

**School-Related Student Trip Request Form**SCHOOL CHRISTIAN CO. HS

FACULTY MEMBER(S) SPONSORING TRIP

Natalie Riggs

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 ISU + FiskADDRESS 3500 John A. Merritt Blvd. Nashville, TN 37209PHONE 615-963-5000

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

DATE(S) OF TRIP 10/30/23 DEPARTURE TIME 9 RETURN TIME 3PURPOSE/EDUCATIONAL VALUE Informative tour/presentation

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

SOURCE OF FUNDING FOR TRIP 030210406791281AMOUNT 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 60 MALE STUDENTS 30 FEMALE STUDENTS 30MODE 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 Bianca Crockam, Jessica Hobson, Keisha BensonCLASSIFIED CHAPERONES Shawna Johnson, Charlotte Perkins

Have all chaperones undergone the required records check and b

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR

supervise students? ☒ Yes ☐ No  
acceptable behavior? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding  
How have they been notified? Permission FormSignature of Faculty Sponsor Natalie RiggsDate 9/29/23Signature of Principal Robert A. BontanaDate 10/2/2023

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 disapprovalSignature of Superintendent/Designee [Signature]Date 10-3-2023

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 FormSCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP Natalie Riggs  
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 WKU  
 ADDRESS Evans Martin Alumni Center  
 PHONE Bowling Green KY

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

DATE(S) OF TRIP 10/26/23 DEPARTURE TIME 9am RETURN TIME 2pm

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

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

SOURCE OF FUNDING FOR TRIP 03021040679128IAMOUNT OF STUDENT FEE: 0
*Informative  
tour/presentation  
post-secondary  
option*

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 35 MALE STUDENTS 15 FEMALE STUDENTS 20MODE 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 ~~Christina Johnson~~, Natalie RiggsCLASSIFIED CHAPERONES Taylor Greenfield, Shawna Johnson

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR

Have all chaperones undergone the required records check and b

 supervise students? ☒ Yes ☐ No  
 acceptable behavior? ☐ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? Written Form
*Natalie Riggs*  
 Signature of Faculty Sponsor

9/29/23  
 Date

*David A. Bushman*  
 Signature of Principal

10/2/2023  
 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 ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_
*Christina Johnson*  
 Signature of Superintendent/Designee

10-6-2024  
 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 FormSCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP Natalie Riggs Senior Counselor

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 APSU

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 10/3/23 DEPARTURE TIME 9 RETURN TIME 2

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) Informative tour/presentation Post Secondary optionSOURCE OF FUNDING FOR TRIP 030210406791281AMOUNT 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 25 MALE STUDENTS 10 FEMALE STUDENTS 15MODE 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 Natalie Riggs, Jessica HobsonCLASSIFIED CHAPERONES Taylor Greenfield, Shawna Johnson

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR

Have all chaperones undergone the required records check and b

supervise students? ☒ Yes ☐ Noacceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? Written formNatalie Riggs

Signature of Faculty Sponsor

9/20/23

Date

Pat + Ben

Signature of Principal

9/27/23

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 J...

Signature of Superintendent/Designee

9-27-2023

Date

Tom Beel "Kne"

Signature of Board Chair

9-27-23

Date

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

## 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 GAEWAY ACADEMY FACULTY MEMBER(S) SPONSORING TRIP BENJAMIN SMITH  
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 Speedway, Indiana ADDRESS 1201 North Main Street Speedway, Indiana 462241  
PHONE \_\_\_\_\_X Out of State      ☐ Out of County      ☐ Within County      X Overnight: give name, address, phone of  
lodging: Holliday Inn 5855 Rockville Rd, Indianapolis, IN 46224 +13175540900DATE(S) OF TRIP NOVEMBER 15-17 DEPARTURE TIME 3 PM 11/15/23 RETURN TIME 10 PM 11/17/2023PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITIONWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
\_\_\_\_\_SOURCE OF FUNDING FOR TRIP ROBOTICS SAFAMOUNT OF STUDENT FEE: \$50

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 10 MALE STUDENTS 8 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) \_\_\_\_\_CERTIFIED CHAPERONES ROBERT LEE, SHAWNNA COMBES

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

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

Have all students been notified of the rules and regulations regarding

acceptable behavior? X Yes ☐ NoHow have they been notified? Letter home[Signature]  
Signature of Faculty Sponsor9/28/23  
Date[Signature]  
Signature of Principal9-29-23  
DateEMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD  
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSONTrip has been ☒ approved      ☐ disapproved. Reason for disapproval \_\_\_\_\_[Signature]  
Signature of Superintendent/Designee9-29-23  
Date[Signature]  
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**

Hopkinsville U.S.

