

SchoolRelated Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY 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 Curriss 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 - 2/27/2023DEPARTURE 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 competitionSOURCE OF FUNDING FOR TRIP CCHS FBLA

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 30MALE STUDENTS 5FEMALE STUDENTS 25MODE 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?

☒ Yes ☐ NoHow have they been notified? Permission Forms Signed

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 _____ X \$21 = _____ (number of students multiplied by the number of school days missed multiplied by the ADA)

RELATED PROCEDURES: 09.36 AP.211, 09.36 AP.212, 09.36 AP.22, 09.36 AP.23

Review/Revised:7/18/2002

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Alyssa Ross/Anthony Darnall

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 Bob Jones HS ADDRESS 650 Hughes Rd PHONE +1 (256) 772-2547

- ☐ 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? ☒ Yes ☐ 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

[Signature]
Signature of Faculty Sponsor

1/31/2023
Date

[Signature]
Signature of Principal

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 _____

[Signature]
Signature of Superintendent/Designee

2-8-2023
Date

[Signature]
Signature of Board Chair

2-8-23
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 Approve"

SchoolRelated Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY 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 CenterADDRESS 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, 606-528-2100DATE(S) OF TRIP 2/3/2023-2/4/2023DEPARTURE TIME 2:00PMRETURN TIME 11:00 PM

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 lkjldkjks

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 15 MALE STUDENTS 9 FEMALE STUDENTS 0MODE 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 LEAVELLClassified 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?

☒ Yes☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior?

☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parentsX Dee Leavell

DeCoreus Leavell

Faculty/Sponsor Signature

X Robert A. Burnham

Robert A. Burnham

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____X Chris Jones2-2-23

Signature of Superintendent/Designee

Tom Bell 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.

Emergency
Approved

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

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: CAYCE MILLS SUPPLY COMPANYADDRESS: 2225 PEMBROKE RD, HOPKINSVILLE, KY 42240PHONE: 1-800-462-8362
☐ Out of State ☐ Out of County ☒ Within County
☐ Overnight: give name, phone number, and address of lodgingNot an overnight tripDATE(S) OF TRIP: 1/30/23DEPARTURE TIME: 12:45 P.M. ON 1/30/23 RETURN TIME: 3:45 P.M. ON 1/30/23PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL VISIT BUSINESSES AROUND CHRISTIAN COUNTY AND LEARN HOW THEIR BUSINESS HELPS CHRISTIAN COUNTY AGRICULTURE.

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 5 MALE STUDENTS; 2 FEMALE STUDENTS 3MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY SCHOOL VAN

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

CERTIFIED CHAPERONES MATEA WYATT

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

Matea Wyatt 1-16-23 Bob A. Baker 1/23/24
 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 J. J...</u> Signature of Superintendent/Designee	<u>1-24-2023</u> Date
<u>Tom Beall "unc"</u> Signature of Board Chair	<u>1-24-23</u> 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.2

Review/Revised: 11/21/13

emergency approved

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

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 HOME AND GARDEN EXPOADDRESS: 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: 4/14/23DEPARTURE TIME: 8:00 AM ON 4/14/23 RETURN TIME: 4:00 PM ON 4/14/23PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO SELL THE PLANTS THEY HAVE GROWN IN THE 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 TASKSSOURCE 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 4 MALE STUDENTS 2 FEMALE STUDENTS 2MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY District 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/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 1-16-23 Robert A. Bales 1/24/23
 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 Jones</u> Signature of Superintendent/Designee	<u>1-24-2023</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:

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

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 : 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 CLERK'S OFFICEADDRESS: 511 SOUTH MAIN STREET, HOPKINSVILLE, KY 42240PHONE: (270)-887-04105

- ☐ 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: 1/31/23DEPARTURE TIME: 10:30 AM ON 1/31/2023 RETURN TIME: 12:00 P.M. ON 1/31/2023PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO MEET WITH THE KENTUCKY COMMISSIONER OF AGRICULTURE TO DISCUSS AGRICULTURE CAR TAGS TO SUPPORT FFA, KENTUCKY PROUD, AND 4-H.

