

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: DOWNTOWN CITY OF HOPKINSVILLEADDRESS: 198 W 9TH ST, HOPKINSVILLE, KY 42240PHONE: (270)-498-1555

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

Not an overnight tripDATE(S) OF TRIP: 4/21/2023DEPARTURE TIME: 9:00 AM ON 4/21/2023 RETURN TIME: 1:30 P.M. ON 4/21/2023

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO ASSIST THE BEAUTIFICATION OF HOPKINSVILLE DIRECTOR REMOVE WINTER PLANTS AND PLANT SUMMER ONES. THE STUDENTS WILL GET TO ASSIST THE COMMUNITY AND GIVE BACK. THEY WILL ALSO BE MEETING A HORTICULTURE BASED CAREER IN CITY GOVERNMENT.

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

SS-EK3 IDENTIFY AND SEEK VARIOUS WORK EXPERIENCE OPPORTUNITIES, E.G., VOLUNTEERISMSS- 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 40 20 MALE STUDENTS 20 FEMALE STUDENTSMODE 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

Mattea Wyatt 3-28-23 Robert A. Blum 3/28/23
 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 J. Jorgensen</u> Signature of Superintendent/Designee	<u>3-29-23</u> Date
<u>Tom Bell</u> Signature of Board Chair	<u>3-29-23</u> Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

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, J. JAWORSKI, 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: FREEDOM ELEMENTARY SCHOOLADDRESS: 831 NORTH DRIVE HOPKINSVILLE, KY 42240PHONE: 270-887-7150

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

Not an overnight tripDATE(S) OF TRIP: 3/30/23DEPARTURE TIME: 11:50 AM 3/30/2023 RETURN TIME: 1:30 PM ON 3/30/2023PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO DO COMMUNITY SERVICE BY HIDING THE EASTER EGGS FOR THE FREEDOM ELEMENTARY SCHOOL EGG HUNT.

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

STUDENTS WILL BE PROVIDING THEIR OWN TRANSPORTATION VIA PARENTS OR IF THEY CAN DRIVE

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES VICTORIA MOHON, JAKE JAWORSKI, 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] 3-27-23 [Signature] 3/27/23
 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 ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee3-29-2023
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.

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL CC HS FACULTY MEMBER(S) SPONSORING TRIP Anthony Darnall, Calvin Warren, Andrea Armour
 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 Disney World ADDRESS Orlando, FL PHONE (407) 939-5277
☒ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging _____
 DATE(S) OF TRIP April 1-5, 2024 DEPARTURE TIME TBD RETURN TIME TBD
 PURPOSE/EDUCATIONAL VALUE Offering students opportunity to march at Disney World and ~~providing~~ an opportunity to travel.
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP: Offering (DOES NOT APPLY TO ATHLETIC TRIPS.)
 SOURCE OF FUNDING FOR TRIP Student funded, they pay for their trips
 AMOUNT OF STUDENT FEE: Approx. \$1,100

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER
approx. 100
 NUMBER OF STUDENTS _____ MALE STUDENTS TBD FEMALE STUDENTS TBD

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY BOB ROGERS TRAVEL

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

CERTIFIED CHAPERONES Anthony Darnall, Calvin Warren, Andrea Armour, Alyssa Ross
 CLASSIFIED CHAPERONES TBD

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? Parent Kickoff on April 24th

Antey Darnall
 Signature of Faculty Sponsor

9/11/23
 Date

[Signature]
 Signature of Principal

9/14/23
 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 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

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, J. JAWORSKI, 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: FREEDOM ELEMENTARY, UNIVERSITY HEIGHTS ACADEMY, SINKING FORK ELEMENTARY, MILLBROOKE ELEMENTARY, CROFTON ELEMENTARY, INDIAN HILLS ELEMENTARYADDRESS: HOPKINSVILLE, KY 42240PHONE: N/A

- ☐ 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: 3/27/2023 AND 3/28/2023DEPARTURE TIME: 7:30AM 3/27/2023 AND 3/28/2023 RETURN TIME: 12:30M ON 3/27/2023 AND 3/28/2023PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO READ AGRICULTURE BOOKS TO EDUCATE STUDENTS ABOUT AGRICULTURE LITERACY IN THE COMMUNITY FOR AGRICULTURE LITERACY WEEK.

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 12 3 MALE STUDENTS 9 FEMALE STUDENTSMODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO YES (SEE PROCEDURE 09.36 AP. 212.)

