2.	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
Savor Cypyany V Corpy			VE
SCHOOL: <u>CHRISTIAN COUNTY</u> TYPE OF TRIP (CHECK ONE):	HIGH SCHOOL FACULTY MI	EMBER(S) SPONSORING TRIP: M. WYAT	1
□ Over 300 miles	X Under 300 miles ☐ Organization/Club Trip	X Cocurricular □ Extra □ Other (athletic, band, if applicable	acurricular
DESTINATION: <u>DOWNTOWN C</u>	ITY OF HOPKINSVILLE		
Address: <u>198 W 9th St, Ho</u>	PKINSVILLE, KY 42240		
PHONE: (270)-498-1555			
□ Out of State □ Out	of County X Within Co	ounty	
□Overnight: give name, pl	one number, and address of	lodging	
Not an overnight trip			
DATE(S) OF TRIP: 4/21/2023			
DEPARTURE TIME: 9:00 AM	on 4/21/2023 Return Time	: 1:30 P.M. on 4/21/2023	
		OPPORTUNITY TO ASSIST THE BEAUTIFIC	ATION OF HOPKINSVILL
		NES. THE STUDENTS WILL GET TO ASSIS	
		BASED CAREER IN CITY GOVERNMENT.	
WHAT STANDARD IS BEING ADI	RESSED BY TAKING THIS TRIP?	(Does not apply to athletic trips.)
SS-EK3 Identify and seek	ARIOUS WORK EXPERIENCE OF	PPORTUNITIES, E.G., VOLUNTEERISM	
SS- EA1 EXPLAIN THE IMPOR	TANCE OF PRIDE AND CONFIDE	NCE ABOUT WORK AND LEARNING NEW	<u> rasks</u>
Source of funding for trip	: <u>CCHS FFA SAF</u>		
AMOUNT OF STUDENT F	EE: <u>\$0</u>		
No st	UDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: X SP	ONSORING ORGANIZATION	□ SCHOOL COUNCIL □ BC	OARD OTHER
Number of: students 40	20 MALE STUDENTS	s 20 Female Students	\$
Mode of Transportation: 1 Certificated common cal		REEDED? □ NO X YES (SEE PROCED	URE 09.36 AP. 212.)
□ PRIVATE VEHICLE, IF ALLOY	WED BY POLICY; SPECIFY DRIV	ER(S)	
CERTIFIED CHAPERONES MAT	<u> rea Wyatt</u>		
CLASSIFIED CHAPERONES	<u>_</u>		
Have all chaperones under supervise students?	gone the required records	check and been designated by the	principal/designee t Yes □ No
Have all students been notifi	ed of the rules and regulation	ns regarding acceptable behavior? X	Yes □ No
How have they been notified	Code of Acceptable Beha 3-28-29	Now Permission Slip	3(28123
Signature of Faculty Sponso	$_{\rm or} U$ Date	Signature of Principal	Date
-		N CIRCUMSTANCES THAT MA THE SIGNATURE OF THE BOAI	
Trip has been papproved	disapproved. Reason for disapp	proval	
20			
Clr	n fortal	3-29-	loy
Signature of Superin			Date
Signature of Board (hair "Kme		<u>C、るる</u> Date
The second secon		uperintendent and/or Board may be requir	