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

AA2 PARTICIPATE IN CONVERSATION, DISCUSSION AND GROUP PRESENTATIONSEC3 DEMONSTRATE POLITE AND RESPECTFUL BEHAVIOR TOWARD OTHERSSOURCE 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 6 MALE STUDENTS 1 FEMALE STUDENTS 5MODE 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 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 SlipVictoria Mohon
Signature of Faculty Sponsor1/17/23
DatePatt A. Bunn
Signature of Principal1/19/2023
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 _____Cheryl J. Jorgensen
Signature of Superintendent/Designee1-23-2023
DateTom Beebe
Signature of Board Chair1-23-23
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:

Emergency approval

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

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 COOPERATIVE EXTENSION OFFICEADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240PHONE: 270-886-6328Out of State ☐ Out of County ☒ Within County☐ Overnight: give name, phone number, and address of lodgingNot an overnight tripDATE(S) OF TRIP: 4/25/23DEPARTURE TIME: 11:55 A.M. ON 4/25/23 RETURN TIME: 4:00 P.M. ON 4/25/23PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO PREPARE FOR THE CHAPTER BANQUET BY SETTING UP, 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, ETCAC1 UTILIZE CRITICAL-THINKING SKILLS TO DETERMINE BEST OPTIONS/OUTCOMES, E.G., ANALYZE RELIABLE/UNRELIABLE SOURCES OF INFORMATION, USE PREVIOUS EXPERIENCES, IMPLEMENT CRISIS MANAGEMENT, DEVELOP CONTINGENCY PLANNINGSOURCE 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 15 MALE STUDENTS: 5 FEMALE STUDENTS 10MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

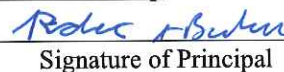
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES MATTEA WYATT

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

Signature of Faculty Sponsor

1-19-23
Date

Signature of Principal

1/19/23
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 _____
Signature of Superintendent/Designee1-23-2023
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.

School-Related Student Trip Request Form**SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL: CHRISTIAN CO. HSFACULTY MEMBER(S) SPONSORING TRIP: 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: UNIVERSITY OF KENTUCKY MAIN CHANCE HORSE FARMADDRESS: 2660 EQUINE CAMPUS DRIVE, LEXINGTON, KY 40511PHONE: 315-730-9744

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

DATE(S) OF TRIP: 4/12/23 - 4/14/23DEPARTURE TIME: 4:00 P.M 4/12RETURN TIME: 7:00 PM 4/14PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL TOUR VARIOUS ASPECTS OF THE EQUINE SCIENCE INDUSTRY, EXPLORE CAREERS, AND EXPAND THEIR CLASSROOM KNOWLEDGE.

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 7MALE STUDENTS: 1FEMALE STUDENTS: 6MODE 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 MOHONCLASSIFIED CHAPERONES NONEHave 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? Permission Slip, Code of Acceptable Behavior

Victoria Mohon
Signature of Faculty Sponsor

1/19/23
Date

Robert A. Bohan
Signature of Principal

1/19/2023
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]
Signature of Superintendent/Designee

1-23-2023
Date

[Signature]
Signature of Board Chair

1-23-2023
Date

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

STUDENTS

09.36 AP.21

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: 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 EXPOSITION CENTER

ADDRESS: 2850 PEMBROKE ROAD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

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

DATE(S) OF TRIP: 3/21/23 & 3/22/23

DEPARTURE TIME: 8:00 A.M.

RETURN TIME: 3:30 P.M.

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.

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

NUMBER OF: STUDENTS 24

MALE STUDENTS: 12

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 VICTORIA MOHON

CLASSIFIED 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

Victoria Mohon
Signature of Faculty Sponsor

1/19/23
Date

Robert A. Baker
Signature of Principal

1/19/23
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 _____

Charmaine Jones
Signature of Superintendent/Designee

1-27-2023
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.

STUDENTS

09.36 AP.21

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: 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: MURRAY STATE UNIVERSITY; CURRIS CENTER

ADDRESS: 2101 COLLEGE FARM ROAD, MURRAY, KY 42071

PHONE: 270-809-6921

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

DATE(S) OF TRIP: 3/17/23

DEPARTURE TIME: 7:00 A.M.

RETURN TIME: 3:00 P.M.

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL ATTEND VARIOUS LEADERSHIP WORKSHOPS TO PREPARE FOR FUTURE INTERVIEWS FOR REGIONAL AND STATE FFA OFFICE.

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 ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 4

MALE STUDENTS: 2

FEMALE STUDENTS: 2

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 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

Victoria Mohon
Signature of Faculty Sponsor

1/19/23
Date

Darius Brax
Signature of Principal

1/19/23
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 _____

[Signature]
Signature of Superintendent/Designee

1-23-2023
Date

[Signature]
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.

