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

SCHOOL * FACULTY MEMBER(S) SPONSORING TRIP
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 ME MONING BIO ADDRESS PLASSING THE PHONE-DESTINATION (270) 987-65
Out of State Out of County Dewithin County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 3/8/23 DEPARTURE TIME 9: 3 A.H. RETURN TIME 12:00 P.M.
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE Rotary Perform and
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip To tar y
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 V AV - Chicked out
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones
Classified chaperones
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?
Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No
How have they been notified? Nomina - All Call
× // × ///
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
Mon Bell "Kne" 3-7-23
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 PR	IOR TO TAKING THE TRIP.
	PONSORING TRIP Dec CANCIL
Type of Trip (check one):	
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurric ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (a	thletic, band, if applicable
DESTINATION Atherton H.S. Address San Danker	
Out of State Out of County Within County lodging 780 Radison Hotel County Jen	terson wille
DATE(S) OF TRIP 2/17/23 - 2/18/23 DEPARTURE TIME /2	OU pu 17th RETURN TIME 10:00 pm
PURPOSE/EDUCATIONAL VALUE Wighing Semi-State	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIF	? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP District / School	
Amount of Student Fee:	
NO STUDENT SHALL BE DENIED THE TRIP BECAU	SE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCI	100L COUNCIL BOARD OTHER
NUMBER OF: STUDENTS // MALE STUDENTS //	FEMALE STUDENTS
Mode of Transportation: Is district transportation need ap. 212.) Certificated common carrier; specify	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY	DRIVER(S)
CERTIFIED CHAPERONES	
CLASSIFIED CHAPERONES Dec Lewell, Damien Lewell	Anthony Smith, Anthony Harris,
Disan Myees, Man Livrogation Merritt	
	designated by the principal/designee to supervise notified of the rules and regulations regarding tified to the rules and regulations regarding tified to the rules and regulations are acceptable.
Signature of Faculty Sponsor Date S	ignature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUM APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNAT	
Trip has been approved disapproved. Reason for disapproval	
11.71	2 12 201
Signature of Superintendent/Designee	2-17-25H Date
Tierro Bell'ikone	2-13-33
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

energency approved

		SUBMIT THIS I	FORM FOUR (4) WEEKS PRI	OR TO TAKING	THE TRIP.		
SCHOOL C	HRISTIAN COUNTY	HS	FACULTY I	Member(s) s	PONSORING TR	IPKARI	n Reed_/	Paula
TYPE OF TRIP	(CHECK ONE):							Giesek
□ Classroon	n Field Trip	□ Organizatio	miles on/Club Trip	□ Other (at	hletic, band, i	i applicable		
DESTINATION	Murray State	University_	Address _	THEATRE ART	s - 106D FINE AR	ts Building (FA)	, GLOBAL LANG	GUAGES - 4A-6
FACULTY HALL (FH),	, Murray, KY 42071_	PHONE _	_270-809-463	7, 270-809-4	522			
□ Out of Sta	ate x Out of	f County	□ Within Co	ounty 🗆	Overnight:			
DATE(S) OF TE	RIPMAF 38	2023	DEPARTURE	Тіме8:30	R	TURN TIME _	3:00_	9
Purpose/Educ	CATIONAL VALUE	Tour	RING THEATRE	DEPT FOR CO	LLEGE CHOIC	E OPPORTUNIT	Ύ	 -:
WHAT STANDA	ARD IS BEING AD	DRESSED BY	TAKING THIS	TRIP? (DOES	NOT APPLY T	O ATHLETIC	гrips.)	THEATER
	NDING FOR TRIP _							
	TUDENT FEE:							
			E DENIED THE			ITY TO PAY.		
BILL TRIP EXP	ENSES TO: □ SPON						RD 2	X OTHER
NUMBER OF: S	STUDENTS 30	Mal	e Students	15	FEMALE S	STUDENTS	15	_
Mode of Tha	ANSPORTATION: IS	DISTRICT TRA	NSPORTATION I	VEEDED?	□ NO	X YES (SEE	PROCEDURE	е 09.36 ар.
	ERTIFICATED COM				CONTRACTOR OF THE PARTY OF THE			_
A STATE OF THE PARTY OF THE PAR	PRIVATE VEHICL				ER(S)			
	APERONES							
CERTIFIED CH	APERONES	_KARIN KEEI	(FAULA	JIESEKE-ARI)			
CLASSIFIED CI	HAPERONES	BARBARA	SUZANNE KLO	PFENSTEIN_				
supervise stud	aperones underg dents? x Yes □ N ehavior ?x Yes □	lo No	Have all st	udents been they been n	notified of to otified? Par	he rules and per permissio	regulation n form wi	s regarding th behavior
expectations_	Pood Faculty Sponsor		1/11/23	1	ignature of Pr	-bum	n 2	1271202
Signature of	Faculty Sponsor	o DHE EO	Date	N CIDCII	ACTANCES	тылт маі	ZE PRIO	R ROARD
EMERGEN APPROVAL	CY REQUEST IMPOSSIBLE	SHOULD A	LSO HAVE	THE SIGN.	ATURE OF	THE BOAR	D CHAIR	PERSON
Trip has been to	papproved 🗆 c	lisapproved. R	eason for disap	proval				
Sign	nature of Superinte	m freendent Design	eg l		<u>~</u>		- 28-20 Date	28
Sign	nature of Board Cl	hair			5	1	Date	
For over	rnight and/or out-o	f-state trips, ar	oproval of the S	uperintendent	and/or Board	may be require	d by policy	09.36.
	Commence of the state of		West of the second seco			8477		