Sc	hool-Related Stude	ent Trip Request Form	
	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
WYATT	HIGH SCHOOL FACULTY MI	EMBER(S) SPONSORING TRIP: V. MOHON,	J. Jaworski, M.
Type of Trip (check one):			
☐ Over 300 miles X Classroom Field Trip	X Under 300 miles ☐ Organization/Club Trip	X Cocurricular □ Extracurricular □ Other (athletic, band, if applicable	ricular
DESTINATION: FREEDOM ELEM	IENTARY SCHOOL		
Address: 831 North Drive	HOPKINSVILLE, KY 42240		
PHONE: <u>270-887-7150</u>			
□ Out of State □ Out	of County X Within Co	ounty	
□Overnight: give name, ph	one number, and address of	lodging	
Not an overnight trip			
DATE(S) OF TRIP: 3/30/23			
DEPARTURE TIME: 11:50 AM	3/30/2023 RETURN TIME: 1	:30 PM on 3/30/2023	
PURPOSE/EDUCATIONAL VALUE	E: STUDENTS WILL GET TH	E OPPORTUNITY TO DO COMMUNITY SERVI	CE BY HIDING THE
EASTER EGGS FOR THE FREEDO	M ELEMENTARY SCHOOL EGG	HUNT.	
What standard is being add	RESSED BY TAKING THIS TRIP	? (Does not apply to athletic trips.)	
AA2 PARTICIPATE IN CONVERS	SATION, DISCUSSION AND GROU	P PRESENTATIONS	
EC3 DEMONSTRATE POLITE AN	ND RESPECTFUL BEHAVIOR TO	WARD OTHERS	
Source of funding for trip:	CCHS FFA SAF		
AMOUNT OF STUDENT F	EE: <u>\$0</u>	į	
No st	UDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: X SPO	DISORING ORGANIZATION	□ SCHOOL COUNCIL □ BOARD	□ OTHER
Number of: students 5	3 MALE STUDENTS	2 FEMALE STUDENTS	
Mode of Transportation: IS Certificated common carri		NEEDED? X NO YES (SEE PROCEDURE 09	0.36 AP. 212.)
STUDENTS WILL BE PROVIDING	THEIR OWN TRANSPORTATION	VIA PARENTS OR IF THEY CAN DRIVE	
□ Private vehicle, if allow	VED BY POLICY; SPECIFY DRIV	ER(S)	
CERTIFIED CHAPERONES VICTO	DRIA MOHON, JAKE JAWORSKI,	MATTEA WYATT	
CLASSIFIED CHAPERONES			
	gone the required records	check and been designated by the pri	
Have all students been notifi	ed of the rules and regulatio	ns regarding acceptable behavior? X Yes	⊐ No
How have they been potified	3-27-23	Avior, Permission Slip Policy A -Bylcum Signature of Principal	3/27/23 Date
) 4		EN CIRCUMSTANCES THAT MAKE	PRIOR BOARD
		THE SIGNATURE OF THE BOARD (
Trip has been approved	disapproved. Reason for disapp	proval	
Signature of Superin	tandant/Dasianaa	Z-ly-lony Date	
Signature of Superin	ienaena pesignae	Dute	

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 CC HS FACULTY MEMBER(S) SPONSORING TRIP Arthouy Damall, TYPE OF TRIP (CHECK ONE): Calvin Warren, Andrea Armon
Under 300 miles U Cocurricular Extracurricular
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 TBO RETURN TIME TBD
Purpose/Educational Value Offering Students opportunity to march at Disney world and states an opportunity to travel. What standard is being addressed by taking this trip (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: ESPONSORING ORGANIZATION SCHOOL COUNCIL SOARD SOTHER **ROUGH STUDENTS
Mode of Transportation: is district transportation needed? Ino I yes (see procedure 09.36 ap. 212.) Certificated common carrier; specify Bob Robers TRAVEL
CERTIFIED CHAPERONES Anthony Darnall, Calvin Warren, Andrea Armour, Alyssa Ross
CLASSIFIED CHAPERONES T83
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? How have they been notified? How have they been notified? How have they been notified?
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been □ approved □ disapproved. Reason for disapproval
Signature of Superintendent/Designee Date
Signature of Board Chair 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 PRI	OR TO TAKING THE TRIP.
School: Christian County High School Faculty Member(s) spo	ONSORING TRIP: V. MOHON, J. JAWORSKI, M.
WYATT	
Type of Trip (check one):	
☐ Over 300 miles X Under 300 miles X Cocurrical Classroom Field Trip ☐ Organization/Club Trip ☐ Other (at	
DESTINATION: FREEDOM ELEMENTARY, UNIVERSITY HEIGHTS ACADEM ELEMENTARY, INDIAN HILLS ELEMENTARY	MY, SINKING FORK ELEMENTARY, MILLBROOKE
Address: Hopkinsville, KY 42240	
PHONE: N/A	
□ Out of State □ Out of County X Within County	
□Overnight: give name, phone number, and address of lodging	
Not an overnight trip	
DATE(S) OF TRIP: 3/27/2023 AND 3/28/2023	
DEPARTURE TIME: 7:30AM 3/27/2023 AND 3/28/2023 RETURN TIME:	12.20M ov 2/27/2022 AND 3/28/2023
PURPOSE/EDUCATIONAL VALUE: <u>STUDENTS WILL GET THE OPPORTUNI</u> <u>STUDENTS ABOUT AGRICULTURE LITERACY IN THE COMMUNITY FOR AGRICU</u>	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT A	
The state of the s	
AA2 PARTICIPATE IN CONVERSATION, DISCUSSION AND GROUP PRESENTATI	
EC3 DEMONSTRATE POLITE AND RESPECTFUL BEHAVIOR TOWARD OTHERS	
Source of funding for trip: <u>CCHS FFA SAF</u>	
AMOUNT OF STUDENT FEE: <u>\$0</u>	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO PAY.
Bill trip expenses to: X sponsoring organization \Box scho	OOL COUNCIL BOARD OTHER
Number of: students 12 3 Male Students	9 Female Students
Mode of Transportation: is district transportation needed? \boldsymbol{X} no Certificated common carrier; specify	O YES (SEE PROCEDURE 09.36 AP. 212.)
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 WYA	гт
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and supervise students?	been designated by the principal/designee to X Yes □ No
Have all students been notified of the rules and regulations regarding	acceptable behavior? X Yes □ No
How have they been netified? Colle of Acceptable Behavior, Permis 3-21-23 Signature of Faculty Sponsor Date Si	ssion Slip West Brune 3/24/2023 Ignature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUM	•
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNA	
Trip has been papproved disapproved. Reason for disapproval	
M. 7	
Sint of Sint o	3-27-220
Signature of Superintendent/Designée	Date 3 ~27~23
Signature of Board Chair	Date

