Review/Revised:7/18/2002

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP Marvin Harness
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 Murray State ADDRESS Curris Drive Murray KY PHONE-DESTINATION 6068720255 University
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 2/27/2023 – 2/27/2023 DEPARTURE TIME 5:30 AM * RETURN TIME 6:00 PM *
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE FBLA Competition for Region 1-Western KY
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Information Recall for FBLA/Business classes through competition
SOURCE OF FUNDING FOR TRIP <u>CCHS FBLA</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 $\underline{30}$ MALE STUDENTS $\underline{5}$ FEMALE STUDENTS $\underline{25}$
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 MARVIN HARNESS (CCHS) -GLORIA LEMASTERS (HHS)
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?
How have they been notified? Permission Forms Signed
1/1/23 Dout Bern 216/2023
Signature of Faculty Sponsor Date Signature of Principal Date
Trip has been approved disapproved. Reason for disapproval
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.
NOTE: SIGNATURES, DATES & ADA MUST BE HANDWRITTEN AFTER FORM IS PRINTED
LOST ADA (Extracurricular only):X \$21 = (number of students multiplied by the number of school days missed multiplied by the ADA)
DELATED PROCEDURES: 00 36 AP 211 00 36 AP 212 00 36 AP 22 00 36 AP 23

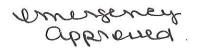
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCHS FACULTY MEMBER(s) SPONSORING TRIP Alyssa Ross/Anthony Darna
SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Alyssa Hoss/Anthony Darna Type of Trip (Check one):
Under 300 miles Under 300 miles Uccountena Deviacumental
DESTINATION BOD JONES HS ADDRESS 650 Hughes Rd PHONE +1 (256) 7/2-2547
DESTINATION Bob Jones HS ADDRESS 650 Hughes Rd Madison, AL 35758 Out of State Out of County Within County Overnight: give name, address, phone of lodging LaQuinta Inn & Suites 105 Westchester Rd., Madison AL 35758 +1 (256) 258-2777
DATE(S) OF TRIP February 17-19 DEPARTURE TIME 3:00pm 2/17 RETURN TIME 3:00pm 2/19
Purpose/Educational Value Winterguard Competition
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of Funding For TRIP Hopkinsville Christian County Winterguard Boosters
AMOUNT OF STUDENT FEE: \$50 per student
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 14 MALE STUDENTS 1 FEMALE STUDENTS 13
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 Alyssa Ross, Amanda Hesson
CLASSIFIED CHAPERONES Troy Jones, Shawna Maddox
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise
students? \(\mathbb{X} \) Yes \(\subseteq \) No Have all students been notified of the rules and regulations regarding
acceptable behavior? ☑ Yes ☐ No How have they been notified? HCC Member Handbook & Contract
1/31/2023 Policy & Brilian 2/3/2023
Signature of Faculty Sponsor Date 1/31/2023 Date 1/31/2023 Date 2/ 3/ 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
Mars. Jan. 2-8- 2023
Signature of Saperintendent/Designate Date
Tombell "Kme" 2-8-23
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

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP Dee Leavell
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 Corbin Civic Center ADDRESS 128 Civic Center Drive, PHONE-DESTINATION 606-528-6657 Corbin, KY 40701
Out of State Out of County Within County Overnight: give name, address, phone of lodging BEST WESTERN INN, 2630 CUMBERLAND FALLS HWY.
CORBIN, KY 40701, 606-528-2100
DATE(S) OF TRIP <u>2/3/2023-2/4/2023</u> DEPARTURE TIME <u>2:00PM</u> RETURN TIME <u>11:00 PM</u>
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE competition
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP <u>lkjdkdjks</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 $\underline{15}$ MALE STUDENTS $\underline{9}$ FEMALE STUDENTS $\underline{0}$
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.)
CERTIFICATED COMMON CARRIER; SPECIFY school bus
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones DEE LEAVELL
Classified chaperones ANTHONY HARRIS, ANTHONY ADAMS, AND DISON MYERS
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? 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 parents
X Doug Vecca X Problet & Believe
DeCoreus Leavell Robert A. Burnham
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
× Chipy 2-2-23
Signature of Superintendent/Designee
Tom Bell 11 know 2-2-23
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 FOUR (4) WEEKS PRIOR TO TAKING THE T	TRIP.	
School: Christian County High School Faculty Member(s) sponsoring trip: M.	. Wyatt	
Type of Trip (check one):		
□ Over 300 miles	□ Extracurricular olicable	
DESTINATION: <u>CAYCE MILLS SUPPLY COMPANY</u>		
Address: 2225 Pembroke Rd, Hopkinsville, KY 42240		
PHONE: <u>1-800-462-8362</u>		
Out of State		
□Overnight: give name, phone number, and address of lodging		
Not an overnight trip		
DATE(S) OF TRIP: <u>1/30/23</u>		
DEPARTURE TIME: 12:45 P.M. ON 1/30/23 RETURN TIME: 3:45 P.M. ON 1/30/23		
Purpose/Educational Value: <u>Students will visit businesses around Christian Cobusiness helps Christian County agriculture.</u>	OUNTY AND LEARN HOW THE	<u>EIR</u>
What standard is being addressed by taking this trip? (Does not apply to athletic	TRIPS.)	
SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LIS	STENING, WRITTEN, ORAL, ET	[<u>C</u>
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 t	го рау.	
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION	□ BOARD □ OTHER	t
Number of: students 5 Male Students; 2 Female Students	ents 3	
Mode of Transportation: is district transportation needed? X no ☐ yes (see P. ☐ Certificated common carrier; specify <u>School Van</u>	ROCEDURE 09.36 AP. 212.)	
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)		
Certified chaperones Mattea Wyatt		
CLASSIFIED CHAPERONES		
Have all chaperones undergone the required records check and been designated supervise students?	by the principal/designee X Yes □ No	to
Have all students been notified of the rules and regulations regarding acceptable behavi	or? X Yes □ No	
How have they been notified? Code of Acceptable Behavior, Permission Slip War 1 - 16 - 25 Signature of Faculty Sponsor Date Signature of Princip	1/23/ Date	24
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THA APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE		
Trip has been approved		
0/ 0		_
Clyn gle	1-24-2023	
Signature of Superintendent/Designee	/-24-2023 Date	
Signature of Board Chair	Date Date	_
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may b	e required by policy 09.36.	