RELATED PROCEDURES:

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

Review/Revised:11/21/13

		SUBMIT THIS F	FORM FOUR (4	1) WEEKS PRIOR TO TAKING T	HE TRIP.	
	HRISTIAN CO. H P (CHECK ONE):	S	FACULTY M	Tember(s) sponsoring trip:	V. Mohon & J	. Jaworski
□ Over 30	0 miles	Under 300	miles	□ Cocurricular	Extracurricu	ılar
□ Classroo	om Field Trip	Organizatio	on/Club Trip	□ Other (athletic, band, if	applicable	
DESTINATION	: Lyon Co. Hig	H SCHOOL ADD	ress: <u>209 Fa</u>	urview Ave, Eddyville, K	7 42038 PHONE: (2	270) 388-971 <u>5</u>
□ Out of	State Out o	of County [1]	Within Cou	nty Overnight: give name	ne, address, pho	one of lodging
DATE(S) OF T	TRIP: 3-17-23	DEPART	TURE TIME: 7:	00 A.M. RETURN TIM	іе: <u>5:00 рм</u>	
				E IN LEADERSHIP AND CAREER		ENT CONTESTS
				? (Does not apply to athli rpersonal communication (EN. ORAL, ETC)
114	UNDING FOR TRIF		F BASIC INTE	A ERSONAL COMMUNICATION	DISTERNING WRITE	Ent, Oldrid, ETC)
	OF STUDENT I	17				
	No s	TUDENT SHALL B	BE DENIED THE	TRIP BECAUSE OF AN INABILI	ГҮ ТО РАҮ.	
BILL TRIP EX	PENSES TO: SP	ONSORING ORGA	NIZATION	□ SCHOOL COUNCIL	□ BOARD	□ OTHER
Number of:	STUDENTS 40	MAL	E STUDENTS:	20 FEMALE ST	UDENTS: <u>20</u>	
Mode of Tr	ANSPORTATION:	IS DISTRICT TRA	NSPORTATION	NEEDED? □ NO □ YES (SI	EE PROCEDURE 09.	36 ap. 212.)
□ Certifica	TED COMMON CA	RRIER; SPECIFY				
□ Private vi	EHICLE, IF ALLOV	WED BY POLICY;	SPECIFY DRIV	er(s)		
	HAPERONES VICT					
CLASSIFIED O	CHAPERONES <u>No</u> i	<u>NE</u>				
Have all ch	naperones unde	rgone the req	uired records	s check and been designat	ed by the princi	pal/designee to
supervise str						□ Yes □ No
Have all st	udents been no	otified of the t	rules and rec	gulations regarding accepta	hle behavior?	□ Yes □ No
	ney been notifie			of Acceptable Behavior	ore condition.	2 100 2 110
latet			2/20/23	•		
//	f Faculty Spons		Date	Signature of Pri	= 6	Date
EMERGEN APPROVA	NCY REQUES L IMPOSSIBL	TS DUE TO LE SHOULD A	UNFORSEI LSO HAVE	EN CIRCUMSTANCES T THE SIGNATURE OF T	HAT MAKE PI HE BOARD CH	RIOR BOARD AIRPERSON
Trip has been	approved	disapproved. R	eason for disap	pproval		
	11/	in the	-		2-272	TY
Sig	nature of Superio	/ 6	eg)		Date	_
Sig	nature of Board	Chair	Kne"	e	2 -23-3 Date	9
			proval of the	Superintendent and/or Board m	ay be required by p	olicy 09.36.

