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: FREE RANGE FLOWERS AT MARTIN FARM Address: 593 E Lake Rd Gracey, Kentucky 42232 PHONE: 859-475-3935 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: 5/1/23 DEPARTURE TIME: 12:45 P.M. on 5/1/23 RETURN TIME: 3:30 P.M. on 5/1/23 PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL VISIT BUSINESSES AROUND CHRISTIAN COUNTY AND LEARN HOW THEIR BUSINESS HELPS CHRISTIAN COUNTY AGRICULTURE. WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETC. Source of funding for trip: CCHS FFA SAF AMOUNT OF STUDENT FEE: \$0 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. □ OTHER BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION □ SCHOOL COUNCIL FEMALE STUDENTS 3 Number of: students 5 MALE STUDENTS; 2 Mode of Transportation: is district transportation needed? X no □ YES (SEE PROCEDURE 09.36 AP. 212.) □ CERTIFICATED COMMON CARRIER; SPECIFY SCHOOL VAN PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES MATTEA WYATT CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to X Yes □ No supervise students? 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 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/Designer

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

questres abbrong

RELATED PROCEDURES:

Signature of Board Chair

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

Review/Revised:11/21/13

Page 1 of 1

	SUBMIT THIS FORM FOUR (4	1) WEEKS PRIOR TO TAKING TH	IE TRIP.
School: Christian County	Y HIGH SCHOOL FACULTY M	EMBER(S) SPONSORING TRIP:	M. Wyatt, J Jaworski
Type of Trip (check one):			
□ Over 300 miles□ Classroom Field Trip	□ Under 300 miles□ Organization/Club Trip	X Co Curricular □ Other (athletic, band, if a	X Extracurricular applicable
DESTINATION: KENTUCKY FF	'A Leadership Training Cer	NTER .	
Address: 111 FFA Camp Ro	DAD, HARDINSBURG, KY 4014	<u>13</u>	
PHONE: 270-756-2301			
□ Out of State X Out	t of County	ounty	
X Overnight: give name, p	phone number, and address o	f lodging	
Same as destination name	, address, and phone number	above	
DATE(S) OF TRIP: 6/12/2023-	<u>- 6/16/2023</u>		
DEPARTURE TIME: 8:00 A.M	I. on 6/12/2023 RETURN TIM	TE: 2:30 P.M. on 6/16/2023	
Purpose/Educational Value	UE: STUDENTS PARTICIPATING	IN VARIOUS TEAM BUILDING &	LEADERSHIP WORKSHOPS
WHAT STANDARD IS BEING AD	DRESSED BY TAKING THIS TRIP	? (DOES NOT APPLY TO ATHLE	TIC TRIPS.)
SS-AA007 DEMONSTRATE UN	NDERSTANDING OF BASIC INTERP	ERSONAL COMMUNICATION (LIST	TENING, WRITTEN, ORAL, ETC
	P: PERKINS FUNDS & CCHS	5. Tel 35.0 M	
AMOUNT OF STUDENT I			
Nos	TUDENT SHALL BE DENIED THE	TOTO DECAUSE OF AN INADILIT	V TO DAV
BILL TRIP EXPENSES TO: SPE		□ SCHOOL COUNCIL	□ BOARD □ OTHER
Number of: students 15	MALE STUDENTS 6		UDENTS 9
Mode of Transportation:		NEEDED? □ NO X YES (SE	E PROCEDURE 09.36 AP. 212.)
	WED BY POLICY; SPECIFY DRIV		
	TTEA WYATT, JACOB JAWORSK		
CLASSIFIED CHAPERONES		$\tilde{\kappa}$ -	
		check and been designate	ed by the principal/designee
Have all students been notif	ied of the rules and regulation	ns regarding acceptable beh	avior? □ Yes □ No
How have they been notified Signature of Faculty Spons	tt 5-4-23	Signature of Prin	cipal Date
5.4			HAT MAKE PRIOR BOAR
			HE BOARD CHAIRPERSON
Trip has been approved	disapproved. Reason for disap	proval	
	1 and	. N	5-10-2-72
Signature of Superin	ntendent/Designee		Date
Signature of Board	Chair	1 1 	Date
- 100 m	-of-state trips, approval of the S	uperintendent and/or Board may	y be required by policy 09.36.

RELATED PROCEDURES:

