHICLE, IF ALL CERTIFIED CHAPERONES	OWED BY POLICY; SPECIFY DRIVER(S)
CLASSIFIED CHAPERONES	
Have all chaperones undergone the restudents? O Yes O No acceptable behavior? O Yes O No Signature of Faculty Sponsor	quired records check and been designated by the principal/designee to supervise Have all students been notified of the rules and regulations regarding How have they been notified? 1 0 23
EMERGENCY REQUESTS DUE APPROVAL IMPOSSIBLE SHOU	TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD LD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been O approved O disappro	ved. Reason for disapproval
Signature of Superintendental	esignee Date
Signature of Board Chair	Date
r or overnight and/or out-of-state tri	os, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

 $09.36 \; AP.211, \, 09.36 \; AP.212, \, 09.36 \; AP.23$

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Hopkinsville High FACULTY MEMBER(S) SPONSORING TRIP Anthony Babb 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 Louisville, KY ADDRESS 1530 Alliant AVC PHONE 502-297-8064 Out of State Out of County Within County Overnight: give name, address, phone of lodging Allian GOUSVIILE GAST 502-297-8066
DATE(S) OF TRIP Dec 27-29, 2022 DEPARTURE TIME an RETURN TIME 7 pm PURPOSE/EDUCATIONAL VALUE Bas ket ball Tournament
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: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER
NUMBER OF: STUDENTS 16 MALE STUDENTS 16 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)
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES Anthony Babb, Jordan Majors, Parius Knott Mike Mumford
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? We have all students been notified of the rules and regulations regarding acceptable behavior? We have they been notified? Signature of Faculty Sponsor 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
Clarifup 12.25-war
Signature of Superintendent/Designee Date Signature of Roard Chair Signature of Roard Chair
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.
2 of 5.72 mg. and of our of state arps, approval of the superintendent under Double integrated by portey 07/30.

Related Procedures:

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

Review/Revised:11/21/13

Emergoney approved