School-Related Student Trip Request FormSCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP Shawna Johnson/Natalie Riggs

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 Murray State University (HHS 1st to pick them up)ADDRESS 1375 Chestnut St. MSU

PHONE _____

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

DATE(S) OF TRIP Jan. 31 DEPARTURE TIME 8:45 RETURN TIME 2:30 (Drop off HHS 1st)PURPOSE/EDUCATIONAL VALUE Informative tour/Presentation-Post-secondaryWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) OptionsSOURCE OF FUNDING FOR TRIP 030210406791281AMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF STUDENTS 30 MALE STUDENTS 15 FEMALE STUDENTS 15MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Natalie RiggsCLASSIFIED CHAPERONES Shawna Johnson

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR

Have all chaperones undergone the required records check and b

 supervise students? ☒ Yes ☐ No
 acceptable behavior? ☒ Yes ☐ No

 Have all students been notified of the rules and regulations regarding
 How have they been notified?
Signature of Faculty Sponsor Na RiggsDate 1/10/23Signature of Principal WattsonDate 1/17/23

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee Chris FryDate 1-19-2024Signature of Board Chair Tom Bell-FryerDate 1-19-23

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Emergency approval

School-Related Student Trip Request Form**SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP ART CLUB

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 PARTHENONADDRESS 2500 West End Ave, Nashville, TN 37203PHONE (615) 862-8431

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

DATE(S) OF TRIP 03-24-23 DEPARTURE TIME 7:45 RETURN TIME 6PMPURPOSE/EDUCATIONAL VALUE TOURING REPLICA OF GREEK PARTHENON AND MEETING NASHVILLE PROFESSIONAL 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: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 40 MALE STUDENTS 15 FEMALE STUDENTS 25MODE 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 1CLASSIFIED CHAPERONES 2

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? _____

Paula Gieseke Paula Gieseke 01-13-23
 Signature of Faculty Sponsor Date

Polina A. Blum 01/17/2023
 Signature of Principal Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSONTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Chris Jorgensen
 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

STUDENTS

09.36 AP.21

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: 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: MURRAY STATE UNIVERSITY

ADDRESS: 2101 COLLEGE FARM RD. MURRAY, KY 42071

PHONE: 800-809-3125

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

DATE(S) OF TRIP: 4-19-23

DEPARTURE TIME: 7:00 A.M.

RETURN TIME: 5:00 PM

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN LEADERSHIP AND CAREER DEVELOPMENT EVENT CONTESTS

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

SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETC)

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 ☐ BOARD ☐ OTHER

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) _____

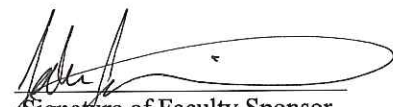
CERTIFIED CHAPERONES VICTORIA MOHON, JACOB JAWORSKI

CLASSIFIED 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

1/13/23
Date


Signature of Principal

01/17/2023
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

1-17-2023
Date

Signature of Board Chair

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 CO. HS

FACULTY MEMBER(S) SPONSORING TRIP: V. MOHON & J. JAWORSKI

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: CALDWELL CO. HIGH SCHOOL

ADDRESS: 50 BECKNER LN, PRINCETON, KY 42445

PHONE: (270) 365-8010

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

DATE(S) OF TRIP: 3-10-23

DEPARTURE TIME: 7:00 A.M.

RETURN TIME: 5:00 PM

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN LEADERSHIP AND CAREER DEVELOPMENT EVENT CONTESTS

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

SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETC)

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 ☐ BOARD ☐ OTHER

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 VICTORIA MOHON, JACOB JAWORSKI

CLASSIFIED 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]
Signature of Faculty Sponsor

1/12/23
Date

[Signature]
Signature of Principal

1/13/23
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 _____

[Signature]
Signature of Superintendent/Designee

1-17-23
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.

STUDENTS

09.36 AP.21

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: J. JAWORSKI

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: CHANEY'S DAIRY BARN, NATIONAL CORVET MUSEUM, SOUTHERN LANES ADDRESS: 9191 NASHVILLE ROAD BOWLING GREEN, KY 42101 PHONE: 270-843-5567

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

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 HOW WHAT THEY LEARNED IN THE CLASSROOM CAN BE APPLIED TO REAL LIFE.