	SUBMIT THIS FORM FOU	r (4) Weeks prior to ta	KING THE TRIP.	
SCHOOL: CHRISTIAN C Type of Trip (check on		FACULTY MEMBER(S) SPO	onsoring trip: <u>J. Jawo</u> f	ski/V. Mohon
□ Over 300 miles	☐ Under 300 miles	□ Cocurricular	□ Extracurric	ılar
☐ Classroom Field Tr	ip Organization/Club T	rip 🗆 Other (athletic, b	and, if applicable	
	y Fair & Expo Center	Address: 93	7 PHILLIPS LN., LOUISVII	LE, KY
Phone: <u>270-839-2948</u>				
□ Out of State □ (Out of County Within C	county Overnight: gi	ve name, address, pho	one of lodging
DATE(S) OF TRIP: 2-17-	23 DEPARTURE TIME	: 7:00 a.m. RETUI	rn Тіме: <u>6:00 рм</u>	
	Value: Students see the LA			ORTS IN FFA
	G ADDRESSED BY TAKING THIS			EN ODAL ETO)
<u>SS-AAUU7 DEMONSTRA</u> Source of funding for	TE UNDERSTANDING OF BASIC IN	TERPERSONAL COMMUNIC.	ATION (LISTENING, WRITT	EN, URAL, EIC)
AMOUNT OF STUDE				
	No student shall be denied	THE TRIP BECAUSE OF AN I	NABILITY TO PAY.	
BILL TRIP EXPENSES TO:	☐ SPONSORING ORGANIZATION	□ school cou	NCIL D BOARD	□ other
Number of: students 2	Male Studen	rs: <u>13</u> Fem	ale Students: 12	
Mode of Transportat	ION: IS DISTRICT TRANSPORTAT	ION NEEDED? □ NO □	YES (SEE PROCEDURE 09.	36 ap. 212.)
☐ CERTIFICATED COMMO	ON CARRIER; SPECIFY			
☐ Private vehicle, if A	ALLOWED BY POLICY; SPECIFY	DRIVER(S)		
CERTIFIED CHAPERONES	Jacob Jaworski/Victoria N	<u>IOHON</u>		
CLASSIFIED CHAPERONES	-			
	undergone the required rec	ords check and been de	esignated by the princi	
supervise students?				□ Yes □ No
Have all students bee	n notified of the rules and	0.27c/ 0.000 0.000		□ Yes □ No
How have they been no	otified? <u>Permission Slip, C</u>	ode of Acceptable Behav	<u>vior</u>	
Virtura Chapi	2/1/01	23	3/	2/16/23
Signature of Faculty S	ponsor Date	Signature	of Principal	Date
EMERGENCY REQ APPROVAL IMPOSS	UESTS DUE TO UNFOR SIBLE SHOULD ALSO HA	SEEN CIRCUMSTANG VE THE SIGNATURE	CES THAT MAKE P OF THE BOARD CH	RIOR BOARD AIRPERSON
Trip has been 🗆 approved	d □ disapproved. Reason for	disapproval		
	Markon		2-2-	2027
	aperintendent/Designee		Date	
Signature of B	oard Chair		2-2-3 Date	23
For overnight and/	or out-of-state trips, approval of	the Superintendent and/or B	loard may be required by p	olicy 09.36.

RELATED PROCEDURES:

Page 1 of 2

emergency approved

STUDENTS

□ Over 300 miles

CLASSIFIED CHAPERONES NONE

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI SCHOOL: CHRISTIAN CO. HS Type of Trip (check one): Extracurricular □ Cocurricular Under 300 miles □ Classroom Field Trip

RETURN TIME: 10:00 AM

DESTINATION: WKDZ RADIO STATION ADDRESS: 19 D.J EVERETT DRIVE, CADIZ, KY 42211 PHONE 270-522-3232 □ Out of State XOut of County □ Within County □ Overnight: give name, address, phone of lodging

School-Related Student Trip Request Form

DATE(S) OF TRIP: 2-22-23 DEPARTURE TIME: 7:30 A.M. 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.

