

August CCABA

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL * Christian County High School

FACULTY MEMBER(S) SPONSORING TRIP Victoria Mohon

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 Christian County Extension Office

ADDRESS 2950 Remondke Road Hopkinsville, KY 42240

PHONE-DESTINATION 710-896-6328

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

DATE(S) OF TRIP 8/1/23

DEPARTURE TIME 11:00 AM RETURN TIME 1:30 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Attend local Christian County Agribusiness Association Meeting

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

AA2 Participate in conversation, discussion, and group discussions

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 4 MALE STUDENTS 2 FEMALE STUDENTS 2

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

Certified chaperones 1 - Mahea Nyah, Jake Jaworski, or Victoria Mohon

Classified chaperones N/A

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 slip

X Victoria Mohon

Faculty/Sponsor Signature

X Penny Knight

Principal Signature

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

Chris Jorgensen 8-8-2023

Tom Bell "Xmen" 8-10-24

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

Emergency approved

School-Related Student Trip Request Form

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

SCHOOL * Christian County High School FACULTY MEMBER(S) SPONSORING TRIP VICTORIA Monon

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 Kentucky Exposition Center ADDRESS 937 Phillips Lane Louisville, KY 40209 PHONE-DESTINATION 502-367-5000

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging 502-367-225
Urbane Plaza, 830 Phillips Lane, Louisville, KY 4020

DATE(S) OF TRIP 8/16/23 - 8/18/23
START ENDDEPARTURE TIME 4:00 PM RETURN TIME 6:00 PM
(SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)PURPOSE/EDUCATIONAL VALUE Students participating in various team FFA contests

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

AA007 demonstrate understanding of basic interpersonal communicationSOURCE OF FUNDING FOR TRIP LAVEC Ed. Field Trips

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 24 MALE STUDENTS 12 FEMALE STUDENTS 12MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) BUS☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones VICTORIA Monon & Jacob JaworskiClassified chaperones N/Arequest completed & district vans requested.

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 slipX Victoria MononX Penny Knight 7-21-23

Faculty/Sponsor Signature

Principal Signature

Ten Bell "Kne" 7-25-23Trip 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.

emergency approved

School Related Student Trip Request Form

SCHOOL

TYPE OF TRIP

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

☒ Over 300 miles ☐ Under 300 miles ☒ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)
 DESTINATION Lexington, Ky ADDRESS 3051 Lexington Road PHONE 814 228 5632
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging Orig's Hotel - Lexington
 DATE(S) OF TRIP 7/21-22/23 DEPARTURE TIME 11:00 am RETURN TIME 8:00 pm
 PURPOSE/EDUCATIONAL VALUE Soccer Pre Season Tournament
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
N/A
 SOURCE OF FUNDING FOR TRIP Boys Soccer
 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 17 MALE STUDENTS 13 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 Aaron Hutchinson & Jordan Ellis

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
 Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
 How have they been notified? Team meeting 7/18

Signature of Faculty Sponsor Aaron Hutchinson Date 7/20/23
 Signature of Principal [Signature] Date 7-20-2023

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

| | |
|---|------------------------|
| Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ | |
| Signature of Superintendent/Designee <u>Tom Bell "Xme"</u> | Date <u>7-21-23</u> |
| Signature of Board Chair <u>[Signature]</u> | Date <u>7-21-23</u> |

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 approvedVehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

School-Related Student Trip Request FormSCHOOL: HHS Volleyball FACULTY MEMBER SPONSORING TRIP: Laykin Peel

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Lexington Ky ADDRESS _____ PHONE _____

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight (give name, address, phone of lodging) 340 Lincoln Avenue Lexington Ky

DATE(S) OF TRIP 7/28 - 7/30/23 DEPARTURE TIME 7/28 RETURN TIME 6pm 7/30/23PURPOSE/EDUCATIONAL VALUE: Athletic Trip - Volleyball Tournament

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

SOURCE OF FUNDING FOR TRIP: HHS Volleyball BoostersAMOUNT 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 18 MALE STUDENTS _____ FEMALE STUDENTS 18MODE 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 Laykin Peel

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?

[Signature]
Signature of Faculty Sponsor7/12/23
Date[Signature]
Signature of Principal7-20-2023
Date

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

Trip has been ☒ approved ☐ disapproved Reason for disapproval _____[Signature]
Signature of Superintendent/Designee7-20-2023
DateTom Bell "Kme"
Signature of Board Chair7-20-23
Date

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

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 FormSCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: Gilliam/Stallons

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Ky State Fair Grounds ADDRESS: 937 Phillips Ln. Louisville PHONE: 502-367-5000

- ☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
Cronene Plaza 830 Phillips Ln

DATE(S) OF TRIP: Aug 16 DEPARTURE TIME: 3:00pm RETURN TIME: Aug 18 - 1pm (TBA)PURPOSE/EDUCATIONAL VALUE: State Fair Contest (Dairy/Livestock/etc.)

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

Animal, Career, LeadershipSOURCE OF FUNDING FOR TRIP: CCHS + HHS FFA - Lavee Ed. FTAMOUNT 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 12 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 Request by CCHS ✓☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES: Gilliam or Stallons

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? Yes, Contract AgreementSignature of Faculty Sponsor: Julie GilliamDate: 7/25/23Signature of Principal: Penny KnightDate: 8-1-23

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 disapprovalSignature of Superintendent/Designee: Chris ZylkeDate: 8-8-24Signature of Board Chair: Tom Bell "Kme"Date: 8-10-24

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 Hopkinsville High School FACULTY MEMBER(S) SPONSORING TRIP Jeff Addison

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 Lexington Christian ADDRESS 450 W. Reynolds Rd Lexington PHONE _____

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

DATE(S) OF TRIP July 21, 22, 23 DEPARTURE TIME July 21 12:00 RETURN TIME July 23 3:30PURPOSE/EDUCATIONAL VALUE SoccerWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
N/ASOURCE OF FUNDING FOR TRIP Boosters

AMOUNT OF STUDENT FEE: _____

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHERNUMBER OF: STUDENTS 17 MALE STUDENTS 0 FEMALE STUDENTS 17MODE 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) Mark Jorgensen, Kayce Coats, Vanessa Lynch, Rebecca DeArmondCERTIFIED CHAPERONES Sarah AddisonCLASSIFIED CHAPERONES Jeff AddisonHave 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? 17Signature of Faculty Sponsor Jeff AddisonDate 7-12-23Signature of Principal Cindy CooperDate 7-12-23

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

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

Signature of Superintendent/Designee

Date

Tom Beell "Knee"7-14-23

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 approvedChris Jorgensen 7-14-2023