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 X Under 300 miles X Cocurricular □ Extracurricular □ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable	
DESTINATION: AARON McNeil House	
Address: 604 E 2nd Street Hopkinsville, KY 42240	
PHONE: (270)-886-9734	
□ Out of State □ Out of County X Within County	
□Overnight: give name, phone number, and address of lodging	
Not an overnight trip	
DATE(S) OF TRIP: 4/20/23	
DEPARTURE TIME: 8:00 AM on 4/20/2023 RETURN TIME: 12:00 P.M. on 4/20/2023	
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO ASSIST THE AARON MCNEIL HOUSE CE	NTER
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., volunteerism	
SS- EA1 Explain the importance of pride and confidence about work and learning new tasks	
Source of funding for trip: CCHS FFA SAF	
AMOUNT OF STUDENT FEE: <u>\$0</u>	
No student shall be denied the trip because of an inability to pay.	
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION □ SCHOOL COUNCIL □ BOARD □ OTH	ER
Number of: students <u>6</u> Male Students <u>3</u> Female Students <u>3</u>	
Mode of Transportation: is district transportation needed? X no ☐ yes (see procedure 09.36 ap. 212 ☐ Certificated common carrier; specify	.)
X PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S); CHRISTIAN COUNTY HIGH SCHOOL VAN	
CERTIFIED CHAPERONES MATTEA WYATT	
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the principal/design supervise students? \mathbf{X} Yes \square No	ee to
Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No	
How have they been notified? Code of Acceptable Behavior, Permission Slip 3-20-23 Auto Bun 3/22/2	3
Signature of Faculty Sponsor Date Signature of Principal Date	
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BO APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERS	
Trip has been papproved disapproved. Reason for disapproval	_
Ω_{1}	
Signature of Superintendent/Designee Date	-
Signature of Board Chair 3-27-23 Date	
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

