

**School-Related Student Trip Request Form**

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
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SCHOOL: CHRISTIAN CO. HSFACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI/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: KENTUCKY FAIR & EXPO CENTERADDRESS: 937 PHILLIPS LN., LOUISVILLE, KYPHONE: 270-839-2948

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

DATE(S) OF TRIP: 2-16-23DEPARTURE TIME: 7:00 A.M.RETURN TIME: 6:00 PMPURPOSE/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 FFAAMOUNT OF STUDENT FEE: \$0

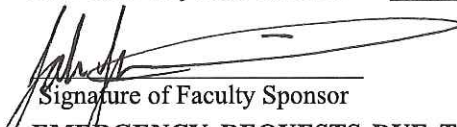
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      ☐ OTHERNUMBER OF: STUDENTS 25MALE STUDENTS: 13FEMALE STUDENTS: 12MODE 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 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

  
 Signature of Faculty Sponsor

1/9/22  
 Date

  
 Signature of Principal

1/9/2023  
 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

1-12-23  
 Date

Signature of Board Chair

Date

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

RELATED PROCEDURES:

**School-Related Student Trip Request Form**

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

SCHOOL CHS 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 Great Crossings Park ADDRESS Georgetown Ky PHONE \_\_\_\_\_

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

DATE(S) OF TRIP April 28-29 DEPARTURE TIME 5:00 P.M. Fri. Night RETURN TIME 10:00 Sat. Night

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    ☐ OTHERNUMBER OF: STUDENTS 15 MALE STUDENTS \_\_\_\_\_ 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 Sheri HancockCLASSIFIED CHAPERONES Michelle Reed, Regan Hancock, Jason Cook

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, In person

Sheri Hancock  
 Signature of Faculty Sponsor

1-12-23  
 Date

Matt Hill  
 Signature of Principal

1/12/23  
 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 Jurek  
 Signature of Superintendent/Designee

1-17-2023  
 Date

Signature of Board Chair

Date

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

Related Procedures:

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

Review/Revised:11/21/13



**School-Related Student Trip Request Form**

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: M. WYATT, J. JAWORSKI, 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 EXTENSION OFFICEADDRESS: 2850 PEMBROKE ROAD HOPKINSVILLE, KENTUCKY 42240PHONE: (270- 886-6328)

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

Not an overnight tripDATE(S) OF TRIP: 3/7/2023DEPARTURE TIME: 11:45 AM ON 3/7/2023 RETURN TIME: 1:30 P.M. ON 3/7/2023PURPOSE/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 SAFAMOUNT 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 2      MALE STUDENTS 1      FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO      ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ 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 to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Acceptable Behavior, Permission SlipMattea Wyatt  
Signature of Faculty Sponsor1-4-23  
DatePaul A. Brum  
Signature of Principal1/5/23  
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 Bantz  
Signature of Superintendent/Designee1-5-2023  
Date\_\_\_\_\_  
Signature of Board Chair\_\_\_\_\_  
Date

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

RELATED PROCEDURES:

**School-Related Student Trip Request Form**

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: M. WYATT, J. JAWORSKI, 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 EXTENSION OFFICEADDRESS: 2850 PEMBROKE ROAD HOPKINSVILLE, KENTUCKY 42240PHONE: (270- 886-6328)

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

Not an overnight tripDATE(S) OF TRIP: 2/7/2023DEPARTURE TIME: 11:45 AM ON 2/7/2023 RETURN TIME: 1:30 P.M. ON 2/7/2023PURPOSE/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 SAFAMOUNT 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 2      MALE STUDENTS 1      FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO      ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ 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 to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Acceptable Behavior, Permission Slip

Mattea Wyatt      1-4-23      Robert A. Baker      1/5/23  
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Christy Zingel</u> Signature of Superintendent/Designee	<u>1-5-2023</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:



**School-Related Student Trip Request Form**

<b>SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.</b>
--

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: M. WYATT, J. JAWORSKI, 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 EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE ROAD HOPKINSVILLE, KENTUCKY 42240

PHONE: (270- 886-6328)

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

Not an overnight trip

DATE(S) OF TRIP: 5/2/2023

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: 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: ☒ SPONSORING ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      ☐ OTHER

NUMBER OF: STUDENTS 2      MALE STUDENTS 1      FEMALE STUDENTS 1

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

☒ 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 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? Code of Acceptable Behavior, Permission Slip

