

**School-Related Student Trip Request Form**

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 Memorial Bld ADDRESS 1392 N. 1st St PHONE-DESTINATION (270) 887-6571
☐ Out of State    ☐ Out of County    ☒ Within County    ☐ Overnight: give name, address, phone of lodging

 DATE(S) OF TRIP 3/8/23 DEPARTURE TIME 9:30 A.M. RETURN TIME 12:00 P.M.  
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE Rotary Performance

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

SOURCE OF FUNDING FOR TRIP Rotary

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 4 FEMALE STUDENTS 0MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY VAN - checked out☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_Certified chaperones 1

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? Remind - All Call

X

Faculty/Sponsor Signature

X

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_
Chunzong  
Tien 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.

Emergency approved

. STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL CLHS FACULTY MEMBER(S) SPONSORING TRIP Dee Leavell  
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 Atherton H.S. ADDRESS 3000 Dunbar Rd. Louisville, KY PHONE 502-485-8202  
☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging TBD Radisson Hotel Louisville Jeffersonville  
DATE(S) OF TRIP 2/17/23 - 2/18/23 DEPARTURE TIME 12:00 pm 17m RETURN TIME 10:00 pm 18m  
PURPOSE/EDUCATIONAL VALUE Wrestling Semi-State  
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
SOURCE OF FUNDING FOR TRIP District / School  
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 11 MALE STUDENTS 11 FEMALE STUDENTS 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 \_\_\_\_\_

CLASSIFIED CHAPERONES Dee Leavell, Damien Leavell, Anthony Smith, Anthony Harris, Dyan Myers, Matt Livingston Merritt

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? CLHS Code of Acceptable Behavior

[Signature]  
Signature of Faculty Sponsor

2/15/23  
Date

[Signature]  
Signature of Principal

2/13/23  
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

2-18-23  
Date

[Signature]  
Signature of Board Chair

2-13-23  
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 approved



## SchoolRelated Student Trip Request Form

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

SCHOOL CHRISTIAN COUNTY HS FACULTY MEMBER(S) SPONSORING TRIP KARIN REED / Paula

**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 THEATRE ARTS - 106D FINE ARTS BUILDING (FA), GLOBAL LANGUAGES - 4A-6  
FACULTY HALL (FH), MURRAY, KY 42071 PHONE 270-809-4637, 270-809-4522

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

DATE(S) OF TRIP MAP 28, 2023 DEPARTURE TIME 8:30 RETURN TIME 3:00

**PURPOSE/EDUCATIONAL VALUE** \_\_\_\_\_ **TOURING THEATRE DEPT FOR COLLEGE CHOICE OPPORTUNITY** \_\_\_\_\_

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) THEATER  
PERFORMING ARTS AND TECHNICAL ARTS STANDARDS \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP DRAMA CLUB-THEATRE/ SHARING BUS WITH ART DEPT

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 30 MALE STUDENTS 15 FEMALE STUDENTS 15

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**      **KARIN REED** (PAULA GIESEKE-ART)

**CLASSIFIED CHAPERONES** **BARBARA SUZANNE KLOPFENSTEIN**

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? Paper permission form with behavior expectations

expectations \_\_\_\_\_  
Karin Reed 1/11/23 Nedra L. Brown 2/27/2023  
 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 \_\_\_\_\_

Signature of Superintendent/Designee 2-28-2023  
Date

Signature of Board Chair Date

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

### RELATED PROCEDURES:

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

Review/Revised:11/21/13

**School-Related Student Trip Request Form**

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

SCHOOL: CHRISTIAN CO. HSFACULTY 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: LYON CO. HIGH SCHOOL ADDRESS: 209 FAIRVIEW AVE, EDDYVILLE, KY 42038 PHONE: (270) 388-9715

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

DATE(S) OF TRIP: 3-17-23DEPARTURE TIME: 7:00 A.M.RETURN TIME: 5:00 PMPURPOSE/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 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 40MALE STUDENTS: 20FEMALE STUDENTS: 20MODE 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 JAWORSKICLASSIFIED 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

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 \_\_\_\_\_

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.