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.2

Review/Revised:11/21/13

Page 1 of 1

energency approved

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
School: Christian County High School Faculty Member(s) sponsoring trip: M. Wyatt
Type of Trip (check one):
□ Over 300 miles □ Classroom Field Trip X Under 300 miles X Cocurricular □ Other (athletic, band, if applicable □ Other (athletic, band, if applicable X Cocurricular □ Extracurricular □ Other (athletic, band, if applicable X Cocurricular X Cocurricular
DESTINATION: CHRISTIAN COUNTY HOME AND GARDEN EXPO
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: $\frac{4/14/23}{}$
DEPARTURE TIME: 8:00 AM ON 4/14/23 RETURN TIME: 4:00 PM ON 4/14/23
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO SELL THE PLANTS THEY HAVE GROWN IT
GREENHOUSE OVER THE SEMESTER TO THE PEOPLE OF THE COMMUNITY.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SS- EA1 EXPLAIN THE IMPORTANCE OF PRIDE AND CONFIDENCE ABOUT WORK AND LEARNING NEW TASKS
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 OTH
Number of: students $\underline{4}$ Male Students $\underline{2}$ Female Students $\underline{2}$
Mode of Transportation: is district transportation needed? □ no □ Certificated common carrier; specify DISTICT VAN
□ Private vehicle, if allowed by policy; specify driver(s);
CERTIFIED CHAPERONES MATTEA WYATT
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/design 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 1-16-23 Reg Sleen 1/24/ Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BO APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERS
Trip has been approved disapproved. Reason for disapproval
0.0
(mi) 1-29-2023
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
TO THE OF THE PROPERTY OF THE

RELATED PROCEDURES:

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

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		SUBMIT THIS FORE	м Four (4) WEEKS PRIOR	TO TAKING THE	TRIP.	
		HIGH SCHOOL FA	ACULTY MI	ember(s) sponso	RING TRIP : $\underline{\mathbf{V}}$. Моном	
TYPE OF TRIP	(A)						
□ Over 300 X Classroon		X Under 300 mil ☐ Organization/0		X Cocurricular ☐ Other (athlet		☐ Extracurricul plicable	ar
DESTINATION:	CHRISTIAN CO	UNTY CLERK'S OFI	FICE				
Address: 511	SOUTH MAIN S	TREET, HOPKINSVI	LLE, KY 4	2240			
PHONE: (270)-	887-04105						
□ Out of St	ate 🗆 Out	of County X	Within Co	ounty			
□Overnight	: give name, ph	one number, and a	address of	lodging			
Not an over	night trip						
DATE(S) OF TE	up: 1/31/23						
Departure Ti	ме: <u>10:30 AN</u>	I on 1/31/2023 Re	ETURN TIM	е: <u>12:00 Р.М. о</u>	N 1/31/2023		
Purpose/Educ	CATIONAL VALU	E: STUDENTS WIL	L GET THE	OPPORTUNITY T	O MEET WITH	THE KENTUCKY	Commission
		AGRICULTURE CAR 1					
What standa	RD IS BEING ADD	DRESSED BY TAKING	THIS TRIP	? (Does not app	LY TO ATHLETI	C TRIPS.)	
AA2 PARTICII	PATE IN CONVERS	SATION, DISCUSSION	AND GROU	JP PRESENTATION	<u>S</u>		
EC3 DEMONS	TRATE POLITE A	ND RESPECTFUL BEI	HAVIOR TO	WARD OTHERS			
Source of fu	NDING FOR TRIP	: <u>CCHS FFA SAI</u>	<u>F</u>				
AMOUNT O	F STUDENT F	EE: <u>\$0</u>					
	No st	TUDENT SHALL BE D	ENIED THE	TRIP BECAUSE OF	AN INABILITY	TO PAY.	
BILL TRIP EXP	ENSES TO: X SP	ONSORING ORGANIZ	LATION	□ SCHOOL	COUNCIL	□ BOARD	□ OTHER
Number of: S	TUDENTS 6	MALE S	TUDENTS 1		FEMALE STUD	DENTS 5	
Mode of Tra	INSPORTATION: I	S DISTRICT TRANSPO	ORTATION	NEEDED? □ NO	X yes (see	PROCEDURE 09.3	36 ap. 212.)
X CERTIFICAT	ED COMMON CA	rrier; specify <u>CC</u>	CHS VAN				
□ Private ve	CHICLE, IF ALLO	WED BY POLICY; SP	ECIFY DRIV	ver(s)			
CERTIFIED CH	APERONES Vict	toria Mohon					
	HAPERONES						
supervise stud	dents?	rgone the require				X Yes □ N	lo
Have all stud	ents been notifi	ied of the rules and	d regulatio	ons regarding acc	ceptable behav	vior? XYes □ N	0
How have the	ey been notified	d? Code of Accept	The second second	avior, Permissio	on Slip		101
	mohon		7/23	Pau	+ ABu		119/2
	Faculty Sponso		Date	COL 11.0-0.0	ature of Princi		Date
EMERGEN APPROVAL	CY REQUES IMPOSSIBL	TS DUE TO UN E SHOULD ALS	FORSEE O HAVE	THE SIGNAT	TANCES TH	AT MAKE PR E BOARD CH	AIRPERSO
Trip has been	approved =	disapproved. Reaso	on for disap	proval			
	1	1.7				1.0-	2 22
		Im ilms			\$ 	1-23-6	1523
Sign	ature of Superin					1-23- Date	3
Sign	nature of Board	Chair			8	Date	- 3
		-of-state trips, appro	1 04 6	· · · · · · · · · · · · · · · · · · ·	Vor Board may	he required by no	dicy 09 36

RELATED PROCEDURES:

Umergency approval

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: M. WYATT TYPE OF TRIP (CHECK ONE): Over 300 miles
□ 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 COOPERATIVE EXTENSION OFFICE Address: 2850 Pembroke Rd, Hopkinsville, KY 42240
□ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable Destination: Christian County Cooperative Extension Office Address: 2850 Pembroke Rd, Hopkinsville, KY 42240
Address: 2850 Pembroke Rd, Hopkinsville, KY 42240
PHONE: 270-886-6328
1 NUMB. 4 / U-00U-UJ40
Out of State
□Overnight: give name, phone number, and address of lodging
Not an overnight trip
DATE(S) OF TRIP: 4/25/23
DEPARTURE TIME: 11:55 A.M. on 4/25/23 RETURN TIME: 4:00 P.M. on 4/25/23
Purpose/Educational Value: Students will be able to Prepare for the Chapter Banquet by setting
DECORATING, PLANNING A BUDGET, AND PREPARING A SCRIPT.
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
AC1 Utilize critical-thinking skills to determine best options/outcomes, e.g., analyze reliable/unrelia
SOURCES OF INFORMATION, USE PREVIOUS EXPERIENCES, IMPLEMENT CRISIS MANAGEMENT, DEVELOP CONTINGE PLANNING
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
Number of: students 15 Male Students; 5 Female Students 10
Mode of Transportation: is district transportation needed? □ no X yes (see procedure 09.36 ap. 212. □ Certificated common carrier; specify
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES MATTEA WYATT
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designer 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 1-1-23 Police police 1/19/
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOAPPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERS
Trip has been papproved disapproved. Reason for disapproval
/ Marchely 1-23-2023
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.

		SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO	TAKING THE TRIP.	
	CHRISTIAN CO. H IP (CHECK ONE):	S	FACULTY M	EMBER(S) SPONSORING TRI	: <u>V. Монон</u>
□ Over 30	00 miles	□ Under 300 miles	□ Cocurricular	□ Extracurri	cular
□ Classro	om Field Trip	□ Organization/Club Trip	□ Other (athletic	e, band, if applicable	
DESTINATION	n: <u>University oi</u>	KENTUCKY MAIN CHANCE I	Horse Farm		
Address: 20	660 Equine Cam	IPUS DRIVE, LEXINGTON, KY	<u>40511</u>	PHONE: <u>3</u>	<u>15-730-9744</u>
□ Out of	f State Out	of County Within Coun	nty Overnight:	give name, address, pl	none of lodging
Purpose/Ei careers, an What stan	DUCATIONAL VAL ND EXPAND THEIR DARD IS BEING AD	4/14/23 DEPARTURE UE: STUDENTS WILL TOUR V CLASSROOM KNOWLEDGE. DRESSED BY TAKING THIS TRIP	ARIOUS ASPECTS O	F THE EQUINE SCIENCE IN Y TO ATHLETIC TRIPS.)	DUSTRY, EXPLORE
Source of	DEMONSTRATE U FUNDING FOR TRU OF STUDENT		RPERSONAL COMMU	NICATION (LISTENING, WRIT	[TEN, ORAL, ETC]
	No s	TUDENT SHALL BE DENIED THE	TRIP BECAUSE OF A	AN INABILITY TO PAY.	
BILL TRIP E	XPENSES TO: □ SP	ONSORING ORGANIZATION	□ SCHOOL C	COUNCIL BOARD	□ OTHER
Number of	: STUDENTS 7	MALE STUDENTS:	<u>1</u> F	FEMALE STUDENTS: 6	
Mode of T	'RANSPORTATION:	IS DISTRICT TRANSPORTATION	NEEDED? □ NO	□ YES (SEE PROCEDURE 0	9.36 AP. 212.)
□ CERTIFIC	ATED COMMON CA	ARRIER; SPECIFY			
□ Private v	VEHICLE, IF ALLO	WED BY POLICY; SPECIFY DRIV	ver(s)		
CLASSIFIED		•	s check and beer	n designated by the prin	cipal/designee t □ Yes □ No
	students been notifie	otified of the rules and reged? Permission Slip, Code			□ Yes □ N
	of Faculty Spons		_	A Robaut ture of Principal	1/19/200 Date
APPROVA	AL IMPOSSIBI	STS DUE TO UNFORSE LE SHOULD ALSO HAVE	E THE SIGNATU	RE OF THE BOARD C	HAIRPERSON
Trip has bee	en 🗆 approved	□ disapproved. Reason for disa	pproval		
		mitm		1-23-	2023
Si	ignature of Super	intendent/Designee		Date	N FAT
	ignature of Board			Date	1' 00 00
I For o	vernight and/or ou	t-of-state trips approval of the	Superintendent and/o	or Board may be required by	policy 09.36.

Date

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP: V. MOHON School: Christian Co. HS Type of Trip (check one): □ Over 300 miles □ Under 300 miles □ Cocurricular □ Extracurricular □ Organization/Club Trip □ Other (athletic, band, if applicable □ Classroom Field Trip DESTINATION: CHRISTIAN COUNTY EXPOSITION CENTER PHONE: 270-886-6328 ADDRESS: 2850 PEMBROKE ROAD, HOPKINSVILLE, KY 42240 □ Out of State □ Out of County □ Within County □ Overnight: give name, address, phone of lodging DEPARTURE TIME: 8:00 A.M. RETURN TIME: 3:30 P.M. DATE(S) OF TRIP: 3/21/23 & 3/22/23 PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL PRESENT STATIONS TO CCPS 4TH GRADE STUDENTS ABOUT VARIOUS FARM SAFETY TOPICS. 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. □ OTHER □ SCHOOL COUNCIL □ BOARD BILL TRIP EXPENSES TO: □ SPONSORING ORGANIZATION Female Students: 12 MALE STUDENTS: 12 Number of: students 24 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 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? □ Yes □ No Have all students been notified of the rules and regulations regarding acceptable behavior? Permission Slip, Code of Acceptable Behavior How have they been notified? Date

Signature of Principal

Date

1/19/23 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 □ disapproved. Reason for disapproval Trip has been □ approved

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

Signature of Board Chair

8	(0	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING T	HE TRIP.
	CHRISTIAN CO. H P (CHECK ONE):	S	FACULTY MEMBER(S)	SPONSORING TRIP: <u>V. MOHON</u>
□ Over 30	0 miles	□ Under 300 miles	□ Cocurricular	□ Extracurricular
□ Classroo	om Field Trip	□ Organization/Club Trip	□ Other (athletic, band, if	applicable
DESTINATION	: Murray State	University; Curris Centi	CR	
Address: 21	01 College Fa	rm Road, Murray, KY 420	<u>71</u>	PHONE: <u>270-809-6921</u>
□ Out of	State Out o	of County	nty □ Overnight: give na	me, address, phone of lodging
Purpose/Ed	UCATIONAL VAL	DEPARTURE TIME: 7: UE: STUDENTS WILL ATTEN ID STATE FFA OFFICE.		ME: 3:00 P.M. RKSHOPS TO PREPARE FOR FUTURE
What stand	ARD IS BEING AD	DRESSED BY TAKING THIS TRIP	? (Does not apply to athl	ETIC TRIPS.)
SS-AA007	DEMONSTRATE UN	DERSTANDING OF BASIC INTER	RPERSONAL COMMUNICATION	(LISTENING, WRITTEN, ORAL, ETC)
	UNDING FOR TRIP	07-12-41 00-40		
AMOUNT (OF STUDENT F	EE: <u>\$0</u>		
	No s	FUDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABILI	ITY TO PAY.
BILL TRIP EX	PENSES TO: SP	ONSORING ORGANIZATION	□ SCHOOL COUNCIL	□ BOARD □ OTHER
Number of:	STUDENTS 4	MALE STUDENTS:	EMALE S	rudents: <u>2</u>
Mode of Tr	RANSPORTATION:	IS DISTRICT TRANSPORTATION	needed? □ no □ yes (s	EE PROCEDURE 09.36 AP. 212.)
□ Certifica	TED COMMON CA	RRIER; SPECIFY		
□ Private v	EHICLE, IF ALLOV	VED BY POLICY; SPECIFY DRIV	er(s)	
CERTIFIED C	HAPERONES VICT	oria Mohon		
CLASSIFIED O	CHAPERONES NO	NE		
Have all cl	haperones unde	rgone the required records	s check and been designa	ted by the principal/designee to
supervise str	udents?			□ Yes □ No
		tified of the rules and reg		able behavior? □ Yes □ No
How have the	hey been notified	1? <u>Permission Slip, Code</u>	of Acceptable Behavior	
Signature o	MONON of Faculty Spons	1 19 23 or Date	Pout A Signature of Pri	Brace 1/19/23 incipal Date
-			EN CIRCUMSTANCES T	THAT MAKE PRIOR BOARD
APPROVA	L IMPOSSIBL	E SHOULD ALSO HAVE	THE SIGNATURE OF T	THE BOARD CHAIRPERSON
Trip has been	approved [disapproved. Reason for disap	pproval	
	Of lan	m ml		1-23-228
Sig	nature of Superin	ntendent/Designee		Date
Sin	nature of Board	Chair		Date
	8 (5 0)		Superintendent and/or Board m	nay be required by policy 09.36.