OTHER □ BOARD BILL TRIP EXPENSES TO:

SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL FEMALE STUDENTS: 2 MALE STUDENTS: 3 NUMBER OF: STUDENTS: 5 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

Have all chaperones undergone the required records check and been designated by the principal/designee to □ Yes □ No supervise students?

Have all students been notified of the rules and regulations regarding acceptable behavior? □ Yes □ No How have they been notified? Permission Slip, Code of Acceptable Behavior

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

SUBMITTHE FORM FOUR (4) WERE SPROR TO TAKING THE TO

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
CHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Sheri Han C	OCK
YPE OF TRIP (CHECK ONE): ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable	
Out of State Out of County Within County Overnight: give name, address, phologing	one of
ATE(S) OF TRIP April 28-29 DEPARTURE TIME 5.00 PM FG. MONTHE 10.91	Sat. Nic
URPOSE/EDUCATIONAL VALUE	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC	rrips.)
MOUNT OF STUDENT FEE:	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
	THER
UMBER OF: STUDENTS FEMALE STUDENTS FEMALE STUDENTS	
Iode of Transportation: is district transportation needed? ☐ no 🥱 yes (see procedure p. 212.)☐ Certificated common carrier; specify	09.36
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	
LASSIFIED CHAPERONES Michelle Rood, Regen Hancock, Jason Cock	
lave all chaperones undergone the required records check and been designated by the principal/designee to su tudents? If yes I No Have all students been notified of the rules and regulations respected to the principal of the rules and regulations respected to the principal of the rules and regulations respected to the rules and respected to the rules are respected to the rules and respected to the rules and respected to the rules and respected t	pervise garding
MERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR B PPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPE	
rip has been approved disapproved. Reason for disapproval	
Signature of Superintenden Designee 3-2-2023 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 09.3	6.

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 FACULTY MEMBER(S) SPONSORING TRIP
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 Apollo High School Address 2280 Tamarack Road Phone-destination 765-414-2588
Owensboro, Kentucky 42301
Out of State X Out of County Within County Overnight: give name, address, phone of lodging
Date(s) of Trip 04-Mar 2023 OY MAL 23 DEPARTURE TIME 06:00 and 4:30 Return Time 8:00 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 20 Male Students 17_ Female Students 3_
Mode of Transportation: is district transportation needed? \[\sum_{\text{NO}} \text{NO} \text{ X yes (see procedure 09.36 ap. 212.)} \]
☐ CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones BEN 5-17H, ROBERT LEE, SHAUNIA CONDES
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 Vennyknight
Faculty/Sponsor Signature Principal Signature
Trip has been ☑ approved ☐ disapproved. Reason for disapproval
× Clm. John 2-15-22
Signature of Superintendent/Designee
Tom Bell "kne" 3-15-22
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09 36
1 of order of the order of the order of the superintendent and/or Board may be required by policy (10) 36

SCHOOL JOPHNSVILLE	41.5.	v 000000		
SCHOOL TRIP	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKI	NG THE TRIP.	
☐ Over 300 miles		PHONE _	/2	
lodging Holiday Indiate(s) OF TRIP 2/17 - 2/19 PURPOSE/EDUCATIONAL VAL	DEPARTURE TIME	1921 Bishop Lo E RETURN E WRISTING TWO	WEY	4021
WHAT STANDARD IS BEING		THIS TRIP: (DOES IN		r Kiro.j
SOURCE OF FUNDING FOR TR	IP			
AMOUNT OF STUDENT FEE: _				
NO STUDE BILL TRIP EXPENSES TO: □ SI NUMBER OF: STUDENTS Z	ENT SHALL BE DENIED THE PONSORING ORGANIZATION MALE STUDENTS _	N □ SCHOOL COUNC	AND A STATE OF THE	THER
MODE OF TRANSPORTATION 212.) □ CERTIFICATED CO		The second secon	YES (SEE PROCEDURE 0	9.36 AP.
	CLE IF ALLOWED BY POLIC	CY: SPECIFY DRIVER(S)	w Pinner	
CLASSIFIED CHAPERONES				
Have all chaperones under supervise students? Yes acceptable behavior? Yes	☐ No Have all s	students been notified of they been notified?	the rules and regulations regu	garding
Signature of Faculty Sponso		Signature of I		
EMERGENCY REQUESTS APPROVAL IMPOSSIBLE	S DUE TO UNFORSEE SHOULD ALSO HAVE T	N CIRCUMSTANCES HE SIGNATURE OF TH	THAT MAKE PRIOR B HE BOARD CHAIRPERSON	OARD V
Trip has been approved	disapproved. Reason for disap	oproval		
Clani	had		7-14-6022)
Signature of Superin	endent/Designee		7-14-W23 Date	
Is a mat	e "Keee"		2-12-33	
Signature of Board C	Chair		Date	
For overnight and/or out-	of-state trips, approval of the S	Superintendent and/or Board	may be required by policy 09.3	6.
RELATED PROCEDURES:			n ⁸⁸	я .
09.36 AP.211, 09.3	6 AP.212, 09.36 AP.23	3	Review/Revised:11	/21/13
	em	ngury a	pprouel	
	\$7.1.1.1. T) 4 E	и " с	