*emergency approve*



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: KENTUCKY FAIR & EXPO CENTER

ADDRESS: 937 PHILLIPS LN., LOUISVILLE, KY

PHONE: 270-839-2948

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

DATE(S) OF TRIP: 2-17-23

DEPARTURE TIME: 7:00 A.M.

RETURN TIME: 6:00 PM

PURPOSE/EDUCATIONAL VALUE: STUDENTS SEE THE LATEST EQUIPMENT AND ARE REWARDED FOR FFA EFFORTS IN FFA

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

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

SOURCE OF FUNDING FOR TRIP: CCHS FFA

AMOUNT OF STUDENT FEE: \$0

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

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

NUMBER OF: STUDENTS 25

MALE STUDENTS: 13

FEMALE STUDENTS: 12

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

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

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

CERTIFIED CHAPERONES JACOB JAWORSKI/VICTORIA MOHON

CLASSIFIED CHAPERONES NONE

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

2/16/23  
Date

[Signature]  
Signature of Principal

2/16/23  
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

2-2-2023  
Date

Tom Bell  
Signature of Board Chair

2-2-23  
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:

Page 1 of 2

emergency approved

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: WKDZ RADIO STATION ADDRESS: 19 D.J. EVERETT DRIVE, CADIZ, KY 42211 PHONE: 270-522-3232

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

DATE(S) OF TRIP: 2-22-23

DEPARTURE TIME: 7:30 A.M.

RETURN TIME: 10:00 AM

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: 5

MALE STUDENTS: 3

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: 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

2/21/23  
Date

[Signature]  
Signature of Principal

2/21/23  
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

2-21-2023  
Date

[Signature]  
Signature of Board Chair

2-21-23  
Date

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

emergency approved



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 Sheri Hancock

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Great Crossings Park ADDRESS Georgetown Ky PHONE \_\_\_\_\_

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

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

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

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

SOURCE OF FUNDING FOR TRIP CCHS Softball Boosters

AMOUNT OF STUDENT FEE: \_\_\_\_\_

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHERNUMBER OF: STUDENTS 15 MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS 15MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES Sheri HancockCLASSIFIED CHAPERONES Michelle Reed, Regan Hancock, Jason Cook

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No  
 Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No

Sheri Hancock  
 Signature of Faculty Sponsor

1-12-23  
 Date

1/12/23  
 Signature of Principal

1/12/23  
 Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Chris Jay  
 Signature of Superintendent/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 09.36.

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 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 Apollo High School ADDRESS 2280 Tamarack Road PHONE-DESTINATION 765-414-2588  
Owensboro, Kentucky 42301

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

DATE(S) OF TRIP <sup>93</sup> 04-Mar 2023 07 MAR 23 DEPARTURE TIME 06:00 am 04:30 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? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)

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

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

Certified chaperones BEN SMITH, ROBERT LEE, SHAUNNA ROUNDS

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? Letter

X [Signature]

Faculty/Sponsor Signature

X Penny Knight

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

X Chris J... 2-15-22

Signature of Superintendent/Designee

Tom Bell "kme" 2-15-22

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

emergency approved



**SchoolRelated Student Trip Request Form**

SCHOOL Hopkinsville H.S.  
 TYPE OF TRIP SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

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

DESTINATION Atherton HS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Holiday Inn Louisville Expo 1921 Bishop Ln Louisville, KY 40218

DATE(S) OF TRIP 2/17-2/18 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_  
 PURPOSE/EDUCATIONAL VALUE KHSAA STATE WRESTLING TOURNAMENT  
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
COMPETITION - KHSAA  
 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 2 MALE STUDENTS 2 FEMALE STUDENTS \_\_\_\_\_  
 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)  
☐ CERTIFICATED COMMON CARRIER; SPECIFY BOARD CAR  
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_  
 CERTIFIED CHAPERONES SCOTT SEAMEN - ASST. COACH. ANTONIO PINNER