CERTIFICATED COMMON CARRIER; SPECIFY

STUDENTS WILL BE PROVIDING THEIR OWN TRANSPORTATION VIA PARENTS OR IF THEY CAN DRIVE

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

CERTIFIED CHAPERONES VICTORIA MOHON, JAKE JAWORSKI, 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

Mattia Wyatt 3-24-23 Robert B. B. B. 3/24/2023
 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 ☐ disapproved. Reason for disapproval _____

Tom B. B. 3-27-23
 Signature of Superintendent/Designee Date
Tom B. B. 3-27-23
 Signature of Board Chair Date

emergency approved

School-Related Student Trip Request FormSUBMIT 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: AARON MCNEIL HOUSEADDRESS: 604 E 2ND STREET HOPKINSVILLE, KY 42240PHONE: (270)-886-9734

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

Not an overnight tripDATE(S) OF TRIP: 4/20/23DEPARTURE TIME: 8:00 AM ON 4/20/2023 RETURN TIME: 12:00 P.M. ON 4/20/2023PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO ASSIST THE AARON MCNEIL HOUSE CENTER PLANT THEIR COMMUNITY GARDEN. THE STUDENTS WILL GET TO WORK TOGETHER AS A COMMUNITY SERVICE PROJECT.

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

SS-EK3 IDENTIFY AND SEEK VARIOUS WORK EXPERIENCE OPPORTUNITIES, E.G., VOLUNTEERISMSS- 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 6 MALE STUDENTS 3 FEMALE STUDENTS 3MODE 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); CHRISTIAN COUNTY HIGH SCHOOL VANCERTIFIED 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 3-20-23 Robert A. Baker 3/22/23
 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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chung</u>	<u>3-27-23</u>
Signature of Superintendent/Designee	Date
<u>Torn Bell "Honey"</u>	<u>3-27-23</u>
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:

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 COOPERATIVE EXTENSION OFFICEADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 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: 3/23/23DEPARTURE TIME: 7:00 A.M. ON 3/23/23 RETURN TIME: 9:00 A.M. ON 3/23/23PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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

SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETCSOURCE OF FUNDING FOR TRIP: CCHS FFA SAFAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 2 MALE STUDENTS; 2 FEMALE STUDENTS 0MODE 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

<u>Mattea Wyatt</u>	<u>3-22-23</u>	<u>Robert B. Blum</u>	<u>3/22/23</u>
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 ☐ disapproved. Reason for disapproval _____

<u>Chris J...</u>	<u>3-23-23</u>
Signature of Superintendent/Designee	Date
<u>Tom Bell "Kne"</u>	<u>3-23-23</u>
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.2

Review/Revised: 11/21/13

emergency approved

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 Louisville, KY

ADDRESS 280 W Jefferson St.

PHONE-DESTINATION 502-627-5045

Louisville, KY

Out of State

☒ Out of County

☐ Within County

☒ Overnight: give name, address, phone of lodging

Louisville Marriott Downtown 280 W Jefferson St. Louisville, KY

502-627-5045

DATE(S) OF TRIP April 10-12

DEPARTURE TIME 8:00 am

RETURN TIME 3 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE TSA State Conference

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

SOURCE OF FUNDING FOR TRIP DFT

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

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

NUMBER OF: STUDENTS 16

MALE STUDENTS 12

FEMALE 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 2

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? Letter

☒

Faculty/Sponsor Signature

☒

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

☒

Signature of Superintendent/Designee

Tom Bell "Kme" 3-20-23

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

SchoolRelated 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 Dallas, TX

ADDRESS 650 South Griffin Street

PHONE-DESTINATION (214) 939-2750

Dallas, Texas 75202

☒ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
1011 S Akard Street, Dallas, TX, 75215 (214) 484.8287

DATE(S) OF TRIP April 10-12

DEPARTURE TIME 8:00 am

RETURN TIME 6 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE VEX Robotics Worlds Competition

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 8

MALE STUDENTS 6

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 2

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? Letter

X 

Faculty/Sponsor Signature

X 

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

X 

Signature of Superintendent/Designee

Tom Bell 11Kme 3-20-23

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 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 MLK Jr. ElementaryADDRESS 14405 Dr. Martin Luther
King Jr. Way. Hopkinsville, KY
42240PHONE-DESTINATION 270-887-7310