Vehicle Request Form

Faculty Member(s) sponsoring trip Scott Scores - Verstlug Coacil

SCHOOL: HHS	FACULTY M	EMBER SPONSORING TRIP: <u>Aavon Stallons</u>
TYPE OF TRIP (CHECK ONE):		
O Over 300 miles O Un	der 300 miles	O Co-curricular O Extracurricular
Classroom Field Trip O Org	ganization/Club Trip C	Other (athletic, band, if applicable)
DESTINATION VEXINGTON KY	ADDRESS	PHONE
O Out of State O Out of Cou	nty O Within Cou	nty Ø Overnight: give name, address, phone of
lodging	/	1111
DATE(S) OF TRIP 4/12 - 4	DEPARTURE T	TIME 4:15pm RETURN TIME 5:00pm
PURPOSE/EDUCATIONAL VALUE	will be taken	ng students to equine related busin
WHAT STANDARD IS BEING ADDI	mals caring	THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP	LAUFC G	SRANT
AMOUNT OF STUDENT FEE: \$		
NO STUDENT SHA	ALL BE DENIED THE TR	IP BECAUSE OF AN INABILITY TO PAY.
		O SCHOOL COUNCIL O BOARD O OTHER
NUMBER OF STUDENTS	MALE STUDENTS	FEMALE STUDENTS 3
MODE OF TRANSPORTATION: IS DIS	 TRICT TRANSPORTATI	ON NEEDED? O NO Ø YES (SEE PROCEDURE 09.36 AP. 212.)
© CERTIFICATED COMMO	N CARRIER; SPECIFY_	Van
O DRIVATE VEHICLE IE ALL	OWED BY POLICY: SPE	CIFY DRIVER(S)
CERTIFIED CHAPERONES AM	on Stallons	Victoria Mohan (ccits)
CLASSIFIED CHAPERONES		
CLASSITIES CLASSICS		
Have all chaperones undergone the r	equired records check a	and been designated by the principal/designee to supervise
students? No Ves O No	Have all stude	ents been notified of the rules and regulations regarding
acceptable behavior? O Yes O No	How have the	v been notified? PVMISSIM JID
State	1/25/23	1 NOV and 3-6-2023
Signature of Faculty Sponsor	Date	Signature of Principal Date
EMERGENCY REQUESTS DUE	TO UNFORESEEN	CIRCUMSTANCES THAT MAKE PRIOR BOARD
		HE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved O disappr	oved. Reason for disappr	oval
21		
/ ln	nander	3-7223
Signature of Superintendent/	Designee	Date
A Company of the Comp		
Signature of Board Chair		Date

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

	Hopkinsi	alle th	FACULTY	MEMBER SI	ONSORING T	rip: <u>SWa</u>	n Hauss
	TRIP (CHECK ONE		J.				
	300 miles					O Extracum	ricular
O Class	room Field Trip	O Organiz	atjon/Club Trip	O Other (a	thletic, band,	if applicable)	
DESTINAT	nov Industin	al Yark	GADDRESS_			PHONE	
O Out o	of State O Ou	t of County	Within C	ounty O	Overnight:	give name, ad	dress, phone of
lodging		4 000			η		2 100
DATE(S) O	F TRIP WWW	17,707	DEPARTUR	E TIME 3	:30H	RETURN TIME	3:00P
Purpose/	EDUCATIONAL V.	ALUE'_\\()(<u>JUSMY IC</u>	3 2ruc	Moun	1 26UZG 26	minorest
What st	ANDARD IS BEIN	NG ADDRESSI	ED BY TAKING	THIS TRIP	? (Does no	APPLY TO A	THLETIC TRIPS.)
SOURCE O	F FUNDING FOR T	RIP					
AMOUNT	OF STUDENT FEE:	\$					e
	No stud	ENT SHALL B	E DENIED THE	TRIP BECAUS	E OF AN INA	BILITY TO PAY.	
RILL TRIP	EXPENSES TO: O						O OTHER
	OF: STUDENTS						
Modere	TRANSPORTATIO	N. IS DISTRIC	T TRANSPORTA	TION NEEDE	D? ONO	YES (SEE PROCED	URE 09.36 AP. 212.)
	CERTIFICATED						
	PRIVATE VEHICLE D CHAPERONES						
CLASSIFIE	CD CHAPERONES _						
Have all cl students? acceptable		one the requir	ed records chec	k and been d adents been hey been no	esignated by	the principal/des ne rules and regu	gnee to supervise
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RELATED PROCEDURES:

