

**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:** FREE RANGE FLOWERS AT MARTIN FARM**ADDRESS:** 593 E LAKE RD GRACEY, KENTUCKY 42232**PHONE:** 859-475-3935

- 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:** 5/1/23**DEPARTURE TIME:** 12:45 P.M. ON 5/1/23 **RETURN TIME:** 3:30P.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.****BILL TRIP EXPENSES TO:** ☒ SPONSORING ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      ☐ OTHER**NUMBER OF:** STUDENTS 5      MALE STUDENTS; 2      FEMALE STUDENTS 3**MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?** ☒ 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 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      4-17-23      Dave A. Birkman      4/18/23  
 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 \_\_\_\_\_

Chris J. Jorgensen      4-21-23  
 Signature of Superintendent/Designee      Date  
Tom Bell "Kne"      4-21-23  
 Signature of Board Chair      Date

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

**RELATED PROCEDURES:**

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

Review/Revised:11/21/13

Emergency approved

**School-Related Student Trip Request Form**

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

SCHOOL \* Christian Co High FACULTY MEMBER(S) SPONSORING TRIP M. Wyatt, V. Mohon, J. Jaworski

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 Lexington Hilton ADDRESS 369 W Vine Street Lexington, KY 40507 PHONE-DESTINATION 859-231-9000  
☐ Out of State    ☐ Out of County    ☐ Within County    ☐ Overnight: give name, address, phone of lodging

 DATE(S) OF TRIP 6-5-2023 DEPARTURE TIME 4:00 PM RETURN TIME 4:00 PM  
START ↑ END 6-8-2023 (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

 PURPOSE/EDUCATIONAL VALUE State FFA Convention; Students participating in various team building & leadership workshops.  
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SS-AA 007 Demonstrate understanding of basic interpersonal communication.  
 SOURCE OF FUNDING FOR TRIP CCHS FFA 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 \_\_\_\_\_ MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS \_\_\_\_\_

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO    ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY Vans☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_Certified chaperones V. Mohon, M. Wyatt, J. Jaworski

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    ☐ No

How have they been notified? \_\_\_\_\_



Faculty/Sponsor Signature



Principal Signature

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


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



**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, J JAWORSKI**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:** KENTUCKY FFA LEADERSHIP TRAINING CENTER**ADDRESS:** 111 FFA CAMP ROAD, HARDINSBURG, KY 40143**PHONE:** 270-756-2301

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

**DATE(S) OF TRIP:** 6/12/2023- 6/16/2023**DEPARTURE TIME:** 8:00 A.M. ON 6/12/2023 **RETURN TIME:** 2:30 P.M. ON 6/16/2023**PURPOSE/EDUCATIONAL VALUE:** STUDENTS PARTICIPATING IN VARIOUS TEAM BUILDING & LEADERSHIP WORKSHOPS**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:** PERKINS FUNDS & CCHS FFA SAF**AMOUNT OF STUDENT FEE:** \$0**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.****BILL TRIP EXPENSES TO:** ☐ SPONSORING ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      ☐ OTHER**NUMBER OF:** STUDENTS 15      MALE STUDENTS 6      FEMALE STUDENTS 9**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** MATTEA WYATT, JACOB JAWORSKI**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? Letter & Permission SlipMattea Wyatt  
Signature of Faculty Sponsor5-4-23  
DateRobert A. Blean  
Signature of Principal5/5/23  
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 J. J.  
Signature of Superintendent/Designee5-10-23  
Date\_\_\_\_\_  
Signature of Board Chair\_\_\_\_\_  
Date

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

**RELATED PROCEDURES:**

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

Review/Revised:11/21/13

**School-Related Student Trip Request Form****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: 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: 4/27/23DEPARTURE TIME: 8:00 AM ON 4/27/2023 RETURN TIME: 11:00 P.M. ON 4/27/2023PURPOSE/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 4      MALE STUDENTS 2      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); 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