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

		SUBMIT THIS FORM FOUR (4) WEEKS PRIOR	TO TAKING THE TRIP.	
	RISTIAN COUNTY (CHECK ONE):	HIGH SCHOOL FACULTY ME	EMBER(S) SPONSO	PRING TRIP: M. WYATT	
□ Over 300	miles	X Under 300 miles X Organization/Club Trip	X Cocurricular □ Other (athlet		ırricular
DESTINATION:	AARON McNei	L House			
Address: 604	E 2nd Street	HOPKINSVILLE, KY 42240			
PHONE: (270)	<u>-886-9734</u>				
□ Out of S	tate □ Out	of County X Within Co	ounty		
□Overnigh	t: give name, ph	one number, and address of	lodging		
Not an ove	rnight trip				
DATE(S) OF T	10				
DEPARTURE T	іме: <u>8:00 AM</u>	on 4/27/2023 Return Time:	: 11:00 P.M. on	4/27/2023	
		E: STUDENTS WILL GET THE			
		DEN. THE STUDENTS WILL GET			RVICE PROJECT.
		RESSED BY TAKING THIS TRIP?	70		
		ARIOUS WORK EXPERIENCE OF			
M. Const		FANCE OF PRIDE AND CONFIDE	NCE ABOUT WOR	K AND LEARNING NEW TAS	<u>KS</u>
		CCHS FFA SAF			
AMOUNT O	F STUDENT F	EE: <u>\$0</u>			
	No st	UDENT SHALL BE DENIED THE	TRIP BECAUSE OF	F AN INABILITY TO PAY.	
BILL TRIP EXI	PENSES TO: X SPO	ONSORING ORGANIZATION	□ SCHOOL	COUNCIL DOAF	D OTHER
Number of:	s s e 	MALE STUDENTS 2		FEMALE STUDENTS 2	
		S DISTRICT TRANSPORTATION N	NEEDED? X NO	□ YES (SEE PROCEDUR	E 09.36 AP. 212.)
X PRIVATE V	EHICLE, IF ALLOY	WED BY POLICY; SPECIFY DRIV	er(s); <u>Christia</u>	N COUNTY HIGH SCHOOL	, Van
CERTIFIED CH	IAPERONES MAT	TEA WYATT			
CLASSIFIED C	HAPERONES				
Have all ch supervise stu		gone the required records	check and bee		rincipal/designee to es □ No
Have all stud	ents been notifi	ed of the rules and regulation	ns regarding acc	ceptable behavior? X Yes	s □ No
MITAL	ey been notified Faculty Sponso	Code of Acceptable Beha 4-18-29 Date	Palo	on Slip t bulcur ature of Principal	4/18/23 Date
		TS DUE TO UNFORESER E SHOULD ALSO HAVE			
Trip has been	approved 🗆	disapproved. Reason for disapp	oroval		
	Plu	Janyy		4-2	1/2029
Sign		tendent/Designee		Da	te
	Trans 100 "Kne" 4-21-23			-93	
	nature of Board C		unarintandant and	Da for Roard may be required	by policy 00 26
For ove	inight and/or out-	of-state trips, approval of the S	aperimendent and	or Board may be required	by policy 09.30.

RELATED PROCEDURES:

School-Related Student	Trip Request Form
SUBMIT THIS FORM FOUR (4) W	EEKS PRIOR TO TAKING THE TRIP.
SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMB	er(s) sponsoring trip: M. Wyatt
Type of Trip (check one):	Company of the compan
- 1757 - 1750 M (第177 - 574) F1 77 (1757 F7	Cocurricular Extracurricular Other (athletic, band, if applicable
DESTINATION: <u>DOWNTOWN CITY OF HOPKINSVILLE</u>	
Address: 198 W 9th St, Hopkinsville, KY 42240	
PHONE: (270)-498-1555	
□ Out of State □ Out of County X Within Count	ty .
□Overnight: give name, phone number, and address of lod	ging
Not an overnight trip	
DATE(S) OF TRIP: 4/24/2023	
DEPARTURE TIME: 11:00 AM on 4/24/2023 RETURN TIME: 3	:30 P.M. on 4/24/2023
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPP DIRECTOR REMOVE WINTER PLANTS AND PLANT SUMMER ONES GIVE BACK. THEY WILL ALSO BE MEETING A HORTICULTURE BAS WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (D	S. THE STUDENTS WILL GET TO ASSIST THE COMMUNITY AND ED CAREER IN CITY GOVERNMENT.
SS-EK3 Identify and seek various work experience opportunity	RTUNITIES, E.G., VOLUNTEERISM
SS- EA1 EXPLAIN THE IMPORTANCE OF PRIDE AND CONFIDENCE	E 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 tri	P BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION	\Box SCHOOL COUNCIL \Box BOARD \Box OTHER
Number of: students 16 7 Male Students	9 Female Students
Mode of Transportation: is district transportation need □ Certificated common carrier; specify	DED? □ NO X YES (SEE PROCEDURE 09.36 AP. 212.)
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(s)
CERTIFIED CHAPERONES MATTEA WYATT	
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records chapervise students?	eck and been designated by the principal/designee to X Yes □ No
Have all students been notified of the rules and regulations r	egarding acceptable behavior? X Yes No
How have they been notified? Code of Acceptable Behavior Signature of Faculty Sponsor Date	Signature of Principal Or, Permission Slip Alto Alto 123 Date
EMERGENCY REQUESTS DUE TO UNFORESEEN APPROVAL IMPOSSIBLE SHOULD ALSO HAVE TH	
Trip has been papproved disapproved. Reason for disapproved.	val
01	
(len sur	4-21-2023
Signature of Superintenden(Designee	Date
Signature of Board Chair	<u> </u>
Digitative of Doura Citati	D WILL

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 111p Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian County High FACULTY MEMBER(S) SPONSORING TRIP Kiki Radford 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 BETHEI University ADDRESS 325 Cherry Ave. PHONE BETHEI University Head
DESTINATION Bethel University Address 325 Cherry Ave. Phone Bethel University Head Out of State Out of County Within County Overnight; give name, address, phone of 231-697-12 lodging Bethel University Student Doms 325 Cherry Ave. McLenzie TV 38201
DATE(S) OF TRIP JUNE 11-14, 2023 DEPARTURE TIME 3:00pm RETURN TIME 1:00pm
Purpose/Educational Value Athletic Team Bosketbail Camp
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip <u>CCHS Girls Baskerball</u> Amount of Student Fee: \$390
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 12 Male Students 0 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)
CLASSIFIED CHAPERONES Enica Gordian, Jamesha Mosley (all COHS Coaches)
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Wes No Have all students been notified of the rules and regulations regarding acceptable behavior? Wes No How have they been notified? Signed Copy of Team Rules Expectations 3/22/23
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
Signature of Superintendent/Designee 9-lo-los 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

