

### School-Related Student Trip Request Form

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

SCHOOL District FACULTY MEMBER(S) SPONSORING TRIP Jennifer Starks

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 Coyce's Pumpkin Farm ADDRESS 153 Farmersville Rd PHONE (270) 365-2131  
Princeton, KY

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

DATE(S) OF TRIP Fri, Sept 22, 2023 DEPARTURE TIME 8:30 am RETURN TIME 1:30 pm

PURPOSE/EDUCATIONAL VALUE Expanded Core Curriculum for Students with blindness or visually impaired

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
Expanded Core Curriculum - social development, science, technology, self-determination

SOURCE OF FUNDING FOR TRIP IDEA Special Ed for transportation, event is free

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 up to 16 MALE STUDENTS 12 FEMALE STUDENTS 4  
*\* only anticipate 4-6 participating*

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 Names of chaperones to be provided upon confirmation of student participation

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?

<u>Jennifer Starks</u>	<u>8/21/23</u>	<u>Michelle Ladd</u>	<u>8/25/23</u>
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 \_\_\_\_\_

<u>[Signature]</u>	<u>8-29-23</u>
Signature of Superintendent/Designee	Date
<u>Tombelle "Kme"</u>	<u>8-29-23</u>
Signature of Board Chair	Date

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

Related Procedures:  
09.36 AP.211, 09.36 AP.212, 09.36 AP.23

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 CCHS FACULTY MEMBER(S) SPONSORING TRIP Cole Isom

**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 Elizabethtown, Ky ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 3/15/24 - 3/16/24 DEPARTURE TIME 3:30 - 3/15/24 RETURN TIME 7:00pm - 3/16/24

PURPOSE/EDUCATIONAL VALUE Baseball Games

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

SOURCE OF FUNDING FOR TRIP Baseball Boosters (CCHS)

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 20 MALE STUDENTS 20 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 Cole Isom, Peyton Moshier, Tyler Juckett

CLASSIFIED CHAPERONES Mitchell Blackmon

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? Hand copies

Cole Isom  
Signature of Faculty Sponsor

9-08-23  
Date

Yvonne Cndu  
Signature of Principal

9.12.23  
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

9-12-2023  
Date

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

\_\_\_\_\_  
Date

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

**Related Procedures:**

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

Review/Revised:11/21/13

**School-Related Student Trip Request Form**

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Sam 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 Quad State ADDRESS Paducah Convention Center PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 9/29/23-9/30/23 DEPARTURE TIME 4pm RETURN TIME 8pm

PURPOSE/EDUCATIONAL VALUE Quad State Volleyball Tournament

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

SOURCE OF FUNDING FOR TRIP Volleyball Boosters

AMOUNT OF STUDENT FEE: N/A

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER

NUMBER OF: STUDENTS 12 MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS 12 Insert text here

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 Sam Self, Jana Montes

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? Signed paper copies

Samatha M Self  
Signature of Faculty Sponsor

9/12/23  
Date

Kevin Cuda  
Signature of Principal

9.12.23  
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 \_\_\_\_\_

Chris Jung  
Signature of Superintendent/Designee

9-12-23  
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

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
- Classroom Field Trip
- Organization/Club Trip
- Co curricular
- Other (athletic, band, if applicable)

DESTINATION Kentucky FFA Leadership Training Center

ADDRESS 101 FFA Camp Road Hardinsburg, KY 40143

PHONE-DESTINATION 270-756-2301

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging same as above

DATE(S) OF TRIP 9/15/23 - 9/16/23

DEPARTURE TIME 1:00 PM  
(SELECT AM OR PM FROM DROPDOWN)

RETURN TIME 3:00 PM  
(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE to participate in student leadership & team building workshops

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
EF 2 Demonstrate effective team skills (eg. setting goals, listening, following directions, questioning, dividing work, conflict resolution, etc.)

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 2 MALE STUDENTS 0 FEMALE STUDENTS 2

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?  NO  YES (SEE PROCEDURE 09.36 AP. 212.) district school vans requested

- CERTIFICATED COMMON CARRIER; SPECIFY
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

Certified chaperones 1 - MATEA WYATT, VICTORIA MONON, OR JAKE SANORSKI

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 Monon

X Penny Knight

Faculty/Sponsor Signature

Principal Signature

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

Christy 8-7-23  
Tom Bell "kme" 8-30-23

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 FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Sam 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 Lindsey Wilson College ADDRESS 210 Lindsey Wilson St. Columbia, KY 42728 PHONE \_\_\_\_\_

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging Sleep Inn & Suites 350 Dohoney Trace Columbia, KY 42728