Matt Wyatt      4-18-23      Debra A. Brulem      4/18/23  
 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>Chris Zing</u><br>Signature of Superintendent/Designee                                                                     | <u>4-21-23</u><br>Date |
| <u>Thom Bledsoe "Khe"</u><br>Signature of Board Chair                                                                         | <u>4-21-23</u><br>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: 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: 4/24/2023DEPARTURE 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 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 16      7 MALE STUDENTS      9 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  
Signature of Faculty Sponsor

4-18-23  
Date

Robert H. Baker  
Signature of Principal

4-18-23  
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

4-21-2023  
Date

Trem Bell "Knee"  
Signature of Board Chair

4-20-23  
Date

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

Emergency approved

. STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL 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 Bethel University ADDRESS 325 Cherry Ave. PHONE Bethel University Head Coach Chris Nelson  
☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Bethel University Student Dorms, 325 Cherry Ave, McKenzie, TN 38201 731-697-121

DATE(S) OF TRIP June 11-14, 2023 DEPARTURE TIME 3:00pm RETURN TIME 1:00pm

PURPOSE/EDUCATIONAL VALUE Athletic Team Basketball Camp

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

SOURCE OF FUNDING FOR TRIP CCHS Girls Basketball

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)

CERTIFIED CHAPERONES Kiki Radford

CLASSIFIED CHAPERONES Erica Gordian, Jamesha Mosley (all CCHS Coaches)

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? Signed copy of Team Rules & Expectations

Kiki Radford  
Signature of Faculty Sponsor

3/22/23  
Date

W. H. S. A.  
Signature of Principal

4/19/22  
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Chris J. J.  
Signature of Superintendent/Designee

4-6-22  
Date

Signature of Board Chair

Date

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

Related Procedures:

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

Review/Revised: 11/21/13



STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP : J. JAWORSKI

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: HAMPTONS MEATS

ADDRESS: 1890 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: (270) 885-8474

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: 4/17/23

DEPARTURE TIME: 12:45 P.M. ON 4/17/23 RETURN TIME: 3:15 P.M. ON 4/17/22

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE VISITING BUSINESSES AROUND CHRISTIAN COUNTY AND LEARN HOW THEIR BUSINESS HELPS CHRISTIAN COUNTY AGRICUTULRE.

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.

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

NUMBER OF: STUDENTS 5      MALE STUDENTS: 2      FEMALE STUDENTS 3

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ 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 JACOB JAWORSKI, VICTORIA MOHON

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? Code of Acceptable Behavior, Permission Slip

[Signature]  
Signature of Faculty Sponsor

4/17/23  
Date

[Signature]  
Signature of Principal

4/17/23  
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ |                        |
| <u>[Signature]</u><br>Signature of Superintendent/Designee                                                                    | <u>4-17-23</u><br>Date |
| <u>Tom Bell</u><br>Signature of Board Chair                                                                                   | <u>4-17-23</u><br>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

Page 1 of 1

*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:** GAYLORD OPRYLAND HOTEL**ADDRESS:** 2800 OPRYLAND DRIVE NASHVILLE, TENNESSEE 37124**PHONE:** 615-889-1000
☒ Out of State    ☐ Out of County    ☐ Within County
☐ Overnight: give name, phone number, and address of lodgingNot 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

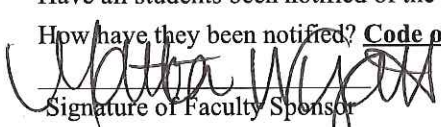
**PURPOSE/EDUCATIONAL VALUE:** STUDENTS WILL VISIT THE OPRYLAND HOTEL'S GREENHOUSE AND MEET THE HORTICULTURISTS WHERE THEY WILL BE EXPLAINING HOW THEY OPERATE AND HANDLE THE HORTICULTURE REQUIREMENTS OF THE GAYLORD OPRYLAND HOTEL.