		SUBMIT THIS FORM FOUR (4) WEEKS PRIOR	to taking the trip.	
		HIGH SCHOOL FACULTY M	lember(s) sponso	RING TRIP: J. JAWORSKI	l
Type of Trip	(CHECK ONE):				
□ Over 300 □ Classroo		X Under 300 miles X Organization/Club Trip	X Cocurricular Other (athle)		rricular
DESTINATION:	HAMPTONS M	<u>EATS</u>			
Address: 189	90 Pembroke F	RD, HOPKINSVILLE, KY 4224	<u>10</u>		
PHONE: (270) 885-8474				
Out	of State	Out of County X Within C	County		
□Overnigh	t: give name, pl	none number, and address o	f lodging		
Not an ove	rnight trip				
Date(s) of T	RIP: 4/17/23				
		I. on 4/17/23 Return Time	: 3:15 P.M. on 4/	/17/22	
Purpose/Edu	CATIONAL VAL	ue: Students will be visi ian County agricutulre.			TY AND LEARN HOW
		DRESSED BY TAKING THIS TRI	P? (DOES NOT APP	LY TO ATHLETIC TRIPS.)	
		NDERSTANDING OF BASIC INTI			WRITTEN, ORAL, ETC
Jacobs Commission Comm		: CCHS FFA SAF			
	OF STUDENT F	PARTIE CONTROL DE LA CONTROL D			
	No s	TUDENT SHALL BE DENIED TH	E TRIP BECAUSE OF	F AN INABILITY TO PAY.	
BILL TRIP EX	penses to: X sp	ONSORING ORGANIZATION		COUNCIL DOAR	D OTHER
Number of:	STUDENTS <u>5</u>	MALE STUDENTS;	2	Female Students 3	
		is district transportation rrier; specify <u>Scho</u>		1 YES (SEE PROCEDURI	e 09.36 ap. 212.)
PRIVATE VEH	ICLE, IF ALLOWE	D BY POLICY; SPECIFY DRIVE	R(S)		
CERTIFIED CI	haperones <u>Jaco</u>	DB JAWORSKI, VICTORIA MO	HON		
CLASSIFIED C	CHAPERONES	The state of the s			
Have all ch supervise stu	and the commence of the contract of the contra	rgone the required record	s check and be		rincipal/designee to es □ No
Have all stud	dents been notif	ied of the rules and regulati	ons regarding ac	ceptable behavior? X Ye	s □ No
How, have, th	ney been notifie	d? Code of Acceptable Be	navior. Permissi	on Slip	,
lales b		4/17/23		+ + Bylen	4/17/23
// - //	f Faculty Spons	or Date		ature of Principal	Date
		TS DUE TO UNFORSE E SHOULD ALSO HAVI			
Trip has been	approved	disapproved. Reason for disa	pproval		
		1			
		my		4	-17-657
	· Mar in	ntendent/Designee			
1,000	nature of Board	Chair		1-1-1	1-97
	N 107	of-state trips, approval of the	Superintendent and		
J.					

RELATED PROCEDURES:

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

Review/Revised:11/21/13

Page 1 of 1

severbrich obberned

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
DESTINATION: GAYLORD OPRYLAND HOTEL
Address: 2800 Opryland Drive Nashville, Tennessee 37124
Phone: 615-889-1000
X 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: 5/12/23
DEPARTURE TIME: 7:30 A.M. ON 5/12/23 RETURN TIME: 8:30 P.M. ON 5/12/23
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL VISIT THE OPRYLAND HOTEL'S GREENHOUSE AND MEET THE
HORTICULTURISTS WHERE THEY WILL BE EXPLAINING HOW THEY OPERATE AND HANDLE THE HORTICULTURE REQUIREMENTS
OF THE GAYLORD OPRYLAND HOTEL.
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: <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 SCHOOL COUNCIL \Box BOARD \Box OTHER
Number of: students 23 Male Students 12 Female Students 11
Mode of Transportation: is district transportation needed? no X yes (see procedure 09.36 ap. 212.) □ Certificated common carrier; specify <u>u7</u>
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? X Yes □ No
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 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 papproved disapproved. Reason for disapproval
11.7
Signature of Superintendent/Designee Date
Tom Bill 'Xmi'
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.
Day (man Da o convenue)

School-Related	Student Trip	Request Form
----------------	--------------	--------------

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
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: 4/28/23
DEPARTURE TIME: 8:00 AM on 4/28/2023 RETURN TIME: 12:00 P.M. on 4/28/2023
Purpose/Educational Value: <u>Students will get the opportunity to assist the Aaron McNeil House Cent Plant their community garden. The students will get to work together as a community service project.</u>
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 \Box SCHOOL COUNCIL \Box BOARD \Box OTHER
Number of: students 4 Male Students 2 Female Students 2
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/designee 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? Code of Acceptable Behavior, Permission Slip 1
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOAL APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO
Trip has been approved disapproved. Reason for disapproval
Man 7 11
Signature of Superintendent/Designet Date
Tron Bell "Knor" 5-1-23
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:

Imengency approval

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIT.
SCHOOL Christian County High School FACULTY MEMBER(S) SPONSORING TRIP Zach Self 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 PADUCAN, Ky ADDRESS McCracken Co. 1+, S. PHONE
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 5/11/23 DEPARTURE TIME 3:45 pm RETURN TIME 10:00 pm
PURPOSE/EDUCATIONAL VALUE College Recruitment Opportunities
DATE(S) OF TRIP 5/11/23 DEPARTURE TIME 3:45 pm RETURN TIME 10:00 pm PURPOSE/EDUCATIONAL VALUE College Recommitment Opportunities WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip SAF Football
AMOUNT OF STUDENT FEE:
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: DESPONSORING ORGANIZATION DESCHOOL COUNCIL DESCRIPTION
Number of: students /5 Male Students /5 Female Students
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO YES (SEE PROCEDURE 09.36
AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY School / District Wans
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Zaen Self, Pavish Howell, Adam Turner
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? I Yes I No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No How have they been notified? Shapeat Code of Conduct Handbook Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been papproved disapproved. Reason for disapproval
1/2 Cent 4-11-las
Signature of Superintendent/Designee Date
Trum BeDD "X10" 4-215-23
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

comergency approved

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL <u>CCHS</u> FACULTY MEMBER(S) SPONSORING TRIP <u>MARVIN HARNESS</u> 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 NASHVILLE SHORES ADDRESS 4001 BELL RD, HERMITAGE, TN 37076
PHONE NASHVILLE SHORES # (615) 889-7050, MARVIN HARNESS CELL# 606-872-0255
X Out of State X Out of County D Within County * Overnight: give name, address, phone of lodging
DATE(S) OF TRIP: SATURDAY-MAY 20, 2023 DEPARTURE TIME 9:00 AM RETURN TIME 8:00 PM
Purpose/Educational Value: End of Year Trip for FBLA Members
What standard is being addressed by taking this trip? (Does not apply to athletic trips.)
BUSINESS AND MARKETING CURRICULUM FOR SERVICE INDUSTRY-WATER PARK BUSINESS/INDUSTRY
Source of funding for trip: CCHS FBLA
Amount of Student Fee: \$40
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION
Number of: students 50 Male Students 25 Female Students 25 Mode of Transportation: is district transportation needed? 10 No 24 Yes (see procedure 09.36 af 212.)
□ Private vehicle, if allowed by policy; specify driver(s) Marvin Harness, Jessica Creamer
CERTIFIED: CHAPERONES: MARVIN HARNESS CCHS/ GLORIA LEMASTERS HHS
CLASSIFIED CHAPERONES: CARLY RUDOLPH, JESSICA CREAMER
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? Code of Acceptable behavior and permission form for the trip 1
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been papproved disapproved. Reason for disapproval
Signature of Superintendent/Designee Date 4-26-2-321
Signature of Board Chair Pare 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

09.36 AP.21 STUDENTS School-Related Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP SCHOOL TYPE OF TRIP (CHECK ONE): ☐ Cocurricular ☐ Extracurricular ☑ Over 300 miles ☐ Under 300 miles ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable ☐ Classroom Field Trip of Manaporess Colling Part, MD PHONE 301.405.1000 DESTINATION MIVE STALL ☐ Within County ☐ Overnight: give name, address, phone of ☐ Out of County lodging Wives ty Or Maryland DEPARTURE TIME 5:00 DATE(S) OF TRIE PURPOSE/EDUCATIONAL VALUE WHAT STANDARD IS BEING ADDRESSED SOURCE OF FUNDING FOR TRIP AMOUNT OF STUDENT FEE: NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BOARD ☐ OTHER ☐ SCHOOL COUNCIL BILL TRIP EXPENSES TO:

SPONSORING ORGANIZATION FEMALE STUDENTS NUMBER OF: STUDENTS MALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY CONCOUNTS ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) 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?

How have they been notified?

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

Related Procedures:

Signature of Faculty Sponsor

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

	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
	FACULTY MEMBER(S) SPONSORING TRIP (CHECK ONE):
☐ Over 300	omiles
lodging	ADDRESS PHONE Overnight: give name, address, phone of
DATE(S) OF T	PRIP 4-28-23 DEPARTURE TIME 5:30 000 RETURN TIME 3:15 per
PURPOSE/EDI	UCATIONAL VALUE COLLEGE WAY
Col	DARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF F	UNDING FOR TRIP A HErraine programs
AMOUNT OF	STUDENT FEE:
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	PENSES TO: D SPONSORING ORGANIZATION D SCHOOL COUNCIL D BOARD D OTHER
NUMBER OF:	STUDENTS HALE STUDENTS HEMALE STUDENTS
AP. 212.)□ C	ANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO IN YES (SEE PROCEDURE 09.36 ERTIFICATED COMMON CARRIER; SPECIFY
	PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
	HAPERONES RELEASE FOR
CLASSIFIED	CHAPERONES VICE KILLOUPELD
students? Diacceptable be Signature of	How have they been notified? Faculty Sponsor Date Signature of Principal Date CV REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD
Trip has been	IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Sign	Mature of Superintendent/Designee Date
Sign	nature of Board Chair rnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