DATE(S) OF TRIP September 8-9, 2023 DEPARTURE TIME 4pm RETURN TIME 10pm

PURPOSE/EDUCATIONAL VALUE Adair County Classic Volleyball Tournament

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

SOURCE OF FUNDING FOR TRIP CCHS Volleyball Boosters

AMOUNT OF STUDENT FEE: N/A

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER

NUMBER OF: STUDENTS 13 MALE STUDENTS 0 FEMALE STUDENTS 13

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 Sam Self, Jana Montes

CLASSIFIED CHAPERONES T'ana Dixon

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? Paper copies sent home and signed

<u>Sam Self</u>	<u>8/12/23</u>	_____	_____
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

Insert text here

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u>	<u>8-14-2023</u>
Signature of Superintendent/Designee	Date
<u>TOM BELL "KING"</u>	<u>8-14-23</u>
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

Related Procedures:

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

Review/Revised: 11/21/13

*Emergency approved*

### School Related Student Trip Request Form

SCHOOL HHS  
TYPE OF TRIP \_\_\_\_\_ SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

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

DESTINATION Eagle Trace Golf Course ADDRESS 1275 Eagle Dr. PHONE 1 (606) 783-9973

- Out of State       Out of County       Within County <sup>Marion, KY 40351</sup>       Overnight: give name, address, phone of lodging Comfort Inn & Suites ; 2650 KY-801 Marchand, KY 40351 ; (606) 462-2141

DATE(S) OF TRIP 9/1-9/2 DEPARTURE TIME 2:30-3:00 PM RETURN TIME 8:00 pm

PURPOSE/EDUCATIONAL VALUE Golf Tournament

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

N/A

SOURCE OF FUNDING FOR TRIP HHS Golf Boosters

AMOUNT OF STUDENT FEE: N/A

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION       SCHOOL COUNCIL       BOARD       OTHER

NUMBER OF STUDENTS 5 MALE STUDENTS 5 FEMALE STUDENTS 0

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 Austin Knight

CLASSIFIED CHAPERONES N/A

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?  Yes  No  
acceptable behavior?  Yes  No

Have all students been notified of the rules and regulations regarding  
How have they been notified? in person Meeting

[Signature]  
Signature of Faculty Sponsor

8/14/2023  
Date

[Signature]  
Signature of Principal

8-14-23  
Date

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

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

---

[Signature]      8-15-23  
Signature of Superintendent/Designee      Date

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[Signature]      8-15-23  
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

### Vehicle Request Form

School HHS Faculty Member(s) sponsoring trip Austin Knight

Emergency approval

### School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Lisa Roberts

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 PAC - Inside CCMS ADDRESS 215 Mason Ave PHONE 270-887-7113

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

DATE(S) OF TRIP Aug 29, Sept 25, Oct 31 DEPARTURE TIME 10:50? RETURN TIME Not sure - 12:30?

PURPOSE/EDUCATIONAL VALUE Nov. 28, Jan 22, Feb 26, March 26, Apr 15

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

SOURCE OF FUNDING FOR TRIP Superintendent's office

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 2102 - not sure yet MALE STUDENTS 1 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  
acceptable behavior?  Yes  No

Have all students been notified of the rules and regulations regarding How have they been notified?

Signature of Faculty Sponsor Lisa Roberts Date Aug. 11, 23 Signature of Principal [Signature] Date 8-14-2023

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 [Signature] Date 8-17-24

Signature of Board Chair Tom Be... Date 8-17-24

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*

SCHOOL: HHS (w/COHS) FACULTY MEMBER SPONSORING TRIP: Julia Gilliam

TYPE OF TRIP (CHECK ONE):  
 Over 300 miles     Under 300 miles     Co-curricular     Extra-curricular  
 Classroom Field Trip     Organization Club Trip     Other (athletic, band, if applicable)

DESTINATION: FFA Leadership Training Center ADDRESS: 111 RR 1000 FFA Camp Hardinsburg KY PHONE: 270-750-2301

Out of State  Out of County  Within County  Overnight (give name, address, phone of lodging): Camp Adams

DATE(S) OF TRIP: Sept 15th DEPARTURE TIME: 2 PM RETURN TIME: Sept. 16 3pm

PURPOSE/EDUCATIONAL VALUE: Leadership Development

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

SOURCE OF FUNDING FOR TRIP:  
AMOUNT OF STUDENT FEE: \$ 20.00

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: 2 MALE STUDENTS: \_\_\_\_\_ FEMALE STUDENTS: 2

MODE 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: Julia Gilliam

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

Signature of Faculty Sponsor: Julia Gilliam

Date: 7/27/23

Signature of Principal: Penny Knight

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: Christophe S. Brown

Date: \_\_\_\_\_

Signature of Board Chair: Tom B. ... 8-30-23

Date: \_\_\_\_\_

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

RELATED PROCEDURES:

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

Review Revised: 11-21-13

Emergency approved



### School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Kim Batts

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 Louisville, KY / Frankfort ADDRESS 830 Phillip Lane / Capitol PHONE (502) 367-2251

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging Crowne Plaza 830 Phillips Lane, Louisville, KY 40209