	SUBMIT THIS FORM FOUR (4	WEEKS PRIOR TO TAKING THE TRIP.	
School: Christian County	HIGH SCHOOL FACULTY ME	EMBER(S) SPONSORING TRIP: M. WYATT	?
Type of Trip (check one):			
□ Over 300 miles□ Classroom Field Trip	X Under 300 miles X Organization/Club Trip	X Cocurricular □ Extracu □ Other (athletic, band, if applicable	rricular
DESTINATION: CHRISTIAN CO	DUNTY COOPERATIVE EXTENSION	ON OFFICE	
Address: 2850 Pembroke R	Rd, Hopkinsville, KY 42240	1	
PHONE: 270-886-6328			
Out of State	Out of County X Within Co	ounty	
□Overnight: give name, p	hone number, and address of	lodging	
Not an overnight trip			
DATE(S) OF TRIP: 3/23/23			
DEPARTURE TIME: 7:00 A.M	I. on 3/23/23 Return Time: 9	9:00 A.M. on 3/23/23	
	ue: <u>Students will be able?</u> he AgriBusiness within our	TO LISTEN TO AGRICULTURAL BUSINESS O	wners in Christian
		? (Does not apply to athletic trips.)	
		RPERSONAL COMMUNICATION (LISTENING, V	VRITTEN, ORAL, ETC
Source of funding for Tri		TERSONAL COMMENCATION (EASTERNAL)	THE TENT
AMOUNT OF STUDENT I			
	,		
		TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: X SP		□ SCHOOL COUNCIL □ BOAR	D D OTHER
Number of: students 2	Male Students; 2		- 00 26 in 212 \
□ CERTIFICATED COMMON CA	ARRIER; SPECIFY	NEEDED? X NO	6 09.30 AP. 212.)
	ED BY POLICY; SPECIFY DRIVER	(s)	
CERTIFIED CHAPERONES MAT	CTEA WYATT		
CLASSIFIED CHAPERONES			
Have all chaperones unde supervise students?	rgone the required records	check and been designated by the p	rincipal/designee to es □ No
Have all students been notif	fied of the rules and regulatio	ns regarding acceptable behavior? X Yes	s 🗆 No
MHEA WIM	d2 Code of Acceptable Beha 3-22-23	Signature of Principal	3/2 2 /23
	TS DUE TO UNFORESEI	EN CIRCUMSTANCES THAT MAK THE SIGNATURE OF THE BOARD	E PRIOR BOARD
	disapproved. Reason for disap		
	1 7	7 00	
Signature of Superi	way day (Designed	J- 28	ite
Tom BU		3-23	
Signature of Board			
		uperintendent and/or Board may be required	by policy 09.36.
Des and Des and Video	Tr, FF		x

RELATED PROCEDURES:

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

Review/Revised:11/21/13

Page 1 of 1

amergency approved

C	SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.			
School	FACULTY MEMBER(S) SPONSORING TRIP			
Type of Trip (check ALL TI	IAT APPLY):			
X Over 300 miles U	nder 300 miles			
☐ Classroom Field Trip	X Organization/Club Trip ☐ Other (athletic, band, if applicable)			
DESTINATION Louisville, KY	Address 280 W Jefferson St., Phone-destination 502-627-5045 Louisville, KY			
Louisvil	of County			
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 ADDR	ESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)			
Source of funding for trip	DFT			
	STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.			
BILL TRIP EXPENSES TO: ☐ SPO	NSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER			
Number of: students 16				
Mode of Transportation:				
	IS DISTRICT TRANSPORTATION NEEDED? NO X YES (SEE PROCEDURE 09.36 AP. 212.) MON CARRIER; SPECIFY			
	ALLOWED BY POLICY; SPECIFY DRIVER(S)			
Certified chaperones 2	ALLOWED BY POLICY; SPECIFY DRIVER(S)			
Classified chaperones				
	the required records short and the state of			
- Farmer musicipality	the required records check and been designated by the principal/designee to supervise students $X \text{ Yes} \Box \text{ No}$	3?		
Have all students been notified	of the rules and regulations regarding acceptable behavior? X Yes \Boxed No			
How have they been notified? _	Letter Letter			
X	X Penny Knight			
Faculty/Sponsor Signature	Principal Signature			
Trip has been 🛘 approved 🗀 disap	proved. Reason for disapproval			
× Clm	3-20-23			
Signature of Superi	ntendent/Designee			
Tombeco	3 3.033			
or overnight and/or out-of-state trips, a	pproval of the Superintendent and/or Board may be required by policy 09.36.			