SCHOOL Hopkinsville U.S. SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

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

DESTINATION BGCC ADDRESS 257 Beech Rd, KY PHONE 270-842-0325  
☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Holiday Inn - 1021 Wilkinson Trl, Bowling Green, KY 42103

DATE(S) OF TRIP OCT 3-5 DEPARTURE TIME TBD RETURN TIME TBD  
 PURPOSE/EDUCATIONAL VALUE COMPETE IN KHSAA GOLF TOURNAMENT  
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

SOURCE OF FUNDING FOR TRIP DISTRICT

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 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 \_\_\_\_\_

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) PARENTS OF EACH PLAYER

CERTIFIED CHAPERONES Edwin

CLASSIFIED CHAPERONES EDWIN WHITE - HEAD GACH / JP BLANE - ASST. COACH

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 [Signature]

Date 9/27/23

Signature of Principal [Signature]

Date 9-27-2023

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 9-28-23  
 Signature of Board Chair [Signature] Date 9-28-23

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**Emergency approved

STUDENTS

09.36 AP.21

School Related Student Trip Request FormSCHOOL  
TYPE OF TRIP

HHS

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 Bearley Green ADDRESS 251 Beech Bend Rd PHONE 270-842-0325  
☐ Out of State    ☒ Out of County    ☐ Within County    Overnight: give name, address, phone of lodging Holly Inn University Place - Bearley Green 1021 Wilksan Trce, Bearley Green, KY 42103

DATE(S) OF TRIP 10/5 - 10/7 DEPARTURE TIME 8am RETURN TIME 8pm  
 PURPOSE/EDUCATIONAL VALUE Golf State Tournament

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

SOURCE OF FUNDING FOR TRIP CCPS DistrictAMOUNT 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 1 MALE STUDENTS 1 FEMALE STUDENTS 0MODE 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 KnightCLASSIFIED 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

Signature of Faculty Sponsor [Signature]Date 9/27/23How have they been notified? in personSignature of Principal [Signature]Date 9-27-2023

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 9-27-2023Signature of Board Chair [Signature]Date 9-27-23

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 Formemergency approved



STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP GILLIAM & STALLONS

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 INDIANAPOLIS, IN ADDRESS FFA WAY INDY PHONE \_\_\_\_\_☒ Out of State☐ Out of County☐ Within County☐ Overnight: give name, address, phone oflodging TBD, Indianapolis, INDATE(S) OF TRIP Nov 1-4 DEPARTURE TIME 7:00 AM RETURN TIME 7:00 PMPURPOSE/EDUCATIONAL VALUE ATTEND AND PARTICIPATE IN NATIONAL CONVENTIONWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) LEADERSHIP AND CAREER DEVELOPMENTSOURCE OF FUNDING FOR TRIP LAVEC AND PERKINSAMOUNT 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 12MALE STUDENTS TBAFEMALE STUDENTS TBA

MODE 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 JULIE GILLIAM & AARON STALLONSCLASSIFIED CHAPERONES NAHave 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? Ag Dept ExpectationsJulie Gilliam (by PL)

Signature of Faculty Sponsor

9-26-23

Date

Penny Knight

Signature of Principal

9-27-23

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 \_\_\_\_\_Chen J...

Signature of Superintendent/Designee

9-27-23

Date

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 Hopkinsville High School FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean

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 Warren Central H.S. ADDRESS 559 Morgantown Rd, B.G. Ky. 42101 PHONE 270-842-7302  
☐ Out of State lodging      ☒ Out of County      ☐ Within County      ☐ Overnight: give name, address, phone of
DATE(S) OF TRIP Oct. 26, 2023 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_PURPOSE/EDUCATIONAL VALUE Audition for All-State ChoirWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
PerformanceSOURCE OF FUNDING FOR TRIP SAFAMOUNT 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 \_\_\_\_\_ MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS \_\_\_\_\_

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY Sharing w/ CCHS Choir☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES Tracy Bean ; Dr. Jennifer Adam

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? Discussion / Permission Slip
Signature of Faculty Sponsor Tracy Bean Date 9/19/23Signature of Principal Cindy Apple Date 9-20-2023

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Signature of Superintendent/Designee ChrisDate 9-21-2023

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**

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

SCHOOL Hopkinsville High School FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean

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 Murray State University ADDRESS Murray, Ky PHONE 800-272-4678  
☐ Out of State      ☒ Out of County      ☐ Within County      ☒ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP Nov. 5 + 6, 23 DEPARTURE TIME 2:00 p RETURN TIME 9:00 pmPURPOSE/EDUCATIONAL VALUE Performing in an Honor's ChoirWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
Music-Traditional and Emerging Ensembles - Present-Select-AnalyzeSOURCE OF FUNDING FOR TRIP SAFAMOUNT OF STUDENT FEE: \$35 plus hotel

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.21.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY Sharing w/ CCHS Choir☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES Tracy Bean, Dr. Jennifer Adam

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? Discussion in class and will be on permission slip.
Signature of Faculty Sponsor Tracy BeanDate 9/19/23Signature of Principal Cindy GylesDate 9-21-2023

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 9-21-2023

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

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 Tracy Bean  
 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 Barkley Lodge ADDRESS 3500 State Park Rd PHONE 270-924-1131  
Cadiz, KY 42211  
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging N/A  
 DATE(S) OF TRIP Dec. 2, 2023 DEPARTURE TIME 4:30 pm RETURN TIME 9:00 pm  
 PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_  
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
Performance  
 SOURCE OF FUNDING FOR TRIP SAF  
 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 47 MALE STUDENTS 10 FEMALE STUDENTS 37  
 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 Tracy Bean  
 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? Discussion / Permission Slip  
Tracy Bean 9/19/23 Andy Apple 9-20-2023  
 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 _____	
Signature of Superintendent/Designee <u>[Signature]</u>	Date <u>9-24-2023</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