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

DATE(S) OF TRIP <u>4/24/23-4/24/23</u>	DEPARTURE TIME <u>8:45am</u>	RETURN TIME <u>11:30am</u>
START END	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE <u>Teaching and Learning scholars will be engaging in classroom observations and watching teaching strategies and practices in action.</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 _____		

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 20MALE STUDENTS 5FEMALE STUDENTS 15MODE OF TRANSPORTATION: BUSIS 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

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 Chaz

Signature of Superintendent/Designee

Tom Bell "X" 4-14-23

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

Emergency approved

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

FACULTY MEMBER(S) SPONSORING TRIP _____

SCHOOL _____

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 Iowa West Field House ADDRESS 5 Arena Way PHONE-DESTINATION tel:(402) 614-2210
Council Bluffs, Iowa 51501

United States

☒ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
COUNTRY INN & SUITES BY RADISSON, COUNCIL BLUFFS 17 ARENA
WAY, COUNCIL BLUFFS, IA 51501 (712) 322-8282

DATE(S) OF TRIP March 22 - March 26 DEPARTURE TIME 9:00 am RETURN TIME 10 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 8 MALE STUDENTS 6 FEMALE STUDENTS 2MODE 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 2

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

X [Signature]

Faculty/Sponsor Signature

X Penny Knight

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

X [Signature] 3-17-23
 Signature of Superintendent/Designee

Tom Bell 3-17-23
 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 FormSCHOOL: HHK FACULTY MEMBER SPONSORING TRIP: Gloria LeMaster

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 140 North 4th St, Louisville PHONE 502-589-5200

- ☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
Galt House, 140 North 4th St, Louisville KY 40202

DATE(S) OF TRIP 4-17-4-19-23 DEPARTURE TIME 7:30 AM RETURN TIME 5:00 PMPURPOSE/EDUCATIONAL VALUE State Leadership Conference

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

SOURCE OF FUNDING FOR TRIP _____

AMOUNT OF STUDENT FEE: \$ 100.00

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 20 MALE STUDENTS 10 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 Gloria LeMaster + Marvin Harness

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? _____

Gloria LeMaster
Signature of Faculty Sponsor

2/14/23
Date

[Signature]
Signature of Principal

3-8-23
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]
Signature of Superintendent/Designee

3-14-2027
Date

Tom Bell "unc"
Signature of Board Chair

3-14-23
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: Gilliam/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 Rupp ADDRESS 430 W. Vine St. PHONE 859-233-4587

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

DATE(S) OF TRIP June 4-8 DEPARTURE TIME 1:00 PM RETURN TIME 4:00 PM

PURPOSE/EDUCATIONAL VALUE workshops, keynotes, Career/Leadership Dev. Events

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

all Ag & CTE

SOURCE OF FUNDING FOR TRIP Perkins/HHS Ag

AMOUNT OF STUDENT FEE: \$ n/a

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

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

NUMBER OF: STUDENTS 10 MALE STUDENTS none FEMALE STUDENTS 10 (TBD)

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 Julie Gilliam/Jaron Stallons

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

Julie Gilliam
Signature of Faculty Sponsor

3/27/23
Date

written/voice
How have they been notified?
[Signature]
Signature of Principal

4-10-2023
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

4-12-2023
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

SCHOOL: Hookinsville High FACULTY MEMBER SPONSORING TRIP: 150 Holloway
 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 Fort Campbell ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 19 April 23 DEPARTURE TIME 8:30 RETURN TIME 3:00

PURPOSE/EDUCATIONAL VALUE _____

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

TEAM WORK, Discipline TO observe Army History
 SOURCE OF FUNDING FOR TRIP ROTC

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 48 MALE STUDENTS 31 FEMALE STUDENTS 17

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

CERTIFIED CHAPERONES Anthony Holloway

CLASSIFIED CHAPERONES Kristi Barnes

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? In Person

[Signature]
 Signature of Faculty Sponsor

Date

[Signature]
 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 _____

[Signature]
 Signature of Superintendent/Designee

3-23-23
 Date

Tom Bell "tome"
 Signature of Board Chair

3-23-23
 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:

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: Gillian 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 Murray State ADDRESS Cherry Expo Center PHONE 270-719