amergency approved

	SUBMIT THIS FORM TWO (2) W			
School	FACULTY MEMBER	s) sponsoring ti	RIP	
Type of Trip (check ALL TI	IAT APPLY):			
X Over 300 miles ☐ U	nder 300 miles	☐ Co curricul	ar Extracurricul	ar
☐ Classroom Field Trip	X Organization/Club Trip	☐ Other	(athletic, band, if appli	icable)
DESTINATION Dallas, TX	Address 650 South G	riffin Street	PHONE-DESTINATION _	(214) 939-2750
	Dallas, Texas 75202			
	of County	X Overnight: (214) 484.8287	give name, address, pl	none of lodging
DATE(S) OF TRIP April 10-12	DEPARTURE TIM	те <u>8:00 ат</u>	RETURN TIME 6 PM	
Start		M FROM DROPDOWN)	(SELECT AM OR P	M FROM DROPDOWN)
	VEX Robotics Worlds Competit	1111		
WHAT STANDARD IS BEING ADDR	RESSED BY TAKING THIS TRIP? (DOES	S NOT APPLY TO AT	THLETIC TRIPS.)	
Source of funding for trip_	Robotics SAF			
	O STUDENT SHALL BE DENIED THE T	RIP BECAUSE OF A	N INARILITY TO PAY.	
	ONSORING ORGANIZATION School			
Number of: students 8	MALE STUDENTS 6		E STUDENTS 2	
Mode of Transportation:	IS DISTRICT TRANSPORTATION NEED		YES (SEE PROCEDURE (19 36 AP. 212.)
	MON CARRIER; SPECIFY	/ED: 12 1.0	TES (SEE TROCEDURE)	J.Stat. Min.,
	F ALLOWED BY POLICY; SPECIFY DR	web(e)		
Certified chaperones2_	F ALLOWED BY PULICI, SPECIFY DIN	IVEK(5)		
Classified chaperones				8
	a the magnined majords shoots and 1	decimated 1		
mave an enaperones undergon	e the required records check and t X Yes	been designated i No	by the principal/design	ee to supervise students:
Have all students been notified	d of the rules and regulations rega		behavior? X Y	es 🗆 No
How have they been notified?			STEPART SCHOOL VICE VICE VICE VICE VICE VICE VICE VICE	** : - :=::::
				
X35	X	Venny F	Ruight 3/201	23
Faculty/Sponsor Signature	Princi	pal Signature	•	
	with the second	10		unimuli delega Control
Trip has been approved disa	approved. Reason for disapproval	ALCO DE LA CONTRACTOR DE		
ALC: United States of the Control of	3-20-3	13		
Tombell	TKME 11 3-20-3:	3		
For overnight and/or out-of-state trins	approval of the Superintendent and/or B.	oard may be required	l by policy 00 36	1

	SUBMIT THIS F	form two (2) weeks prior to takin	IG THE TRIP.	
SCHOOL GATEWAY ACADEMY				
Type of Trip (check ALL		Alexander Alexander		
☐ Over 300 miles ☐ Under 300 miles ☐ Co curricular ☐ Extracurricular				
☐ Classroom Field Trip	☐ Organiz	ation/Club Trip	(athletic, band, if applicable)	
DESTINATION MLK Jr. Eleme		Jr. Way, Hopkinsville, KY	Phone-destination <u>270-887-7310</u>	
☐ Out of State ☐ Ou	at of County 🗆	Within County	give name, address, phone of lodging	
DATE(S) OF TRIP 4/24/23-4/2	4/23	DEPARTURE TIME 8:45am	RETURN TIME 11:30am	
Start	END	(Select AM or PM from Dropdown)	(SELECT AM OR PM FROM DROPDOWN)	
Purpose/Educational Value teaching strategies and pract	UE <u>Teaching and I</u> ices in action.	earning scholars will be engaging	in classroom observations and watching	
WHAT STANDARD IS BEING ADI InTASC #7: Planning for Ins	DRESSED BY TAKING struction/InTASC #	THIS TRIP? (DOES NOT APPLY TO ATE 8: Instructional Strategies	ILETIC TRIPS.)	
Source of funding for trip				
	No student shall	BE DENIED THE TRIP BECAUSE OF AN	INABILITY TO PAY.	
BILL TRIP EXPENSES TO: S	PONSORING ORGANI	ZATION SCHOOL COUNCIL BO	DARD OTHER	
Number of: students 20	Male St		STUDENTS 15	
Mode of Transportation: I \square yes (see procedure 09.36)	5 AP. 212.)		ICT TRANSPORTATION NEEDED?	
		ECIFY Enterprise Rental		
		LICY; SPECIFY DRIVER(S)	0	
Certified chaperones ALISSA				
Classified chaperones	E			
Have all chaperones undergo	me the required rec	ords check and been designated by ☐ Yes ☐ No	the principal/designee to supervise students?	
Have all students been notifi-	ed of the rules and	regulations regarding acceptable b	ehavior? ☐ Yes ☐ No	
How have they been notified	? <u>Yes</u>			
X Alisse	R-3	X Penny Kn	ight	
Faculty/Sponsor Signature		Principal Signature		
Trip has been ☐ approved ☐ di	sapproved. Reason for	or disapproval		
Signature of Supe	Ty	U-14-23 Designee		
		erintendent and/or Board may be required by		
Tor overlinging and/or our-or-state tril	os, approvat of the Supe	rintendent and/or Board may be required by	/ nolicy (19.36	