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? TEAM RULES

Scott Seamen 2-14-23 [Signature] 2/14/23  
 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 ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Clayton 2-14-2023  
 Signature of Superintendent/Designee Date  
Tom Bell "Kore" 2-15-23  
 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

Emergency approved**Vehicle Request Form**

School HHS Faculty Member(s) sponsoring trip SCOTT SEAMEN - WRESTLING COACH

School-Related Student Trip Request FormSCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: Aaron Stallons

## TYPE OF TRIP (CHECK ONE):

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

DESTINATION Lexington, KY ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 4/12 - 4/14 DEPARTURE TIME 4:15pm RETURN TIME 5:00pmPURPOSE/EDUCATIONAL VALUE Will be taking students to equine related businesses

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

selecting breeding animals, caring for nutritionSOURCE OF FUNDING FOR TRIP LAUEC GRANT

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 7 MALE STUDENTS 4 FEMALE STUDENTS 3MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY Van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES Aaron Stallons, Victoria Moham (CCHS)

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? Permission Slip

[Signature]  
Signature of Faculty Sponsor

1/25/23  
Date

[Signature]  
Signature of Principal

3-6-2023  
Date

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

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

3-7-23  
Date

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

\_\_\_\_\_  
Date

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

## RELATED PROCEDURES:

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

Review/Revised: 11/21/13



School-Related Student Trip Request Form

SCHOOL: Hopkinsville High FACULTY MEMBER SPONSORING TRIP: Sarah Addison  
 TYPE OF TRIP (CHECK ONE):

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

DESTINATION Industrial Park & HCC ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE(S) OF TRIP March 7, 2023 DEPARTURE TIME 8:30 A RETURN TIME 3:00 P

PURPOSE/EDUCATIONAL VALUE Industry Tours & Money Sense Seminar @ HCC

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 Katie Hamilton

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? by paper handout

Sarah Addison  
Signature of Faculty Sponsor

2/24/23  
Date

Andy Cooper  
Signature of Principal

2-24-2023  
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

2-28-2023  
Date

Tom Bellamy  
Signature of Board Chair

2-28-23  
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

School-Related Student Trip Request FormSCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: Heidi Wheeler

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)

DuPont manual High School DESTINATION 130 W Lee St. Louisville KY 40208 ADDRESS \_\_\_\_\_ PHONE 502-485-8241  
☐ Out of State    ☐ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging sleep Inn + Suites 130 Spring Pointe Dr. Shepherdsuille, KY 40165  
 502-215-4956

DATE(S) OF TRIP march 17-18, 2023 DEPARTURE TIME 12 noon RETURN TIME march 18 @ 10 pmPURPOSE/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: \$ 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 8 MALE STUDENTS 4 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 Heidi Wheeler + Ethan Allison

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? verbally

Heidi Wheeler  
 Signature of Faculty Sponsor

2/22/23  
 Date

Andy Ayler  
 Signature of Principal

2-23-2023  
 Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Chris Jones  
 Signature of Superintendent/Designee

2-27-23  
 Date

Tom Bell  
 Signature of Board Chair

2-27-23  
 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 approved



School-Related Student Trip Request Form

SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: Katie Hamilton

## TYPE OF TRIP (CHECK ONE):

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

DESTINATION Galt House ADDRESS Louisville, KY PHONE \_\_\_\_\_

☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
Galt House 140 N. Fourth Street Louisville, KY 40202 (502) 589-5206

DATE(S) OF TRIP 3/17-3/19/2023 DEPARTURE TIME 2:00 pm RETURN TIME 2:00 pm

PURPOSE/EDUCATIONAL VALUE Governors Cup Competition

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

Academic Team

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 3 MALE STUDENTS 1 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 Katie Hamilton

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

Katie Hamilton  
Signature of Faculty Sponsor

Have all students been notified of the rules and regulations regarding  
How have they been notified? Sign off sheet  
2/23/2023 Andy Apple 2-23-2023  
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 ☐ disapproved. Reason for disapproval \_\_\_\_\_

Christine  
Signature of Superintendent/Designee

2-27-2023  
Date

Tom Bell "Kme"  
Signature of Board Chair

2-27-23  
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 approved