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

DATE(S) OF TRIP April 19 DEPARTURE TIME 7:30 AM RETURN TIME 4:00 PM

PURPOSE/EDUCATIONAL VALUE Career Development Board

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

all of them

SOURCE OF FUNDING FOR TRIP Perkins

AMOUNT OF STUDENT FEE: \$ n/a

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

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

NUMBER OF: STUDENTS 40 MALE STUDENTS TBD FEMALE STUDENTS TBD

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 Gillian Stallons

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? 90% by

Gillian Stallons
Signature of Faculty Sponsor

3/16/23
Date

Andy Cumpton
Signature of Principal

3-29-23
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 _____

Chris Jones
Signature of Superintendent/Designee

4-6-2023
Date

Tom Bell "Kme"
Signature of Board Chair

4-10-23
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 approval

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)

DESTINATION UK ADDRESS Lexington, KY 40506 PHONE 859-257-3256

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Fm Lodge Motel 5556 Versailles Rd. Lexington, KY 40510

DATE(S) OF TRIP April 21-23, 2023 DEPARTURE TIME 4/21 @ 9 am RETURN TIME 4/23 @ 10 pmPURPOSE/EDUCATIONAL VALUE Science Olympiad State Competition

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

SOURCE OF FUNDING FOR TRIP District Field TripsAMOUNT 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 7 FEMALE STUDENTS 8MODE 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 ☐ Noacceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? Verbally
[Signature]
 Signature of Faculty Sponsor

3/21/23
 Date

[Signature]
 Signature of Principal

3/22/23
 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]
 Signature of Superintendent/Designee

3-23-2021
 Date

Tom Bell "Knee"
 Signature of Board Chair

3-23-23
 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:

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 _____

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 DESTIN, FLADDRESS 3550 SPAIN HWY 98 UNIT 9-10

PHONE _____

☒ Out of State☐ Out of County☐ Within County☐ Overnight: give name, address, phone of lodging _____DATE(S) OF TRIP APRIL 1 - APRIL 8 DEPARTURE TIME 8:00 AM RETURN TIME 6:00 PMPURPOSE/EDUCATIONAL VALUE BASEBALL GAMES

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

SOURCE OF FUNDING FOR TRIP BOOSTER CLUBAMOUNT OF STUDENT FEE: N/A

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION☐ SCHOOL COUNCIL☐ BOARD☐ OTHERNUMBER OF: STUDENTS 17MALE STUDENTS 17

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 WEBER, TIPLER

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? yes, meeting

[Signature]
 Signature of Faculty Sponsor

3/15/2023
 Date

[Signature]
 Signature of Principal

3/15/23
 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

Tom Bell "kme"
 Signature of Board Chair

3-17-2023
 Date

3-17-23
 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**Vehicle Request Form**

School _____

Faculty Member(s) sponsoring trip _____

School-Related Student Trip Request Form

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

SCHOOL: CCPS ELEM & MS STUDENTS FACULTY MEMBER(S) SPONSORING TRIP: FELICIA CHAPMAN & DR. JASON WILSON

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 RUPP ARENA ADDRESS 432W. VINE ST. LEXINGTON, KY 40507 PHONE 859.233.4567

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Tru by Hilton University Medical Center, 535 Waller Ave. Lexington, KY 40504 (859) 687-9700

DATE(S) OF TRIP 04-18-23 THRU 04-19-23 DEPARTURE TIME 4:30 P.M. RETURN TIME 10:00 P.M.PURPOSE/EDUCATIONAL VALUE TO ATTEND STLP STATE COMPETITION IN LEXINGTON, KY @ RUPP ARENA. THIS WILL ALLOW STUDENTS TO COMPETE IN THE STATE COMPETITION FOR STLP.WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) TO UTILIZE ACTIVITIES OF STLP AS AN INTEGRAL COMPONENT AND LEADERSHIP IN TECHNOLOGY.SOURCE OF FUNDING FOR TRIP: DISTRICTAMOUNT OF STUDENT FEE: N/A

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHERNUMBER OF: STUDENTS: 51 MALE STUDENTS: 25 FEMALE STUDENTS: 26MODE 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: APPROXIMATELY 17 CERTIFIED PERSONNEL, REPRESENTING 7 DIFFERENT CCPS SCHOOLS.CLASSIFIED CHAPERONES: APPROXIMATELY 5 CLASSIFIED PERSONNEL, REPRESENTING 7 DIFFERENT CCPS SCHOOLS.Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ Noacceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? Local SchoolSignature of Faculty Sponsor Felicia ChapmanDate 04-10-23Signature of Principal Jason WilsonDate 4-10-23

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 Tom BellSignature of Board Chair Tom BellDate 4-11-2023Date 4-11-23

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 approved