Mattea Wyatt  
Signature of Faculty Sponsor

1-4-23  
Date

Donna A. B. B.  
Signature of Principal

1/5/23  
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 Z...  
Signature of Superintendent/Designee

1-5-23  
Date

\_\_\_\_\_  
Signature of Board Chair

\_\_\_\_\_  
Date

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

RELATED PROCEDURES:

**School-Related Student Trip Request Form****SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: M. WYATT, J. JAWORSKI, 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 EXTENSION OFFICEADDRESS: 2850 PEMBROKE ROAD HOPKINSVILLE, KENTUCKY 42240PHONE: (270- 886-6328)

- ☐ Out of State      ☐ Out of County      ☒ Within County  
☐ Overnight: give name, phone number, and address of lodging  
Not an overnight trip

DATE(S) OF TRIP: 4/4/2023DEPARTURE TIME: 11:45 AM ON 4/4/2023 RETURN TIME: 1:30 P.M. ON 4/4/2023PURPOSE/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, ETCSOURCE OF FUNDING FOR TRIP: CCHS FFA SAFAMOUNT 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 2      MALE STUDENTS 1      FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO      ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ 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 to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Acceptable Behavior, Permission Slip

Mattea Wyatt      1-4-23      Dale A. Burkum      1/5/23  
 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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris Zup</u> Signature of Superintendent/Designee	<u>1-5-2023</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:



**School-Related Student Trip Request Form**

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

SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP Stephanie Eastes

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 Central Bank Center Lexington, KY 40507 ADDRESS 430 WEST 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 11/18/23 - 1/20/23 DEPARTURE TIME 8:00am RETURN TIME afternoonPURPOSE/EDUCATIONAL VALUE Jr. Beta Club State Convention

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

performing arts, visual arts, public speaking, leadershipSOURCE OF FUNDING FOR TRIP Club fundraisers, student feesAMOUNT OF STUDENT FEE: \$50

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 15 MALE STUDENTS 6 FEMALE STUDENTS 9MODE 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 Stephanie Eastes

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? verbal communication

Signature of Faculty Sponsor Stephanie EastesDate 12/16/22Signature of Principal Megan HendryDate 12-16-22

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

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_Signature of Superintendent/Designee Ann JonesDate 12-20-2022Signature of Board Chair Tam BellDate 12-21-22

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

\*overnight accommodations - GLO BEST WESTERN  
1935 Stanton Way  
Lexington, KY 40511  
859-554-8854

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

SCHOOL GATEWAY ACADEMY

FACULTY MEMBER(S) SPONSORING TRIP Dawn Ray**TYPE OF TRIP (CHECK ALL THAT APPLY):**☒ Over 300 miles    ☐ Under 300 miles☐ Classroom Field Trip☒ Organization/Club Trip☐ Co curricular☐ Extracurricular☐ Other (athletic, band, if applicable)**DESTINATION**☐ Out of State☒ Out of County☐ Within CountyPHONE-DESTINATION 502-367-2251☒ Overnight: give name, address, phone of lodgingCROWNE PLAZA 830 PHILLIPS LANE LOUISVILLE KYDATE(S) OF TRIP 3/23-3/25DEPARTURE TIME 2pmRETURN TIME 3/25 3:00pm

START 3/23    END 3/25

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE State competition for HOSA membersWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
\_\_\_\_\_SOURCE OF FUNDING FOR TRIP HOSA SAF

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHER \_\_\_\_\_NUMBER OF STUDENTS 2MALE STUDENTS 0FEMALE STUDENTS 2

MODE 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 DAWN RAYClassified chaperones SAM CULTONHave 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    ☐ NoHow have they been notified? in person & writtenX Dawn Ray

Faculty/Sponsor Signature

X Penny Knight

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.