DATE(S) OF TRIP 11/28/23 - 12/1/23 DEPARTURE TIME 4:00 pm RETURN TIME 3 pm

PURPOSE/EDUCATIONAL VALUE Debate, Public Speaking, How govt. works

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
H.S.C. RR.2, H.S.C.CP.2

SOURCE OF FUNDING FOR TRIP Busing - Board / School / HHS KVA

AMOUNT OF STUDENT FEE: \$450.00

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 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) \_\_\_\_\_

~~CERTIFIED~~ CHAPERONES Lester Buckner, Amy Buckner

Certified CHAPERONES KIM Batts, Jennifer

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?  Yes  No  
acceptable behavior?  Yes  No

Have all students been notified of the rules and regulations regarding How have they been notified? In writing + verbal

Kim Batts  
Signature of Faculty Sponsor

9/7/23  
Date

[Signature]  
Signature of Principal

9-8-2023  
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> Signature of Superintendent/Designee	<u>9-7-2023</u> 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: HHS FACULTY MEMBER SPONSORING TRIP: William Stallons

TYPE OF TRIP (CHECK ONE):  
 Over 300 miles  Under 300 miles  Co-curricular  Extra-curricular  
 Classroom Field Trip  Organization Club Trip  Other (athletic, band, if applicable)

DESTINATION Harold Co Ext. Office ADDRESS Elizabethtown PHONE \_\_\_\_\_

Out of State  Out of County  Within County  Overnight (give name, address, phone of lodging) na

DATE(S) OF TRIP Oct. 19th DEPARTURE TIME 6:45 AM RETURN TIME 5:00 PM

PURPOSE/EDUCATIONAL VALUE Animal Science, Leadership

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
Care Handling; Equipment, Networking

SOURCE OF FUNDING FOR TRIP HHS Pay

AMOUNT OF STUDENT FEE: \$ \$20.00

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 7 MALE STUDENTS TBA FEMALE STUDENTS TBA

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

CERTIFICATED COMMON CARRIER; SPECIFY Julia Gilliam

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

CERTIFIED CHAPERONES Julia Gilliam

CLASSIFIED CHAPERONES na

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

Signature of Faculty Sponsor Julia Gilliam

Date \_\_\_\_\_

Signature of Principal Andy [unclear]

Signature of Principal

Date 9-11-2013

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="radio"/> approved <input type="radio"/> disapproved Reason for disapproval _____	
Signature of Superintendent Designee <u>[Signature]</u>	Date <u>9-11-2013</u>
Signature of Board Chair _____	Date _____
For overnight and/or out-of-state trips, approval of the Superintendent and or Board may be required by policy 09.36.	

RELATED PROCEDURES:

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

Review Revised 11/21/13

### School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Aaron Hutchison  
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 Louisville, KY ADDRESS 1001 Fairdale Rd PHONE 502 485 8248  
Fairdale, KY 40118

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

DATE(S) OF TRIP 9/23 - 9/24 DEPARTURE TIME 9:00 AM RETURN TIME 11:00 AM

PURPOSE/EDUCATIONAL VALUE Soccer Tournament

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

SOURCE OF FUNDING FOR TRIP HHS Boys Soccer SAF

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 18 MALE STUDENTS 18 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 Hutchison & Jordan Ellis

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? Meeting

Signature of Faculty Sponsor [Signature] Date 9/7/23 Signature of Principal [Signature] Date 9/5/2023

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>[Signature]</u>	Date <u>9-7-2023</u>
Signature of Board Chair _____	Date _____
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36	

Related Procedures:

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

Review/Revised: 11/21/13

School-Related Student Trip Request Form

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

SCHOOL HMS + Millbrook FACULTY MEMBER(S) SPONSORING TRIP Brittney Cansler

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 Louisville, KY / Frankfort ADDRESS 830 Phillip Ln. Louisville, KY / capitol PHONE 502-367-2251

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

DATE(S) OF TRIP 11/15/23 - 11/18/23 DEPARTURE TIME 4:00 pm RETURN TIME 3 pm

PURPOSE/EDUCATIONAL VALUE Debate, Public Speaking, How government works

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) 8.C.CP.3, 8.C.RP.1, 8.C.CV.1, 8.C.PR.1

SOURCE OF FUNDING FOR TRIP Busing - Board/School / HMS KYA

AMOUNT OF STUDENT FEE: \$450.00

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

BILL TRIP EXPENSES TO: Sponsoring Organization, School Council, Board, Other

NUMBER OF: STUDENTS 10 MALE STUDENTS 7 FEMALE STUDENTS 3

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 Brittney Cansler, Alyssa Biley, Jennifer Jataczak

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? In writing + verbal

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

Approval box with fields for Superintendent/Designee, Board Chair, and Date.

RELATED PROCEDURES:

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

Review/Revised: 11/21/13