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

SCHOOL GATEWAY ACADEMY	FACULTY MEMBER(S) SPONSORING	TRIP ALISSA RILEY
TYPE OF TRIP (CHECK ALL THAT APPLY):		
Over 300 miles 🔲 Under 300 m	<mark>iles</mark> Co curric	ular 🗆 Extracurricular
☐ Classroom Field Trip ☐ Orga	anization/Club Trip 🗆 Othe	er (athletic, band, if applicable)
DESTINATION ADD CHRISTIAN COUNTY CHILDHOOD 4224 DEVELOPMENT CENTER		PHONE-DESTINATION 270-885-5559
□ Out of State □ Out of County lodging	☐ Within County ☐ Overnig	ht: give name, address, phone of
DATE(S) OF TRIP 4-27-23/4-27-23	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 a early childhood educational setting in classroom management.	and Learning Scholars will be co order to see good classroom p	mpleted field observation hours in an ractices, instructional strategies, and
WHAT STANDARD IS BEING ADDRESSED BY T InTASC #7: Planning for Instruction/InTA		TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP	THE STATE OF THE S	
NO STUDENT SHAL	L BE DENIED THE TRIP BECAUSE OF	AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING O		The same of the sa
NUMBER OF: STUDENTS 16 MALE MODE OF TRANSPORTATION: BUS VES (SEE PROCEDURE 09.36 AP. 212.)		E STUDENTS <u>15</u> TRICT TRANSPORTATION NEEDED? NO
CERTIFICATED COMMON CARRI		
PRIVATE VEHICLE, IF ALLOWED Certified chaperones ALISSA RILEY	BY POLICY; SPECIFY DRIVER(S)	
Classified chaperones		
2		
to supervise students?	Yes □ No	n designated by the principal/designee
Have all students been notified of \square No	the rules and regulations re	garding acceptable behavior? 🔃 Yes
How have they been notified? Yes		
X Dlussie R.J	X Penneyt	night
Faculty/Sponsor Signature	Principal Signature	
Trip has been	d. Reason for disapproval	
Signature of Superintendent		
Tom Belle.	1Kmen 4-14-93	
For overnight and/or out-of-state trips, approval of	the Superintendent and/or Board may be	required by policy 09.36.

	SUBMIT THIS FO	ORM TWO (2) WEEK	S PRIOR TO TAKIN	G THE TRIP.	
SCHOOL GATEWAY ACADEMY FACULTY MEMBER(S) SPONSORING TRIP ALISSA RILEY					
Type of Trip (check ALL THAT APPLY):					
	Under 300 miles		☐ Co curricular	r □ Extracu	ricular
☐ Classroom Field Trip	☐ Organiza	ation/Club Trip	☐ Other (athletic, band, if	applicable)
DESTINATION	Addre	ess	1	Phone-destinati	ON 270-887-7270
	MENTARY 415	MILLBROOK	-00m-00m-00		
SCHOOL	HOPK	INSVILLE, KY 42	2240		
☐ Out of State ☐ Ou	it of County 🛛	Within County	☐ Overnight: ;	give name, addre	ss, phone of lodging
Date(s) of Trip 5-18-23/5-18-23 Departure Time 8:45am Return Time 1:00				:00	
Start	END	(SELECT AM OR PM	S A CONSTRUCTOR STANDARD STANDARDS	(Select AM or PM from Dropdown)	
Purpose/Educational Value setting in order to see good of	UE <u>Teaching and Le classroom practices</u>	arning Scholars w , instructional strat	ill be completing tegies, and classr	field observatio	n hours in an elementary
WHAT STANDARD IS BEING AD InTASC #7: Planning for Ins	DRESSED BY TAKING STRUCTION/InTASC #	THIS TRIP? (DOES N 8: Instructional St	NOT APPLY TO ATH	LETIC TRIPS.)	
Source of funding for trie	P				
BILL TRIP EXPENSES TO: Sumber of: Students 16	No student shall sponsoring organiz Male St	ZATION SCHOOL	COUNCIL BC	OARD OTHER	
Mode of Transportation: ☐ YES (SEE PROCEDURE 09.36	Bus	ODEMIS T		Students <u>15</u> ICT transportati	ON NEEDED? □ NO
☐ CERTIFICATED CO	The control of the co				
☐ Private vehicle		LICY; SPECIFY DRIV	er(s)		
Certified chaperones ALISSA					
Classified chaperones	-			nereliste.	
Have all chaperones undergo	one the required rec	ords check and be	en designated by	the principal/des	signee to supervise students?
Have all students been notified of the rules and regulations regarding acceptable behavior?					
How have they been notified					_ 100 _ 110
Faculty/Sponsor Signature X Principal Signature Principal Signature					
Trip has been papproved di	isannroved Pesson &	ar dicanneoval			
approved all	pprovou, reason to	u moappiovai	_,		
Signature of Supe	erintendent/I	ff 5	9-33		
	n Bellin		-23		