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

Review/Revised: 11/21/13

	SCHOOL: H+5 FACULTY MEMBER SPONSORING TRIP: Heidi Wheeler
	TYPE OF TRIP (CHECK ONE):
	O Over 300 miles
Dulont manua	
High Sch	O Out of State O Out of County O Within County Overnight: give name, address, phone of
	lodging steed In + Smites 130 sping Pointe Pr. She pherds wille, KY 40165
	lodging steep In + Smites 130 spring Pointe Pr. Shepherdsville, KY 40165 503-215-4956 DATE(S) OF TRIP march 17-18, 20 DEPARTURE TIME 12 mon RETURN TIME March 18 0 16
	Purpose/Educational Value Science Olympiad Regional Tournament
	WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
	SOURCE OF FUNDING FOR TRIP
	AMOUNT OF STUDENT FEE: \$ 💍
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER
	NUMBER OF: STUDENTS 8 MALE STUDENTS 4 FEMALE STUDENTS 4
	MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO SYES (SEE PROCEDURE 09.36 AP. 212.) O CERTIFICATED COMMON CARRIER; SPECIFY
	O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
	CERTIFIED CHAPERONES Heidi Wheeler + Chan Allison
	CLASSIFIED CHAPERONES
	Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes O No Have all students been notified of the rules and regulations regarding How have they been notified? How have they been notified?
	Signature of Faculty Sponsor Date Signature of Principal Date
	EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
	Trip has been approved O disapproved. Reason for disapproval
-	
	2-272023
-	Signature of Superintendent Designee Date
	Tom BILLI'YOU'Y 2-27-23
-	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

Page 1 of 1

SCHOOL: HHS	FACULTY MEMBER SPONSORING TRIP: KATE HUMILTON
TYPE OF TRIP (CHECK ONE):	*
O Over 300 miles	Inder 300 miles O Co-curricular O Extracurricular Organization/Club Trip O Other (athletic, band, if applicable)
Protection Galt House	ADDRESS LOWSWILL KY PHONE
O Out of State Q Out of Co	ounty O Within County Overnight: give name, address, phone of
lodging KIMT ADMA.	140 N. Fourth Street Lowenile, KY 40202 (S02/589)
DATE(S) OF TRIP 2/17 3/19	2023 DEPARTURE TIME 2:00 pm RETURN TIME 2:00 pm
PURPOSE/EDUCATIONAL VALUE	Governors Cup Compatin on
WHAT STANDARD IS BEING AD	DRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP	
AMOUNT OF STUDENT FEE: \$	
NO STUDENT SI	HALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONS	SORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER
Number of: students 3	MALE STUDENTS FEMALE STUDENTS
MODE OF TRANSPORTATION: IS D	DISTRICT TRANSPORTATION NEEDED? O NO VES (SEE PROCEDURE 09.36 AP. 212.) ION CARRIER; SPECIFY
O PRIVATE VEHICLE, IF AI CERTIFIED CHAPERONES	LLOWED BY POLICY; SPECIFY DRIVER(S)
CLASSIFIED CHAPERONES	
Have all chaperones undergone the students? O Yes O No acceptable behavior? O Yes O No Signature of Faculty Sponsor	Have all students been notified of the rules and regulations regarding How have they been notified? How have they been notified? Date Signature of Principal Date
APPROVAL IMPOSSIBLE SH	UE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD OULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved O disap	proved. Reason for disapproval
	222-2527
Almijus	
Signature of Superintenden	nt/Designee Date
	nt/Designee Date 2-27-23 Date

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

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