	SI TI MALLO
GCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP	Kiggs
□ Over 300 miles □ Under 300 miles □ Cocurricular	□ Extracurricular
□ Classroom Field Trip □ Organization/Club Trip □ Other (athletic,	band, if applicable
DESTINATION MUNICIPALITY State University (HHS 1ST to DICK them up)
ADDRESS_1375 Chestralt St. MSU	(ov- want sop)
PHONE	
	evernight: give name, address, phone of
lodging	BO (Drop of HHS 1st)
DATE(S) OF TRIP TOW 3 DEPARTURE TIME 8:45 RETURN TIME 4	and chap of utes 12
purpose/educational value Informative tour /Pi	resentation rost sconplany
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT	APPLY TO ATHLETIC TRIPS.)OOO
SOURCE OF FUNDING FOR TRIP 030210406 191281	
AMOUNT OF STUDENT FEE: 🚿	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF A	AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL C	
NUMBER OF: STUDENTS <u>30</u> MALE STUDENTS <u>15</u> FE	EMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? 212.) CERTIFICATED COMMON CARRIER; SPECIFY	□ NO □ YES (SEE PROCEDURE 09.36 AP.
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVE	R(S)
CERTIFIED CHAPERONES Natalie Kiago	
33	
CLASSIFIED CHAPERONES Shown and o hinson	
	SUBMIT THIS FORM FOUR (4) WEEKS PRI
Have all chaperones undergone the required records check and b	
	ied of the rules and regulations regarding
acceptable behavior? ✓ Yes □ No How have they been notified?	1/12/25
Marches 1110/25 - 340	1777/23
-B	re of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTAI	NCES THAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATUR	RE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval	
(emips)	1-17-204
Signature of Superintendent/Designee	Date
Tom Bell Forer	1-19-33
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

omerdant obbroad

STUDENTS 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 ART CLUB TYPE OF TRIP (CHECK ONE): O Under 300 miles O Cocurricular O Over 300 miles O Organization/Club Trip O Other (athletic, band, if applicable O Classroom Field Trip DESTINATION PARTHENON ADDRESS _ 2500 West End Ave, Nashville, TN 37203 PHONE (615) 862-8431 O Within County O Overnight: give name, address, phone of O Out of State O Out of County lodging DATE(S) OF TRIP 03-24-23 DEPARTURE TIME 7:45 RETURN TIME 6PM PURPOSE/EDUCATIONAL VALUE __TOURING REPLICA OF GREEK PARTHENON AND MEETING NASHVILLE PROFESSTIAL ARTISTS FOR CAREER ADVICE WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOURCE OF FUNDING FOR TRIP __ART CLUB____ AMOUNT OF STUDENT FEE: ____ NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O OTHER O SCHOOL COUNCIL O BOARD NUMBER OF: STUDENTS 40 MALE STUDENTS 15 FEMALE STUDENTS 25 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO O YES (SEE PROCEDURE 09.36 AP. 212.)O CERTIFICATED COMMON CARRIER; SPECIFY_ O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)____ CERTIFIED CHAPERONES ____1 CLASSIFIED CHAPERONES 2 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 students? O Yes O No How have they been notified? acceptable behavior? O Yes O No Paula Gieseke Carla Jusek __ 01-13-23__ Polar + blu Signature of Faculty Sponsor 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 O 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