amergency approved

	ACULTY MEMBER(S) SPONSORING	TRIP ALISSA RILEY
TYPE OF TRIP (CHECK ALL THAT APPLY):	.,	THE PART OF THE PA
Over 300 miles Under 300 mil	es Co curric	ular 🗆 Extracurricular
☐ Classroom Field Trip ☐ Organ	AND THE PARTY OF T	er (athletic, band, if applicable)
DESTINATION ADDR	The state of the s	PHONE-DESTINATION 407-351-5555
	SEA HARBOR DRIVE	
AT SEAWORLD ORLA	NDO, FL 32821	
□ Out of State Out of County lodging	□ Within County <mark>□ Overnig</mark>	nt: give name, address, phone of
DATE(S) OF TRIP 6-28-23-7/3/23	DEPARTURE TIME 8:00AM (6-28-23)	RETURN TIME 3:00PM (7-3-23)
START END	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE Members of	f the CTSO Educators Rising	will be competing in teacher related
competitions, engage in professional teach and education.	her development, and gain know	wledge about the teaching profession
WHAT STANDARD IS BEING ADDRESSED BY TAI InTASC #7: Planning for Instruction/InTASC	KING THIS TRIP? (DOES NOT APPLY C #8: Instructional Strategies	TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP		
	BE DENIED THE TRIP BECAUSE OF A	AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORG		BOARD O' SUBMIT THIS FORM TWO (2) WEE
		E STUDENTS 1
MODE OF TRANSPORTATION: RENTAL CAR YES (SEE PROCEDURE 09.36 AP. 212.)	IS DIST	TRICT TRANSPORTATION NEEDED? NO
CERTIFICATED COMMON CARRIER	R; ENTERPRISE RENTAL CAR	
PRIVATE VEHICLE, IF ALLOWED BY	The state of the s	
Certified changeones ALIGOA DU TA	Y POLICY; SPECIFY DRIVER(S) ALIS	SA RILEY
Certified chaperones ALISSA RILEY	Y POLICY; SPECIFY DRIVER(S) ALIS	SA RILEY
Certified chaperones <u>ALISSA RILEY</u> Classified chaperones		
Certified chaperones <u>ALISSA RILEY</u> Classified chaperones		sa RILEY designated by the principal/designee
Classified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the red to supervise students? Have all students been notified of the	uired records check and beer Yes □ No	designated by the principal/designee
Certified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the reg to supervise students? Have all students been notified of the students of the students been notified of the students of the students been notified of the students of th	uired records check and beer Yes □ No	designated by the principal/designee
Classified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the red to supervise students? Have all students been notified of the	uired records check and beer Yes □ No	designated by the principal/designee
Certified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the reg to supervise students? Have all students been notified of the students of the students been notified of the students of the students been notified of the students of th	uired records check and beer Yes □ No	designated by the principal/designee
Certified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the reg to supervise students? Have all students been notified of the students of the students been notified of the students of the students been notified of the students of th	uired records check and beer Yes □ No	designated by the principal/designee
Certified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the reg to supervise students? Have all students been notified of the students of the students been notified of the students of the students been notified of the students of th	uired records check and beer Yes □ No	designated by the principal/designee
Certified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the required to supervise students? Have all students been notified of the No How have they been notified? Yes Faculty/Sponsor Signature	Juired records check and beer Yes □ No he rules and regulations reg	designated by the principal/designee
Certified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the required to supervise students? Have all students been notified of the No How have they been notified? Yes Faculty/Sponsor Signature	uired records check and beer Yes □ No he rules and regulations reg	designated by the principal/designee
Certified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the reg to supervise students? Have all students been notified of the supervise students been notified? Yes Allsaurre Trip has been approved disapproved.	Juired records check and beer Yes □ No he rules and regulations reg X Principal Signature Reason for disapproval	designated by the principal/designee
Certified chaperones ALISSA RILEY Classified chaperones Have all chaperones undergone the required to supervise students? Have all students been notified of the No How have they been notified? Yes Faculty/Sponsor Signature	Principal Signature Reason for disapproval	arding acceptable behavior? Yes

SCHOOL GATEWAY ACADEMY F	THOOL GATEWAY ACADEMY FACULTY MEMBER(S) SPONSORING TRIP ALISSA RILEY			
TYPE OF TRIP (CHECK ALL THAT APPLY):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE PROPERTY OF THE PROPERTY O		
Over 300 miles 🗆 Under 300 mil	les Co curric	ular 🗆 Extracurricular		
□ Classroom Field Trip □ Organ		er (athletic, band, if applicable)		
DESTINATION ADDR	ESS	PHONE-DESTINATION 270-885-5559		
CHRISTIAN COUNTY CHILDHOOD 42240 DEVELOPMENT CENTER	I. DRIVE HOPKINSVILLE, KY			
□ Out of State □ Out of County [lodging	□ Within County □ Overnigh	nt: give name, address, phone of		
DATE(S) OF TRIP 5-8-23/5-8-23	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 an early childhood educational setting in order	d Learning Scholars will be con der to see good classroom pr	mpleted field observation hours in an actices, instructional strategies, and		
<u>oldosroom management.</u>				
WHAT STANDARD IS BEING ADDRESSED BY TAK InTASC #7: Planning for Instruction/InTASC	CING THIS TRIP? (DOES NOT APPLY Commonwealth of the Common	TO ATHLETIC TRIPS.)		
SOURCE OF FUNDING FOR TRIP				
	BE DENIED THE TRIP BECAUSE OF A	AN INABILITY TO PAY.		
BILL TRIP EXPENSES TO: SPONSORING ORC	GANIZATION SCHOOL COUNCIL	BOARD O SUBMIT THIS FORM TWO (2) WEE		
NUMBER OF: STUDENTS 19 MALE S' MODE OF TRANSPORTATION: BUS		STUDENTS 15		
YES (SEE PROCEDURE 09.36 AP. 212.)	IS DIST	TRICT TRANSPORTATION NEEDED?		
CERTIFICATED COMMON CARRIER				
PRIVATE VEHICLE, IF ALLOWED BY Certified chaperones ALISSA RILEY	POLICY; SPECIFY DRIVER(S)			
Classified chaperones	ALL MANUEL MANUE			
Have all chaperones undergone the req to supervise students?	Yes ∐ No			
Have all students been notified of th □ No	ne rules and regulations reg	arding acceptable behavior? Yes		
How have they been notified? Yes				
X Alussia R.J	X formy	night_		
Faculty/Sponsor Signature	Principal Signature			
Trip has been ☑ approved ☐ disapproved.	Reason for disapproval			
д аррготов 🗆 атваррготов.	ineason for disapprovat			
× Classifantes				
Signature of Superintendent/D	esignee			
Tom Beel "Kne	11 4-26-23			
For overnight and/or out-of-state trips, approval of the S	Superintendent and/or Board may be red	quired by policy 09.36.		