umergency appround

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
FACULTY MEMBER(S) SPONSORING TRIP
TYPE OF TRIP (CHECK ALL THAT APPLY):
X Over 300 miles
☐ Classroom Field Trip X Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION lowa West Field Address 5 Arena Way Phone-destination tel:(402) House Council Bluffs, lowa 51501 614-2210
United States
TEO COLLADO I COLLADO DE COLLADO COLLA
X Out of State X Out of County Within County X 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 2
Mode of Transportation: is district transportation needed? X 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? $X \text{ Yes} \Box \text{ No}$
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 SS X Panny Knight
Faculty/Sponsor Signature Principal Signature
Trip has been ☐ approved ☐ disapproved. Reason for disapproval
× Chinifung 3-17-23
Signature of Superintendent/Designee
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

approved approved

SCHOOL: HAK	FACULTY	MEMBER SPONSORIN	IG TRIP: Glor 16	LeMastr
TYPE OF TRIP (CHECK ONE):	*			5. .5
	Under 300 miles			cular
O Classroom Field Trip	Organization/Club Trip	O Other (athletic, ba	and, if applicable)	
DESTINATION GG H HOUSE	Address 14	10 North YEST	PHONE 502.	-589-5200
O Out of State Out of C	County O Within Co	ounty O Overnight	ght: give name, add	ress, phone of
DATE(S) OF TRIP 4-17 -4-1	9-23 DEPARTURI	ETIME 7:30 A	M RETURN TIME _	5.00 PM
PURPOSE/EDUCATIONAL VALUE	State leads	ship Conter	ence	
WHAT STANDARD IS BEING AI	DDRESSED BY TAKING	THIS TRIP? (DOES	NOT APPLY TO ATI	HLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP				
AMOUNT OF STUDENT FEE: \$	100,00	2		
No student s	SHALL BE DENIED THE T	RIP BECAUSE OF AN	NABILITY TO PAY.	
BILL TRIP EXPENSES TO: O SPON	SORING ORGANIZATION	O SCHOOL COU		O other
Number of: students <u>30</u>	MALE STUDENTS_	1D FEMA	LE STUDENTS	
MODE OF TRANSPORTATION: IS: O CERTIFICATED COMM	DISTRICT TRANSPORTA	TION NEEDED? O NO	OYES (SEE PROCEDU	RE 09.36 AP. 212.)
O PRIVATE VEHICLE, IF A CERTIFIED CHAPERONES	oriz Waster	1 Marvin	Harness	
CLASSIFIED CHAPERONES				
Have all chaperones undergone the students? O Yes O No acceptable behavior? O Yes O N	Have all stu	c and been designated dents been notified of they been notified?	by the principal/design of the rules and regula	nee to supervise ations regarding
DIOUG JONOSE	2/14/23	Indille	willen -	1873
Signature of Faculty Sponsor	Date	Signature o	of Principal	Date
EMERGENCY REQUESTS D'APPROVAL IMPOSSIBLE SH	UE TO UNFORESEE OULD ALSO HAVE	N CIRCUMSTANC THE SIGNATURE	ES THAT MAKE P OF THE BOARD C	RIOR BOARD HAIRPERSON
Trip has been approved O disa	pproved. Reason for disap	proval		
(lin)	Juse	5	3-14,2027	,
Signature of Superintende	nt/Designee		Date	
Tombell	"byne"		3-14-23	
Signature of Board Chair			Date	nolicy 00 36
For overnight and/or out-of-star	te trips, approval of the Si	iperinienaeni ana/or B	oara may ve reguirea bi	policy 07.30.