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

Review/Revised:11/21/13

Date

ï	2		dent Trip Request Fo	
		SUBMIT THIS FORM FOUR	(4) WEEKS PRIOR TO TAKING TH	E TRIP.
	CHRISTIAN CO. I P (CHECK ONE):	IS FACULTY	Member(s) sponsoring trip:	J. Jaworski & V. Mohon
Over 30	0 miles	□ Under 300 miles	□ Cocurricular	Extracurricular
□ Classroo	om Field Trip	Organization/Club Tri	p □ Other (athletic, band, if a	applicable
PHONE: 800)-809-312 <u>5</u>		Address: 2101 College Far	
□ Out of	State Out	of County Within Co	unty Overnight: give nan	ne, address, phone of lodging
DATE(S) OF T	TRIP: 4-19-23	DEPARTURE TIME:	7:00 a.m. RETURN TIME	E: <u>5:00 PM</u>
Purpose/Ed	UCATIONAL VAI	UE: STUDENTS WILL COMPE	TE IN LEADERSHIP AND CAREER I	DEVELOPMENT EVENT CONTESTS
			IP? (DOES NOT APPLY TO ATHLE	
SS-AA007	DEMONSTRATE I	INDERSTANDING OF BASIC INT	ERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETC)
Source of f	UNDING FOR TR	P: CCHS FFA		
AMOUNT (OF STUDENT	FEE: <u>\$0</u>		
	No	STUDENT SHALL BE DENIED TI	HE TRIP BECAUSE OF AN INABILIT	TY TO PAY.
BILL TRIP EX	PENSES TO: □ S	PONSORING ORGANIZATION	□ SCHOOL COUNCIL	□ BOARD □ OTHER
Number of:	STUDENTS 40	MALE STUDENTS	: 20 FEMALE ST	udents: <u>20</u>
Mode of Tr	RANSPORTATION	IS DISTRICT TRANSPORTATIO	n needed? □ no □ yes (se	E PROCEDURE 09.36 AP. 212.)
□ CERTIFICA	ATED COMMON C	ARRIER; SPECIFY		
□ Private v	EHICLE, IF ALLO	OWED BY POLICY; SPECIFY DR	iver(s)	
	CHAPERONES <u>Vic</u> CHAPERONES <u>N</u>	CTORIA MOHON, JACOB JAWO	<u>DRSKI</u>	
Have all cl	haperones und	ergone the required recor	ds check and been designate	ed by the principal/designee to
supervise st	udents?			□ Yes □ No
Have all st	tudents heen t	notified of the rules and r	regulations regarding acceptal	ole behavior? Yes No
	hey been notifi		de of Acceptable Behavior	
now have u	ney occir nour	cu: 1 crimssion bup, co	de of receptable Denavior	
Jaley	,	1/13/23	Part + Pul	ocipal Ol /17/202 Date
	of Faculty Spor			
EMERGEI APPROVA	NCY REQUE L IMPOSSIB	STS DUE TO UNFORSI LE SHOULD ALSO HAV	EEN CIRCUMSTANCES T E THE SIGNATURE OF T	HAT MAKE PRIOR BOARD HE BOARD CHAIRPERSON
Trip has been	n 🗆 approved	□ disapproved. Reason for dis	sapproval	
		0		112.22
	100	unfor		1-11.6061
Sig	gnature of Supe	rintendent Designee		Date

Signature of Board Chair

09.36 AP.21

STUDENTS

	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.						
	HRISTIAN CO. H	S	FACULTY M	ember(s) spons	ORING TRIP:	V. Mohon & .	I. Jaworski
Over 300	0 miles	□ Under 300 ı	niles	□ Cocurricula	r	Extracurric	ular
□ Classroo	om Field Trip	Organizatio	n/Club Trip	□ Other (athle	etic, band, if a	pplicable	
	: CALDWELL CO.	HIGH SCHOOL	A	ddress: 50 Be	CKNER LN, PR	INCETON, KY 4	2445
Phone: (270	<u>)) 365-8010</u>		2				
□ Out of	State Out o	f County 🗆 V	Within Coun	ty Overnig	ht: give nam	e, address, ph	one of lodging
DATE(S) OF T	Trip: 3-10-23	DEPARTI	JRE TIME: <u>7:(</u>	00 а.м.	RETURN TIME	: <u>5:00 рм</u>	
	UCATIONAL VALU						ENT CONTESTS
	ARD IS BEING ADI						
	DEMONSTRATE UN		F BASIC INTER	PERSONAL COMN	MUNICATION (L	ISTENING, WRIT	ren, oral, etc)
	UNDING FOR TRIP OF STUDENT F						
AMOUNT		TUDENT SHALL BI	E DENIED THE	TRIP BECAUSE O	F AN INABILIT	Y TO PAY.	
BILL TRIP EX	PENSES TO: □ SPO				L COUNCIL	□ BOARD	□ OTHER
	STUDENTS 40			20	FEMALE STU	DENTS: 20	
	RANSPORTATION: 1						.36 AP. 212.)
	TED COMMON CA					THOUSE U	
	EHICLE, IF ALLOV					1,0	
	HAPERONES VICT		ACOB JAWORS	<u>ski</u>			
CLASSIFIED O	CHAPERONES <u>No</u>	NE.					
Have all cl	naperones unde	rgone the requ	ired records	check and be	en designate	d by the princ	cipal/designee to
supervise str	udents?						□ Yes □ No
Have all st	udents been no	tified of the r	ules and reg	ulations regard	ing acceptab	le behavior?	□ Yes □ No
	ney been notified			of Acceptable			
111			la la	0	0		1/13/23
fat h	CElt- Cuana		1/12/23 Date	Sim	nature of Prin	cinal _	Date
	f Faculty Spons			_		155	PRIOR BOARD
APPROVA	L IMPOSSIBL	E SHOULD A	LSO HAVE	THE SIGNAT	URE OF TH	IE BOARD CI	HAIRPERSON
Trip has been	approved	disapproved. Re	eason for disap	proval	1-1-		
	A	200-7-1	~			1-12-	2,27
Sig	nature of Superin	tendent Designe	ee	<u>`</u>	-	Date	<u> </u>
Sie	nature of Board	Chair				Date	
	ernight and/or out		proval of the S	uperintendent an	d/or Board ma	y be required by	policy 09.36.