**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:** CCHS FFA SAF**AMOUNT OF STUDENT FEE:** \$0**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.****BILL TRIP EXPENSES TO:** ☒ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHER**NUMBER OF:** STUDENTS 23MALE STUDENTS 12FEMALE STUDENTS 11**MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?** NO    ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY U7

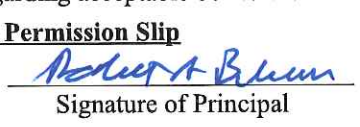
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

**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 ☐ No

Have 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 of Faculty Sponsor

4-28-23  
 Date

  
 Signature of Principal

5/21/23  
 Date

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

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_
  
 Signature of Superintendent Designee

5-3-2023  
 Date

  
 Signature of Board Chair

5-3-23  
 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:**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: 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 trip

DATE(S) OF TRIP: 4/28/23DEPARTURE TIME: 8:00 AM ON 4/28/2023 RETURN TIME: 12:00 P.M. ON 4/28/2023PURPOSE/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 4      MALE STUDENTS 2      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); 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 4-26-23      Robert A. Ruben 4/26/23  
 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 \_\_\_\_\_

Chris J. Jones 4-28-23  
 Signature of Superintendent/Designee      Date  
Tom Bell "Kno" 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:

Emergency Approval

. STUDENTS

09.36 AP.21

### 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 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 Paducah, Ky ADDRESS McCracken Co. H.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

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: ☒ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHER

NUMBER OF: STUDENTS 15 MALE STUDENTS 15 FEMALE STUDENTS 0

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY School / District Vans

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

CERTIFIED CHAPERONES Zach Self, Parish Howell, Adam Turner

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? Student Code of Conduct Handbook

[Signature] 4/11/2023 [Signature] 4/25/23  
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] 4-26-23  
Signature of Superintendent/Designee Date  
Tom Beale "X" 4-26-23  
Signature of Board Chair Date

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

Related Procedures:

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

Review/Revised: 11/21/13

emergency approved



**School Related Student Trip Request Form**

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

SCHOOL CCHSFACULTY MEMBER(S) SPONSORING TRIP MARVIN HARNESS

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 37076PHONE NASHVILLE SHORES # (615) 889-7050, MARVIN HARNESS CELL# 606-872-0255

X Out of State      X Out of County      ☐ 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: ☒ SPONSORING ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      OTHERNUMBER OF: STUDENTS  50  MALE STUDENTS  25  FEMALE STUDENTS  25 

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)  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 ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified?  Code of Acceptable behavior and permission form for the trip 

[Signature]   
 Signature of Faculty Sponsor

Date  4/24/2023 

[Signature]   
 Signature of Principal

Date  4/25/2023 

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

*emergency approved*

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

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

SCHOOL CCHS/HHS FACULTY MEMBER(S) SPONSORING TRIP Shannon State

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 University of Maryland College Park, MD ADDRESS University of Maryland Down (TB0) PHONE 301.405.1000

☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging University of Maryland Down (TB0)

DATE(S) OF TRIP June 12-15 DEPARTURE TIME 5:00 am RETURN TIME 8 pm

PURPOSE/EDUCATIONAL VALUE State winners of National History Day  
National Competition

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

SOURCE OF FUNDING FOR TRIP ST

AMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHERNUMBER OF: STUDENTS 6 MALE STUDENTS 2 FEMALE STUDENTS 4MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY Enterprise☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES Shannon State, Jennifer Jatszak  
Lea Brumfield, Bradley Tucker

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? Email, in person

Michelle Walden 5/9/23 Jessica Addison 5/9/23  
 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 \_\_\_\_\_

Chris Jurek 5-9-2023  
 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



STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

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

SCHOOL District FACULTY MEMBER(S) SPONSORING TRIP Kim Stuenkel

TYPE OF TRIP (CHECK ONE):

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

DESTINATION University of Louisville ADDRESS 2100 S. Floyd Street, Louisville, KY 40203 PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 4-28-23 DEPARTURE TIME 5:30am RETURN TIME 3:15pmPURPOSE/EDUCATIONAL VALUE College visitWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
College + career readinessSOURCE OF FUNDING FOR TRIP Alternative programs

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

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHERNUMBER OF: STUDENTS 43 MALE STUDENTS 43 FEMALE STUDENTS —MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY BUS☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES Beverly FortCLASSIFIED CHAPERONES Vice Rallabrews