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SCHOOL: HOPKINSVILLE HOPACULTY MEMBER SPONSORING TRIP: Andrew Goins
TYPE OF TRIP (CHECK ONE):
O Over 300 miles O Under 300 miles O Co-curricular O Extracurricular
- (Chil Tair O Other (athletic hand if applicable)
DESTINATION PIN DACLE ADDRESS 430 WARFIELD BIPHONE 931-647-26
DESTINATION PIN Dacle ADDRESS 430 WAS FIRE 91-647-26 Out of State O Out of County O Within County O Overnight: give name, address, phone of
1. Joing
DATE(S) OF TRIP 5-17-23 DEPARTURE TIME 5:30 RETURN TIME 12:30
PURPOSE/EDUCATIONAL VALUE GFE Trip for Juniors
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP
AMOUNT OF STUDENT FEE: \$
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER
Number of: Students 200 Male Students 100 Female Students 100
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO O YES (SEE PROCEDURE 09.36 AP. 212.)
O CERTIFICATED COMMON CARRIER; SPECIFY
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES SON athor (20)
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise
students? O'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 Signature of Principal Date
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved O disapproved. Reason for disapproval
(my Knyd 4-24-coy
Signature of Superintendent/Pesignee Date
Tom Bell "Kne" 4-25-23
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

Page 1 of 1



STUDENTS

School-Related Student Trip Request Form

SCHOOL: HIS FACULTY MEMBER SPONSORING	GTRIP: GOLIG COLLANDE
TYPE OF TRIP (CHECK ONE):	O Extracurricular
O Over 300 miles O Under 300 miles O Co-curricular O Classroom Field Trip O Organization/Club Trip O Other (athletic, ban	
O Classroom Field Trip Oorganization/Club Trip O Other (atmetic, ball	Prove (115- 889-700)
DESTINATION NGShoille Shows Address 4001 3011 10 Plant 150 70 Out of State O Out of County O Within County O Overnight	PHONE 013 - 88 7 783 8
	it: give name, address, phone of
lodging	8'2010
DATE(S) OF TRIP 5 20 2023 DEPARTURE TIME 8:30 AM	RETURN TIME 0.501191
PURPOSE/EDUCATIONAL VALUE 186M - Building	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES I	NOT APPLY TO ATHLETIC TRIPS.)
DOURCE OF TOTAL	
AMOUNT OF STUDENT FEE: \$ 40	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN IN	ABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUN	
NUMBER OF: STUDENTS 20 MALE STUDENTS & FEMAL	
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO	O-YES (SEE PROCEDURE 09.36 AP. 212.))(GVE) IV
O CERTIFICATED COMMON CARRIER; SPECIFY	
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	(Cutter)
CLASSIFIED CHAPERONES	
Have all chaperories undergone the required records check and been designated by	by the principal/designee to supervise
students? O Yes O No Have all students been notified of	the rules and regulations regarding.
students? O Yes O No Have all students been notified of acceptable behavior? O Yes O No How have they been notified?	PISEL + Permission Slip
1 Deis Lo Mart 5/3/23 (Maker)	5-3-27
Signature of Faculty Sponsor Date Signature of	Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCE	S THAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE O	OF THE BUARD CHAIRPERSON
Trip has been dapproved O disapproved. Reason for disapproval	
Christy	5-8-101
Signature of Superintendent/Designee	Date
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Boo	ard may be required by policy 09.36.

RELATED PROCEDURES:

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

SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.

STUDENTS

NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: ##SFACULTY MEMBER SPO	INSORING TRIP: Dillian Stallon
Type of Trip (Check one):	
Over 300 miles O Under 300 miles Co-curricu	ular O Extracurricular
O Classroom Field Trip O Organization/Club Trip O Other (ath	letic, band, if applicable)
DESTINATION Sevington Convention and Robress Vine St	PHONE Ma
O Out of State Out of County O Within County O	
DATE(S) OF TRIPLINE 4-8 DEPARTURE TIME 12	PM RETURN TIME 3PM
	nventor
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP?	(DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP RENCHAS 14H5 ADV	
AMOUNT OF STUDENT FEE: \$	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO PAY.
	OOL COUNCIL O BOARD O OTHER
Number of: students g Male Students \overline{BD}	FEMALE STUDENTS TBD
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED O CERTIFICATED COMMON CARRIER; SPECIFY	O NO YES (SEE PROCEDURE 09.36 AP. 212.)
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVE CERTIFIED CHAPERONES STANDARD	R(S)
CLASSIFIED CHAPERONES	
acceptable behavior? O Yes O No How have they been not have the have	otified of the rules and regulations regarding
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUM APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNAL	STANCES THAT MAKE PRIOR BOARD ATURE OF THE BOARD CHAIRPERSON
Trip has been approved O disapproved. Reason for disapproval	
(farifar	5-8-204
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