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 Extracurricular	
Classroom Field Trip	
DESTINATION: CHANEY'S DAIRY BARN, NATIONAL CORVET MUSEUM, SOUTHERN LANES ADDRESS: 9191 NASHVI ROAD BOWLING GREEN, KY 42101 Phone: 270-843-5567	
□ Out of State □ Out of County □ Within County □ Overnight: give name, address, phone of lodg	ing
DATE(S) OF TRIP: 4-28-23 DEPARTURE TIME: 8:00 A.M. RETURN TIME: 3:00 PM	
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL LEARN ABOUT THE DIFFERENT PATHWAYS IN AGRICUTLURE AND SEE I WHAT THEY LEARNED IN THE CLASSROOM CAN BE APPLIED TO REAL LIFE.	<u>HOW</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	<u>TC</u>)
Source of funding for trip: <u>CCHS FFA</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: \Box SPONSORING ORGANIZATION \Box SCHOOL COUNCIL \Box BOARD \Box OTHER	c r
Number of Students 40 Male Students: 20 Female Students: 20	
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 <u>Jacob Jaworski</u>	
Classified chaperones None	
Have all chaperones undergone the required records check and been designated by the principal/designed	ee to
supervise students?	
Have all students been notified of the rules and regulations regarding acceptable behavior?	¬ No
How have they been notified? Permission Slip, Code of Acceptable Behavior	
/ A	
Signature of Faculty Sponsor Date 1 3 23	223
Signature of Faculty Sponsor Date Signature of Principal Date	
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOAPPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERS	ARD
Trip has been approved disapproved. Reason for disapproval	_
1 10 200	 9
Signature of Superintendent/Designee /- /7- 225	
Dignuture of Duperintend Designee Duc	
Signature of Board Chair Page 1 of 2	

School-Related Student 1116 Request 19112
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP Amanda Huff
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION State Generals Cop Address Louisville Phone 502-589-5960
Out of State Out of County Within County Overnight: give name, address, phone of lodging Galt Hause, 140 N Fourth St Louisville ky 40202
DATE(S) OF TRIP Worch 17-18th DEPARTURE TIME MORNING RETURN TIME CUCINING
PURPOSE/EDUCATIONAL VALUE COmpeting in state academic team competition
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
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 Anguada Huff
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?
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
Mars 2m2 2-8-2021
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

	SUBMIT THIS F	ORM TWO (2) WEEKS I	PRIOR TO TAKIN	IG THE TRIP.		
SCHOOL GATEWAY ACADEMY						
Type of Trip (check ALL	THAT APPLY):		and the second			
☐ Over 300 miles ☐ Under 300 miles ☐ Co curricular ☐ Extracurricular						
☐ Classroom Field Trip	☐ Organiza	ation/Club Trip	☐ Other ((athletic, band, if applicable)		
DESTINATION Bellarmine Un		ess <u>2001 Newburg Ro</u> ville, KY 40205	<u>l.</u>	Phone-destination <u>502-272-8000</u>		
☐ Out of State ☐ Ou	at of County 🗆	Within County [☐ Overnight:	give name, address, phone of lodging		
DATE(S) OF TRIP 3-2-23/3-2-	Departure Time <u>6:</u>	00am	RETURN TIME 6:00pm			
Start	END	(Select AM or PM fro	DE DROPDOWN)	(Select AM or PM from Dropdown)		
Purpose/Educational Valuengaging teacher-centered as	UE Students will be ctivities and presen	be participating in the tations as well preser	ne Educators ting teacher r	Rising State Competition. They will be naterials that they have created.		
WHAT STANDARD IS BEING ADD InTASC #7: Planning for Ins	DRESSED BY TAKING struction/InTASC #	THIS TRIP? (DOES NOT	APPLY TO ATI	HLETIC TRIPS.)		
Source of funding for trip	<u>Perlains</u>	1/4				
	No student shall	BE DENIED THE TRIP B	ECAUSE OF AN	INABILITY TO PAY.		
BILL TRIP EXPENSES TO:						
Number of: students 9	Male St	UDENTS 1	FEMALE	STUDENTS 8		
Mode of Transportation: \square yes (see procedure 09.36)			IS DISTR	ICT TRANSPORTATION NEEDED?		
☐ CERTIFICATED CO	OMMON CARRIER; SP	ECIFY Enterprise Ren	tal			
	O	LICY; SPECIFY DRIVER	(s)			
Certified chaperones ALISSA		<u>r</u>				
Classified chaperones	•					
Have all chaperones undergo	one the required rec	cords check and been Ves No	designated by	y the principal/designee to supervise stude		
Have all students been notified How have they been notified		regulations regarding	g acceptable b	ehavior?		
Xalussou	RJ	XY	euny.	Knight		
Faculty/Sponsor Signature		Principal S	ignature			
Trip has been □ approved □ d	isapproved. Reason f	or disapproval				
× Uh	Jan	/				
Signature of Sup	erintendent/	Designee				
For overnight and/or out-of-state tri	ins, approval of the Sun	erintendent and/or Roard n	nay he required b	ay noticy 00 36		