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? field trip form

Beverly Fort    4-17-23    Kim Stuenkel    4-17-23  
 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 Gray</u><br>Signature of Superintendent/Designee                                                                     | <u>4-18-2023</u><br>Date |
| <u>Tom Bello "Xme"</u><br>Signature of Board Chair                                                                            | <u>4-18-2023</u><br>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 GATEWAY ACADEMY | FACULTY MEMBER(S) SPONSORING TRIP ALISSA RILEY |
|------------------------|------------------------------------------------|

**TYPE OF TRIP (CHECK ALL THAT APPLY):**Over 300 miles ☐ Under 300 milesCo curricular ☐ Extracurricular☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)**DESTINATION****ADDRESS****PHONE-DESTINATION 270-885-5559**

CHRISTIAN COUNTY CHILDHOOD DEVELOPMENT CENTER 42240I. DRIVE HOPKINSVILLE, KY

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

|                                                                                                                                                                                                                                            |                                 |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------|
| <b>DATE(S) OF TRIP 4-27-23/4-27-23</b>                                                                                                                                                                                                     | <b>DEPARTURE TIME 8:45AM</b>    | <b>RETURN TIME 11:30AM</b>      |
| START END                                                                                                                                                                                                                                  | (SELECT AM OR PM FROM DROPDOWN) | (SELECT AM OR PM FROM DROPDOWN) |
| PURPOSE/EDUCATIONAL VALUE Teaching and Learning Scholars will be completed field observation hours in an early childhood educational setting in order to see good classroom practices, instructional strategies, and classroom management. |                                 |                                 |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)<br>InTASC #7: Planning for Instruction/InTASC #8: Instructional Strategies                                                                       |                                 |                                 |
| 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 O **SUBMIT THIS FORM TWO (2) WEEKS F**

NUMBER OF: STUDENTS 16

MALE STUDENTS 1

FEMALE STUDENTS 15

MODE OF TRANSPORTATION: BUS

IS DISTRICT TRANSPORTATION NEEDED? NO ☒

YES (SEE PROCEDURE 09.36 AP. 212.)

CERTIFICATED COMMON CARRIER; ENTERPRISE RENTAL CAR

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 ☐ No

How have they been notified? Yes

X Alissa Riley

Faculty/Sponsor Signature

X Penny Wright

Principal Signature

|                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------|--|
| Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval |  |
| <u>X</u> <u>Chris J...</u> 4-19-23                                                                                      |  |
| Signature of Superintendent/Designee                                                                                    |  |
| <u>Tom Bellikne</u> 4-19-23                                                                                             |  |
| For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.   |  |

emergency approval



**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****ADDRESS****PHONE-DESTINATION 270-887-7270**

MILLBROOKE ELEMENTARY 415 MILLBROOKE DR  
 SCHOOL HOPKINSVILLE, KY 42240

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

|                                                                                                                                                                                                                                          |            |                                        |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------|----------------------------------------|
| <b>DATE(S) OF TRIP 5-18-23/5-18-23</b>                                                                                                                                                                                                   |            | <b>DEPARTURE TIME 8:45AM</b>           | <b>RETURN TIME 1:00</b>                |
| <i>START</i>                                                                                                                                                                                                                             | <i>END</i> | <i>(SELECT AM OR PM FROM DROPDOWN)</i> | <i>(SELECT AM OR PM FROM DROPDOWN)</i> |
| <b>PURPOSE/EDUCATIONAL VALUE</b> <u>Teaching and Learning Scholars will be completing field observation hours in an elementary setting in order to see good classroom practices, instructional strategies, and classroom management.</u> |            |                                        |                                        |
| <b>WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)</b><br><u>InTASC #7: Planning for Instruction/InTASC #8: Instructional Strategies</u>                                                       |            |                                        |                                        |
| <b>SOURCE OF FUNDING FOR TRIP</b>                                                                                                                                                                                                        |            |                                        |                                        |

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 1 FEMALE STUDENTS 15

MODE OF TRANSPORTATION: BUS

IS DISTRICT TRANSPORTATION NEEDED? ☐ YES ☐ NO☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER;☐ 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 Chris Fugle 5-9-23