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

SCHOOL: HHS	FACULTY MEMBER SPONSORING TRIP: Dillam Stall	on
TYPE OF TRIP (CHECK ONE):		
	Inder 300 miles O Co-curricular O Extracurricular	
O Classroom Field Trip O C	organization/Club Trip O Other (athletic, band, if applicable)	166
DESTINATION Levington KY	Rupp ADDRESS 430 W. VINE St. PHONE 859-233-4	00
O Out of State Out of Co	ounty O Within County O Overnight: give name, address, phone	of
lodging	I I I I I I I I I I I I I I I I I I I	Λ
DATE(S) OF TREJUNE 4-8	DEPARTURE TIME 1:00 PM RETURN TIME 4:00 PM	- 4
PURPOSE/EDUCATIONAL VALUE	workshops, Keynotes, Caneer Treaduship Dev. Eve	nes
all A + CTE	DRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS	3.)
SOURCE OF FUNDING FOR TRIP	Perkins/HH8 Ag	
AMOUNT OF STUDENT FEE: \$		
No student s	HALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
	SORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER	₹
Number of: students 10	MALE STUDENTS None FEMALE STUDENTS 10 (TBD)	
Mode of Transportation: is in O Certificated comm	DISTRICT TRANSPORTATION NEEDED? ONO OYES (SEE PROCEDURE 09.36 AP. 212.) ON CARRIER; SPECIFY)
O PRIVATE VEHICLE, IF AI	LOWED BY POLICY; SPECIFY DRIVER(S)	
CLASSIFIED CHAPERONES		M.
Have all chaperones undergone the students? 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? Application	se ng
EMERGENCY REQUESTS DU APPROVAL IMPOSSIBLE SH	UE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOAR OULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO	D N
Trip has been papproved O disap	proved. Reason for disapproval	-
Mana	Tenfel 4-12-2023	
Signature of Superintender		-
Signature of Board Chair	Date	_
	e 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

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Odn

SCHOOL: Hookins ville High FACULTY MEMBER SPONSORING TRIP: 156 Hollaway
TYPE OF TRIP (CHECK ONE):
O Over 300 miles O Under 300 miles O Co-curricular O Extracurricular
Classroom Field Trip O Organization/Club Trip O Other (athletic, band, if applicable)
DESTINATION FOR CAMPAUX ADDRESS PHONE
O Out of State O Out of County O Within County O 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.)
SOURCE OF FUNDING FOR TRIP KOTC
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 48 MALE STUDENTS 31 FEMALE STUDENTS 17
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO YES (SEE PROCEDURE 09.36 AP. 212.) O CERTIFICATED COMMON CARRIER; SPECIFY
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES Krist, Barnes
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 acceptable behavior? O Yes O No How have they been notified? Signature of Faculty Sponsor Date 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
Signature of Superintendent/Designee Date
Tom Bell "Mre" 3-23-33
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

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SCHOOL: HHS	FACULTY MEMBER SPONSORING TRIP: Gilliam Halle
Type of Trip (CHECK ONE):	
	Jnder 300 miles O Co-curricular O Extracurricular
O Classroom Field Trip O C	Organization/Club Trip O Other (athletic, band, if applicable)
DESTINATION MUMAYState	ADDRESS Cherry ExpoCenta PHONE 270- n/a
	ounty O Within County O Overnight: give name, address, phone of
lodging	
DATE(S) OF TRIP (APV) 19	DEPARTURE TIME 7:30AM RETURN TIME 4:00 PM
	Career Development Board
all of them	DRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP	Perkins
AMOUNT OF STUDENT FEE: \$	n/a
No student s	HALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPON	SORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER
——————————————————————————————————————	MALE STUDENTS TBD FEMALE STUDENTS TBD
MODE OF TRANSPORTATION: IS I	DISTRICT TRANSPORTATION NEEDED? O NO OYES (SEE PROCEDURE 09.36 AP. 212.)
	ION CARRIER; SPECIFY
	LLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES	Many Stallons
·	
CLASSIFIED CHAPERONES	
	e required records check and been designated by the principal/designee to supervise Have all students been notified of the rules and regulations regarding
students? Yes O No acceptable behavior? Yes O No	
acceptable behavior of tes of No	3/110/23 (Mc/n/1-m/194 3-2472)
Signature of Faculty Sponsor	Date Signature of Principal Date
(Signature of Lucarty opensor	
EMERGENCY REQUESTS DU	JE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD
	OULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been papproved O disap	proved. Reason for disapproval
01	
1 Chris	mld 4-6 2028
Signature of Superintender	nt/Designee Date
The Annual way	me" 4-10-23
Signature of Board Chair	Date
	e trips, approval of the Superintendent and/or Board may be required by policy 09.36.
December 1	