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 ☐ BOARD ☐ OTHER

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 JACOB JAWORSKI

CLASSIFIED 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

1/13/23
Date


Signature of Principal

01/17/2023
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

1-17-2023
Date

Signature of Board Chair

Date

School-Related Student Trip Request Form

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

SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP Amanda Huff

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 State Governors Cup ADDRESS Louisville PHONE 502-589-5200

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Galt House 140 N Fourth St Louisville Ky 40202

DATE(S) OF TRIP March 17-18th DEPARTURE TIME morning RETURN TIME eveningPURPOSE/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 ☐ 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 _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Amanda 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? pages

Amanda Huff
 Signature of Faculty Sponsor

2/7/23
 Date

Misty Penning
 Signature of Principal

2-7-23
 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 Jung
 Signature of Superintendent/Designee

2-8-2021
 Date

 Signature of Board Chair

 Date

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

Related Procedures:

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

Review/Revised:11/21/13

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

SCHOOL GATEWAY ACADEMY

FACULTY MEMBER(S) SPONSORING TRIP ALISSA RILEY

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 Bellarmine UniversityADDRESS 2001 Newburg Rd.PHONE-DESTINATION 502-272-8000Louisville, KY 40205

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

DATE(S) OF TRIP <u>3-2-23/3-2-23</u>		DEPARTURE TIME <u>6:00am</u>	RETURN TIME <u>6:00pm</u>
START	END	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE <u>Students will be participating in the Educators Rising State Competition. They will be engaging teacher-centered activities and presentations as well presenting teacher materials that they have created.</u>			
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) <u>InTASC #7: Planning for Instruction/InTASC #8: Instructional Strategies</u>			
SOURCE OF FUNDING FOR TRIP <u>Pertains</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 2MALE STUDENTS 1FEMALE STUDENTS 8

MODE OF TRANSPORTATION: BUS

IS DISTRICT TRANSPORTATION NEEDED? ☐ YES ☐ NO☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY Enterprise Rental☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones ALISSA RILEY/BEVERLY FORT

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? YesX Alissa Riley

Faculty/Sponsor Signature

X Penny Knight

Principal Signature

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

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.

SchoolRelated Student Trip Request Form

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 ☒ Under 300 miles☐ Co curricular ☐ Extracurricular☐ Classroom Field Trip☒ Organization/Club Trip☐ Other (athletic, band, if applicable)DESTINATION Martha Layne Collins

ADDRESS

801Discovery

PHONE-DESTINATION

931-266-2827High SchoolBoulevard Shelbyville, Kentucky40065☐ Out of State☒ Out of County☐ Within County☐ Overnight: give name, address, phone of lodgingDATE(S) OF TRIP 18 FEB 2023

START

END

DEPARTURE TIME 5:00 am

(SELECT AM OR PM FROM DROPDOWN)

RETURN TIME 6:00 pm

(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 29MALE STUDENTS 25FEMALE STUDENTS 4

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 3

Classified chaperones _____

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

☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior?

☒ Yes ☐ NoHow have they been notified? Letter☒

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.

SchoolRelated Student Trip Request Form

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

DESTINATION Apollo High School ADDRESS 2280 Tamarack Road PHONE-DESTINATION 931-266-2827
Owensboro, Kentucky 42301

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

DATE(S) OF TRIP 04 Feb 2023DEPARTURE TIME 06:00 amRETURN 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 31 MALE STUDENTS 27 FEMALE STUDENTS 4MODE 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 43

Classified chaperones _____

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

☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior?

☒ Yes ☐ NoHow have they been notified? LetterX [Signature]

Faculty/Sponsor Signature

X [Signature]

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____X [Signature] 1-19-23

Signature of Superintendent/Designee

Tom Bell 1-19-23

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

emergency approval

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL:

~~HHJ~~ HHJ

FACULTY MEMBER(S) SPONSORING TRIP

Travis Miller

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) Choir

DESTINATION

Bowling Green

ADDRESS

WKU

PHONE

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

DATE(S) OF TRIP

4/17/2023

DEPARTURE TIME

7:00 am

RETURN TIME

7:00 pmtimes estimated

PURPOSE/EDUCATIONAL VALUE

KMEA Choral Festival

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

Singing music w/others (National Standard)

SOURCE OF FUNDING FOR TRIP

Choir

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

MALE STUDENTS

7

FEMALE STUDENTS

36MODE 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

Travis Miller

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? Choir Hand book

[Signature]
 Signature of Faculty Sponsor

1-12-2023
 Date

[Signature]
 Signature of Principal

1-12-2023
 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

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