Signature of Superintendent/Designee

Tom Bell "kne" 5-9-23Emergency approved

**School Related Student Trip Request Form**

|                        |                                                |
|------------------------|------------------------------------------------|
| 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: RENAISSANCE ORLANDO AT SEAWORLD  
 ADDRESS: 6677 SEA HARBOR DRIVE ORLANDO, FL 32821  
 PHONE-DESTINATION 407-351-5555

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

|                                                                                                                                                                                                                               |                                 |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------|
| 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 the CTSO Educators Rising will be competing in teacher related competitions, engage in professional teacher development, and gain knowledge about the teaching profession and education. |                                 |                                 |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)<br>InTASC #7: Planning for Instruction/InTASC #8: Instructional Strategies                                                          |                                 |                                 |
| 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    O **SUBMIT THIS FORM TWO (2) WEEKS I**  
 NUMBER OF: STUDENTS 2    MALE STUDENTS 0    FEMALE STUDENTS 1  
 MODE OF TRANSPORTATION: RENTAL CAR    IS DISTRICT TRANSPORTATION NEEDED? **NO**  
 YES (SEE PROCEDURE 09.36 AP. 212.)

**CERTIFICATED COMMON CARRIER; ENTERPRISE RENTAL CAR**

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

|                                   |
|-----------------------------------|
| 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    ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes  
☐ No

How have they been notified? YesX Alissa Riley

Faculty/Sponsor Signature

X Penny Knight

Principal Signature

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

X Alissa Riley

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.



School Related Student Trip Request Form

|                        |                                                |
|------------------------|------------------------------------------------|
| 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

ADDRESS

PHONE-DESTINATION 270-885-5559

CHRISTIAN COUNTY CHILDHOOD DEVELOPMENT CENTER 42240I. DRIVE HOPKINSVILLE, KY

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

|                                                                                                                                                                                                                                            |                                 |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------|
| 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 and Learning Scholars will be completed field observation hours in an early childhood educational setting in order to see good classroom practices, instructional strategies, and classroom management. |                                 |                                 |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)<br>InTASC #7: Planning for Instruction/InTASC #8: Instructional Strategies                                                                       |                                 |                                 |
| 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 O **SUBMIT THIS FORM TWO (2) WEEKS**  
 NUMBER OF: STUDENTS 19 MALE STUDENTS 4 FEMALE STUDENTS 15 **Yes**  
 MODE OF TRANSPORTATION: BUS IS DISTRICT TRANSPORTATION NEEDED?  
 YES (SEE PROCEDURE 09.36 AP. 212.)

CERTIFICATED COMMON CARRIER; F

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 ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior? Yes ☐ No

How have they been notified? Yes

X Alissa Riley

Faculty/Sponsor Signature

X Penny Knight

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapprovalX Chris Jones

Signature of Superintendent/Designee

Tom Bell "Kme" 4-26-23

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: Hopkinsville High FACULTY MEMBER SPONSORING TRIP: Andrew Goins

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 Pinnacle ADDRESS 430 Warfield Blvd PHONE 931-647-2695  
Clarksville TN

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

DATE(S) OF TRIP 5-17-23 DEPARTURE TIME 8:30 RETURN TIME 12:30PURPOSE/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: ☐ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHERNUMBER OF: STUDENTS 200 MALE STUDENTS 100 FEMALE STUDENTS 100MODE 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 Sonathon King, Andrew Goins

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? PBIS

Signature of Faculty Sponsor Andrew GoinsDate 4-20-23Signature of Principal [Signature]Date 4-20-23

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 of Superintendent/Designee [Signature]Date 4-24-23Signature of Board Chair Tom Bell "Kne"Date 4-25-23For 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 approve



School-Related Student Trip Request FormSCHOOL: HHS 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 Nashville Show ADDRESS 4001 Bell Rd PHONE 615-889-7050  
☒ Out of State    ☐ Out of County    ☐ Within County    ☐ Overnight: give name, address, phone of lodging \_\_\_\_\_
DATE(S) OF TRIP 5/20/2023 DEPARTURE TIME 8:30 AM RETURN TIME 8:30 PMPURPOSE/EDUCATIONAL VALUE Team - Building