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL FACULTY MEMBER(s) SPONSORING TRIP Ben Smith
Type of Trip (check ALL THAT APPLY):
☐ Over 300 miles X Under 300 miles ☐ Co curricular ☐ Extracurricular
☐ Classroom Field Trip X Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION Martha Layne Collins Address 801 Discovery Phone-destination 931-266-2827 High School Boulevard Shelbyville, Kentucky 40065
☐ Out of State X Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 18 FEB 2023 DEPARTURE TIME 5:00 am RETURN TIME 6:00 pm
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
Purpose/Educational Value Vex Robotics Event
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Robotics 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 29 MALE STUDENTS 25 FEMALE STUDENTS 4
Mode of Transportation: Is district transportation needed? ☐ NO X yes (see procedure 09.36 ap. 212.)
☐ CERTIFICATED COMMON CARRIER; SPECIFY
☐ Private vehicle, if allowed by policy; specify driver(s)
Certified chaperones 3
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? <u>Letter</u>
x 555 x Pennyknight
Faculty/Sponsor Signature Principal Signature
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.

	SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL	FACULTY MEMBER(S) SPONSORING TRIP 1351/5 5017/4
Type of Trip (check ALL TF	The state of the s
☐ Classroom Field Trip	X Organization/Club Trip
DESTINATION Apollo High Sc	
	Owensboro, Kentucky 42301
☐ Out of State X Out of	of County
DATE(s) OF TRIP <u>04 Feb 2023</u>	DEPARTURE TIME <u>06:00 am</u> RETURN TIME <u>6:00 pm</u>
Start	END (SELECT AM OR PM FROM DROFDOWN) (SELECT AM OR PM FROM DROFDOWN)
Purpose/Educational Value	
WHAT STANDARD IS BEING ADDR	RESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip_	Robotics SAF
	O STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: □ SP	ONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
Number of: students 31	Male Students 2 Female Students $\underline{\checkmark}$
Mode of Transportation:	is district transportation needed? \square no X yes (see procedure 09.36 ap. 212.)
☐ CERTIFICATED COM	MON CARRIER; SPECIFY
	IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones 44-3	
Classified chaperones	
Have all chaperones undergor	ne the required records check and been designated by the principal/designee to supervise students' X Yes □ No
Have all students been notifie	ed of the rules and regulations regarding acceptable behavior? X Yes \square No
How have they been notified?	<u>Letter</u>
X	S X Pount Smight
Faculty/Sponsor Signature	Principal Signature
Trip has been approved □ di	sapproved. Reason for disapproval
Signature of Supe	m July (-19-33
Tom &	sell 1-19-23 "Wre"
	ne approval of the Superintendent and/or Roard may be required by policy 09 36

School-Related Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. HHS FACULTY MEMBER(S) SPONSORING TRIP SCHOOL: TYPE OF TRIP (CHECK ONE): Under 300 miles Co-curricular ☐ Over 300 miles ☐ Extracurricular Organization/Club Trip Other (athletic, band, if applicable) ☐ Classroom Field Trip DESTINATION ADDRESS ☐ Out of State M Out of County ☐ Within County Overnight: give name, address, phone of lodging RETURN TIME DATE(S) OF TRIP DEPARTURE TIME 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 □ OTHER NUMBER OF: STUDENTS MALE STUDENTS FEMALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? □ NO ¥ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) **CLASSIFIED CHAPERONES** Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\square\) No Have all students been notified of the rules and regulations regarding How have they been notified? acceptable behavior? ▼ Yes □ No Signature of Faculty Sponsor Date Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTÂNCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved ☐ disapproved. Reason for disapproval

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

Signature of Superintendent/L

Signature of Board Chair

Review/Revised: 11/21/13

Date