SCI	HOOL: HOPKINSVILLE HIGH FACULTY MEMBER SPONSORING TRIP: Andrew Goins
	PE OF TRIP (CHECK ONE):
	O Over 300 miles O Under 300 miles O Co-curricular O Extracurricular
(O Classroom Field Trip O Organization/Club Trip O Other (athletic, band, if applicable)
DE	STINATION SPONSPLEX ADDRESS 155 TIME WAY PHONE 276-985-1700
(Out of State O Out of County O Within County O Overnight: give name, address, phone of
DA	TE(S) OF TRIP MAY 18,2023 DEPARTURE TIME 11:30 RETURN TIME Z'30
PU	RPOSE/EDUCATIONAL VALUE GFE Sophonore Rewart
	HAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Sol	URCE OF FUNDING FOR TRIP
AM	OUNT OF STUDENT FEE: \$
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BII	L TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER
NU	MBER OF: STUDENTS FEMALE STUDENTS
Mo	ODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO O YES (SEE PROCEDURE 09.36 AP. 212.) O CERTIFICATED COMMON CARRIER; SPECIFY
	O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CE	OPRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)_ RTIFIED CHAPERONES Andrew Going, Shelley Cadd Sonathon
CL	ASSIFIED CHAPERONES
stud	we all chaperones undergone the required records check and been designated by the principal/designee to supervise defits? O Yes O No Have all students been notified of the rules and regulations regarding eptable behavior? O Yes O No How have they been notified?
acc	Inder 1 4-20-23 (171 4-2013
	nature of Faculty Sponsor Date Signature of Principal Date
EM AP	IERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD PROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip	has been papproved O disapproved. Reason for disapproval
	Single of Straintendent/Designers Date
	Signature of Superintendent/Designee ()
_	Signature of Board Chair Date
1	For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Page 1 of 1

Inergency approved

SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.

STUDENTS

NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: HHS	FACULTY	MEMBER SPONSORING T	RIP: William	Stallons
TYPE OF TRIP (CHECK ONE):	/			1
0.0 200 miles	nder 300 miles	O Co-curricular	O Extracurricu	lar
O Classroom Field Trip O C	rganization/Club Trip	O Other (athletic, band,	if applicable)	Center
DESTINATION /// FFA Cariop	ADDRESS Ken	hilly FFH leader	SMPHONE 170-0	137-230
O Out of State Out of Co	ounty O Within Co	unty O Overnight:	give name, addre	ss, phone of
lodging <u>vane</u>	Camp	24 M		20 718
DATE(S) OF TRIPLINE 26 -	DEPARTURE	TIME 8AM	_ RETURN TIME	1230,1,00
PURPOSE/EDUCATIONAL VALUE	leadership -	training Ce	nter	
WHAT STANDARD IS BEING AD all leadership	DRESSED BY TAKING	THIS TRIP? DOES NO	OT APPLY TO ATHI L Standonol	ETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP	LAVEC			
AMOUNT OF STUDENT FEE: $\$$ \land	/A			
No student s	HALL BE DENIED THE T	RIP BECAUSE OF AN INA	BILITY TO PAY.	LAVE
BILL TRIP EXPENSES TO: O SPON	SORING ORGANIZATION	O SCHOOL COUNC		OTHER
Number of: students <u>15</u>	MALE STUDENTS	TBA FEMALE	STUDENTS TBA	:
MODE OF TRANSPORTATION: IS I	DISTRICT TRANSPORTA	TION NEEDED? O NO	YES (SEE PROCEDURE	09.36 AP. 212.)
O CERTIFICATED COMM				
O PRIVATE VEHICLE, IF A	LLOWED BY POLICY; SE	PECIFY PRIVER(S)	2, 11	
CERTIFIED CHAPERONES	lu Billio	m) laron	tallono	
			N.	
CLASSIFIED CHAPERONES				
Have all chaperones undergone th	e required records check	c and been designated by	the principal/design	ee to supervise
students? OYes O No		dents been notified of	the rules and regulat	ions regarding
acceptable behavior? Yes O N	o How have th	ney been notified?	o journer	
Julu Gillam	5/2/25	C:tumo of I		Date .
Signature of Faculty Sponsor	Date	Signature of I	Tilicipal	Date
EMERGENCY REQUESTS D	TE TO UNEODECEE	N CIDCUMSTANCES	S THAT MAKE PE	RIOR BOARD
APPROVAL IMPOSSIBLE SH	OULD ALSO HAVE	THE SIGNATURE O	F THE BOARD CH	AIRPERSON
The state of the s	pproved. Reason for disap			
The nas seement approximation	**************************************			
///-	7			
- Im			9-4-Local Date	-
Signature of Superintende	ni/Designee		Duic	
Signature of Board Chair			Date	
For overnight and/or out-of-sta	te trips, approval of the S	uperintendent and/or Boa	rd 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 middle FACULTY MEMBER SPONSORING TRIP: CTOINS
	TYPE OF TRIP (CHECK ONE):
	O Over 300 miles Under 300 miles O Co-curricular O Extracurricular
	O Classroom Field Trip O Organization/Club Trip O Other (athletic, band, if applicable)
]	DESTINATION ADDRESS PHONE
17.	O Out of State O Out of County Within County O Overnight: give name, address, phone of lodging
+ DAtes	Date(s) of Trip 4-25, 4-27, 5-2, 5-4 Departure Time 5:00 PM RETURN TIME
1	PURPOSE/EDUCATIONAL VALUE
	WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) After School Tutoring for HHS and HMS - We need?
	SOURCE OF FUNDING FOR TRIP
, i	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
1	NUMBER OF: STUDENTS FEMALE STUDENTS
1	MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO O 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
	Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? O Yes O No Chaperous Have all students been notified of the rules and regulations regarding how have they been notified?
1-	Signature of Faculty Sponsor Date Signature of Principal Date
j	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 4-25-2035 Date
	Signature of Board Chair Tom Bell "Kmo" 4-21-23 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.
	TO OVERTIGHT WITHOUT CONTROL OF STREET CONTROL

RELATED PROCEDURES:

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

emergency approved