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

SOURCE OF FUNDING FOR TRIP HHS FBLAAMOUNT OF STUDENT FEE: \$ 40

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 8 FEMALE STUDENTS 12MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) Traveling w/ CCHS☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES Gloria LeMaster + Deborah Gauthier

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? Verbal + Permission Slip
Gloria LeMaster  
 Signature of Faculty Sponsor

5/3/23  
 Date

Andrew [Signature]  
 Signature of Principal

5-3-23  
 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 \_\_\_\_\_
Christy [Signature]  
 Signature of Superintendent/Designee

5-8-23  
 Date

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

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

## RELATED PROCEDURES:

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

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**SCHOOL: HHHSFACULTY MEMBER SPONSORING TRIP: William 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: Reverington Convention Center ADDRESS: Vine St PHONE: n/a

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

DATE(S) OF TRIP: June 4-8 DEPARTURE TIME: 12pm RETURN TIME: 3PMPURPOSE/EDUCATIONAL VALUE: Kentucky FFA Convention

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

SOURCE OF FUNDING FOR TRIP: all kinds Perkins / HHHS AgAMOUNT 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 8 MALE STUDENTS TBD FEMALE STUDENTS TBDMODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY VAN☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES: William 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

How have they been notified? written

Julia William  
Signature of Faculty Sponsor

Date

Andy Gyle  
Signature of Principal

Date

5.3.23

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 \_\_\_\_\_

Chaz Joy  
Signature of Superintendent/Designee

Date

5-8-2023

Signature of Board Chair

Date

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

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

Review/Revised: 11/21/13



School-Related Student Trip Request Form

SCHOOL: Hopkinsville High FACULTY MEMBER SPONSORING TRIP: Andrew Goins  
 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 Spawnsplex ADDRESS 155 Teller Way PHONE 270-985-1700  
☐ Out of State    ☐ Out of County    ☒ Within County    ☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP MAY 18, 2023 DEPARTURE TIME 11:30 RETURN TIME 2:30

PURPOSE/EDUCATIONAL VALUE GFE Sophomore Reward

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

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

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

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

NUMBER OF: STUDENTS \_\_\_\_\_ MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS \_\_\_\_\_

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

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

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

CERTIFIED CHAPERONES Andrew Goins, Shelley Ladd, Sonathon King

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? \_\_\_\_\_

Andrew Goins  
Signature of Faculty Sponsor

4-20-23  
Date

[Signature]  
Signature of Principal

4-20-23  
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

4-24-23  
Date

Tam Bell "kme"  
Signature of Board Chair

4-25-23  
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

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: William 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: 111 FFA Camp Rd ADDRESS: Kentucky FFA Leadership Training Center PHONE: 770-759-2301

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

DATE(S) OF TRIP: June 26 DEPARTURE TIME: 8AM RETURN TIME: June 30, 1:00 pmPURPOSE/EDUCATIONAL VALUE: Leadership training center

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

all leadership all pathways, Career StandardsSOURCE OF FUNDING FOR TRIP: LAVECAMOUNT 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 LAVECNUMBER OF: STUDENTS 15 MALE STUDENTS TBA FEMALE STUDENTS TBAMODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY Bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES: Julia William / Aaron 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

How have they been notified? yes / written

Signature of Faculty Sponsor: Julia WilliamDate: 5/2/23

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 of Superintendent/Designee: [Signature]Date: 5-4-2021

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 FormSCHOOL: Hopkinsville High Middle FACULTY MEMBER SPONSORING TRIP: Grins

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 \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 4-25, 4-27, 5-2, 5-4 DEPARTURE TIME 5:00 PM RETURN TIME \_\_\_\_\_

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 (2) Buses

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

1 Bus for Oak Grove  
1 Bus for Hopkinsville

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

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

NUMBER OF: STUDENTS \_\_\_\_\_ MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS \_\_\_\_\_

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

CERTIFIED CHAPERONES \_\_\_\_\_

CLASSIFIED CHAPERONES \_\_\_\_\_

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

Signature of Faculty Sponsor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Principal [Signature]Date 4-17-23

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 of Superintendent/Designee [Signature]Date 4-21-23Signature of Board Chair Tom Bell - KMCDate 4-21-23For 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