School-Related Student Trip Request Form

SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: William Stallons

TYPE OF TRIP (CHECK ONE):

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

DESTINATION MSU ADDRESS Cheney Expo PHONE n/a

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

DATE(S) OF TRIP 4-19-23 DEPARTURE TIME 7:30 AM RETURN TIME 4 PM

PURPOSE/EDUCATIONAL VALUE Career Development in all Pathways

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

all pathways animal-plant-ag power

SOURCE OF FUNDING FOR TRIP HHS Ag

AMOUNT OF STUDENT FEE: \$ n/a

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHER

NUMBER OF: STUDENTS 40 MALE STUDENTS TBA FEMALE STUDENTS TBA

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

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

CERTIFIED CHAPERONES William Stallons

CLASSIFIED CHAPERONES n/a

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? Form

Julie Gilliam  
 Signature of Faculty Sponsor

Date

Andy Conner  
 Signature of Principal

Date

1-12-2023

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 \_\_\_\_\_

Chris J...  
 Signature of Superintendent/Designee

Date

1-12-2023

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 FormSCHOOL: HHs FACULTY MEMBER SPONSORING TRIP: William Stallons

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 Caldwell Co HS ADDRESS Beckmer Ln PHONE 365-5353

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

DATE(S) OF TRIP 3-10-23 DEPARTURE TIME 7:30 AM RETURN TIME 4:30 PMPURPOSE/EDUCATIONAL VALUE Leadership Dev. Events Regional FFA

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

Leadership, Public Speaking, Career StandardsSOURCE OF FUNDING FOR TRIP AgAMOUNT 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 25 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 William, Stallons, CCHS AgCLASSIFIED CHAPERONES n/aHave 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? FormSignature of Faculty Sponsor Julia WilliamDate 1/10/22Signature of Principal Andy CampbellDate 1-12-2023

EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_Signature of Superintendent/Designee Ch. BeyerDate 1-23-23

Signature of Board Chair \_\_\_\_\_

Date 1-23-23For 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

SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: William Stallons  
 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: Louisville KY ADDRESS: Freedom Hall PHONE: n/a  
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP: 2-16-23 DEPARTURE TIME: 7AM RETURN TIME: 7PM

PURPOSE/EDUCATIONAL VALUE: National Farm Machinery  
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
all Ag Power, Roadship

SOURCE OF FUNDING FOR TRIP: HHS Ag or LAVEC

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 25 MALE STUDENTS TBA FEMALE STUDENTS TBA

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY Shannay bus w/ cdhs

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

CERTIFIED CHAPERONES: William or Stallons / cdhs Ag Teacher

CLASSIFIED CHAPERONES: n/a

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? Form

Julie William  
 Signature of Faculty Sponsor

11/10/23  
 Date

Andy Gigerlee  
 Signature of Principal

1-12-2023  
 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 \_\_\_\_\_

Alan Jorgel  
 Signature of Superintendent/Designee

1-12-2023  
1-25-2023  
 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 FormSCHOOL: HHSFACULTY MEMBER SPONSORING TRIP: Gillian

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 Kentucky State University ADDRESS 400E

PHONE \_\_\_\_\_

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

DATE(S) OF TRIP TBADEPARTURE TIME 7AMRETURN TIME 7PMPURPOSE/EDUCATIONAL VALUE Campus Tour / College Farm Tours

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

College Readiness, Exposing kids to unknown programsSOURCE OF FUNDING FOR TRIP PerkinsAMOUNT 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 6 MALE STUDENTS TBA FEMALE STUDENTS TBAMODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO    ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY VAN☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES Julia GilliamCLASSIFIED CHAPERONES naHave 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? FormJulia Gilliam  
Signature of Faculty Sponsor1/10/23  
DateAndy Goble  
Signature of Principal1-12-2023  
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 \_\_\_\_\_Chun J. J. J.  
Signature of Superintendent Designee1-12-2023  
Date\_\_\_\_\_  
Signature of Board Chair\_\_\_\_\_  
DateFor 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



STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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 Ave PHONE 502-297-8064

- ☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging Hilton Garden Inn Louisville East. - 502-297-8066

DATE(S) OF TRIP Dec. 27-29, 2022 DEPARTURE TIME 10am RETURN TIME 7pm

PURPOSE/EDUCATIONAL VALUE Basketball Tournament

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

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 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) \_\_\_\_\_

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? ☒ Yes ☐ No  
acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding  
How have they been notified?

Anthony Babb  
Signature of Faculty Sponsor

12-9-22  
Date

Cindy Capelle  
Signature of Principal

12-14-22  
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 \_\_\_\_\_

Clara J...  
Signature of Superintendent/Designee 12-25-22 Date  
Thom Bell  
Signature of Board Chair 12-15-22 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