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

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emergency approval

SCHOOL: HHS	FACULTY MEMBER SPONSORING TRIP: Heid Wheeler
Type of Trip (Check one):	
	300 miles O Co-curricular O Extracurricular
O Classroom Field Trip @ Organ	nization/Club Trip O Other (athletic, band, if applicable)
DESTINATION UK	ADDRESS Lexing to, KY 40506 PHONE 859-357-335
O Out of State Out of County	O Within County Overnight: give name, address, phone of
lodging FM Lodge Motel	5556 Versailles Rd. Lexing ton, KY 40510
DATE(S) OF TRIP Agril 21-22	223DEPARTURE TIME 4/21 Q 9 am RETURN TIME 4/23 Q 10 p
PURPOSE/EDUCATIONAL VALUE	Science Olympiad State Competition
WHAT STANDARD IS BEING ADDRESS	SSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP	istrict Field Trips
AMOUNT OF STUDENT FEE: \$	Total Trees
	L BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	NG ORGANIZATION O SCHOOL COUNCIL BOARD O OTHER
	MALE STUDENTS 7 FEMALE STUDENTS 8
	CARRIER; SPECIFY
O PRIVATE VEHICLE, IF ALLOW	VED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Heid	Wheeler + Ethan Allison
CLASSIFIED CHAPERONES	
Have all chaperones undergone the requ	nired records check and been designated by the principal/designee to supervise
students? Wes O No	Have all students been notified of the rules and regulations regarding
acceptable behavior? Wes No	How have they been notified? Verbally
Att John fruit	3/21/23 Spinsing Data
Signature of Paculty Sponsor	Date Signature of Principal Date
EMEDCENCY DECLIESTS DIF TO	O UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBLE SHOUL	D ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been O approved O disapprove	d. Reason for disapproval
Manito	Mad 3-23-2011
Signature of Superintendent/Des	ignee Date
The state of the s	- ·
Tombell "Kne"	
Signature of Board Chair	Date Date Date
For overnight and/or out-of-state trips	s, 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

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SCHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAK	KING THE TRIP.
Over 300 miles Under 300 miles Cocurricular Organization/Club Trip Other (athletic, bar DESTINATION DE LA PROPRIE DE LA PR	☐ Extracurricular nd, if applicable E
Out of State Out of County Within County Over	night: give name, address, phone of
DATE(S) OF TRIPAPPIL I — APPIL B. DEPARTURE TIME \$:00 9M RETURE PURPOSE/EDUCATIONAL VALUE BASEDAU GAMES WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES	
SOURCE OF FUNDING FOR TRIP BOOSTER CLUB AMOUNT OF STUDENT FEE: N/A	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN II BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUN NUMBER OF: STUDENTS 17 MALE STUDENTS 1.7 FEMAL MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? STUDENTS 1212.) CERTIFICATED COMMON CARRIER; SPECIFY	NCIL DOARD DOTHER LE STUDENTS
□ 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 desi supervise students? Yes No Have all students been notified acceptable behavior? Yes No How have they been notified a signature of Faculty Sponsor Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCE	of the rules and regulations regarding 125, meeting 3/5/23 f Principal That Make Prior Board
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF Trip has been papproved disapproved. Reason for disapproval	THE BOARD CHAIRPERSON
Signature of Superintendent/Designee Tom Belle "Mine" Signature of Board Chair For overnight and/or out-of-state trips, approvat of the Superintendent and/or Board	3-17-2027 Date 3-17-23 Date
RELATED PROCEDURES:	ad may be required by poney 07.50.
09.36 AP.211, 09.36 AP.212, 09.36 AP.23	Review/Revised:11/21/13
ourselved abbus	ned
Vehicle Request Form	
School Faculty Member(s) sponsoring trip	

SUBMITTHIS FORM FOUR (4) WEEKSTRIOK TO TAKING THE TRIT.
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: <u>DISTRICT</u>
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: 51 MALE STUDENTS: 25 FEMALE STUDENTS: 26
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? DINO YES (SEE PROCEDURE 09.36
AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES: <u>APPROXIMATELY 17 CERTIFIED PERSONNEL</u> , <u>REPRESENTING 7 DIFFERENT CCPS SCHOOLS</u> .
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 \(\subseteq \) No Have all students been notified of the rules and regulations regarding How have they been notified?
Polica Morman 04-10-23
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
N
1/m (1)
Signature of Superintendent/Designee Date
Tombell winer 4-11-23
Signature of Board Chair 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

ernergeness approved