

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 Jessica Hobson

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 Tennessee State ADDRESS 3645 Dr Walter S Davis PHONE-DESTINATION (615) 963-5000
University Blvd, Nashville, TN 37209

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

DATE(S) OF TRIP 12/02/23 DEPARTURE TIME 4:00PM RETURN TIME 11:00 PM
~~12/05/2023~~ (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
START END

PURPOSE/EDUCATIONAL VALUE Co-Curricular

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

SOURCE OF FUNDING FOR TRIP lkjdkdjk

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 25 MALE STUDENTS 15 FEMALE STUDENTS 10

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

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

Certified chaperones JESSICA HOBSON, RANDY STEVENSON, JAKALA RADFORD

Classified chaperones CHARLOTTE PERKINS, SHAWANA JOHNSON

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 Conduct signed by BSU members and parents

X Jessica Hobson

Jessica Hobson
Faculty/Sponsor Signature

X Robert A. Burnham

Robert A. Burnham
Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

X Tom Bell "Kme"

Signature of Superintendent/Designee
Tom Bell "Kme"

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 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 Covington Catholic High School ADDRESS 1600 Dixie Highway Park Hills, Kentucky 41011

PHONE _____

- Out of State Out of County Within County Overnight: give name, address, phone of lodging: Holiday Inn Express 200 Crescent Avenue, Covington, Kentucky 41011 888 465 4329

DATE(S) OF TRIP JANUARY 26-27 DEPARTURE TIME 4 PM 01/26/24 RETURN TIME 10 PM 01/27/24

PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITION

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

SOURCE OF FUNDING FOR TRIP ROBOTICS SAF

AMOUNT 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 OTHER

NUMBER OF: STUDENTS 16 MALE STUDENTS 14 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 BEN SMITH, ROBERT LEE, SHAWNNA COMBES

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? Letter home

[Signature] 12/12/23 Penny Knight 12-12-23
 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 _____

[Signature] 12-12-23
 Signature of Superintendent/Designee Date

[Signature] 12-12-23
 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

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 Northern Kentucky University ADDRESS Nunn Drive Highland Heights, Kentucky 41075
PHONE _____

- Out of State Out of County Within County Overnight: give name, address, phone of lodging: Holiday Inn Express & Suites Cincinnati South - Wilder, 8 Hampton Lane, Wilder, Kentucky 41076 40505 888 465 4329

DATE(S) OF TRIP JANUARY 12-14 DEPARTURE TIME 3 PM 01/12/24 RETURN TIME 12 PM 01/14/24

PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITION

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

SOURCE OF FUNDING FOR TRIP ROBOTICS SAF

AMOUNT 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 OTHER

NUMBER OF STUDENTS 12 MALE STUDENTS 10 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 BEN SMITH, ROBERT LEE, SHAWNNA COMBES

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? Letter home


Signature of Faculty Sponsor

12/8/23
Date


Signature of Principal

12-5-23
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 _____

Signature of Superintendent/Designee _____
Date 12-7-2023

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

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 Lexington, KY ADDRESS 201 Eastin Road
Lexington, Kentucky 40505
PHONE _____

- Out of State Out of County Within County Overnight: give name, address, phone of lodging: Holliday Inn 2255 Buena Vista Road, Lexington, Kentucky 40505 888 465 4329

DATE(S) OF TRIP DECEMBER 8-10 DEPARTURE TIME 3 PM 12/8/23 RETURN TIME 12 PM 12/10/2023

PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITION

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

SOURCE OF FUNDING FOR TRIP ~~BOARDSHIP~~ LAVFC

AMOUNT 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 OTHER

NUMBER OF: STUDENTS 10 MALE STUDENTS 8 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 BEN SMITH, PENNY KNIGHT

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? Letter home _____

[Signature]
Signature of Faculty Sponsor

11/8/23
Date

[Signature]
Signature of Principal

11-8-23
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>11-14-2023</u> Date
<u>[Signature]</u> Signature of Board Chair	<u>11-14-23</u> 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:

[Signature] 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 HHS FACULTY MEMBER(S) SPONSORING TRIP Kaleigh Stout

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 Orlando, FL ADDRESS 700 S. Victory Way PHONE 407-939-5277

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging 7635 Fairfax Drive - Kissimmee, FL 34747 (Encore Resort)

DATE(S) OF TRIP Feb. 8-13, 2024 DEPARTURE TIME 4:00 AM RETURN TIME 7:00 PM

PURPOSE/EDUCATIONAL VALUE National High School Cheer Championship

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

SOURCE OF FUNDING FOR TRIP Fundraising

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 0 FEMALE STUDENTS 18

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY charter bus

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

CERTIFIED CHAPERONES Kaleigh Stout, Rayven Bettis, Tabby Lykins

CLASSIFIED CHAPERONES Amy Meyer, Anita Jones, Julie Williamson, Sierra Johnson, Angel Prescott

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 release form

Kaleigh Stout
Signature of Faculty Sponsor

12/5/23
Date

[Signature]
Signature of Principal

12-6-23
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

Date

Tom Bell "kme"

12-6-23

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

[Signature]

[Signature] 12-7-2023
Tom Bell "kme" 12-7-23
emergency approved

School-Related Student Trip Request Form

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

SCHOOL MLK FACULTY MEMBER(S) SPONSORING TRIP Title III

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 Reindeer farm ADDRESS 2541 Old Union Church Rd. PHONE (270) 938-7480

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

DATE(S) OF TRIP Dec 19, 2023 DEPARTURE TIME 9:00 am RETURN TIME 1:30 pm

PURPOSE/EDUCATIONAL VALUE study of reindeer

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
ESS 3.A

SOURCE OF FUNDING FOR TRIP Title III

AMOUNT OF STUDENT FEE: \$10.00

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 18 MALE STUDENTS 9 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 Mary Calhoun

CLASSIFIED CHAPERONES Vickie Perry, Gabby Steinmetz

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? TalkingPoints, Note

Signature of Faculty Sponsor Mary Calhoun Date 11/27/23 Signature of Principal [Signature] 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 [Signature] Date 11-27-23

Signature of Board Chair Tom Bell "Knew" Date 11-27-23

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

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 MLK FACULTY MEMBER(S) SPONSORING TRIP M. Calhoun

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 Koch's Children's Museum
ADDRESS 22 SE 5th St. Evansville IN PHONE (812) 464-2663

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

DATE(S) OF TRIP 12-19-23 DEPARTURE TIME 8:00 am RETURN TIME 2:00 pm PURPOSE/EDUCATIONAL VALUE Science experience for students

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

SOURCE OF FUNDING FOR TRIP Title III AMOUNT OF STUDENT FEE: \$12

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 Mary Calhoun

CLASSIFIED CHAPERONES Vickie Perry, Gabriela Steinmetz

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? Discussed with students

Signature of Faculty Sponsor Date Signature of Principal Date
Tracey Lee 12/1/2023

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 _____

Christy 12-1-2023 Signature of Superintendent/Designee Date
Toni Bell-Knox 12-4-23 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 Pembroke FACULTY MEMBER(S) SPONSORING TRIP Lindsay Christopher (ESL)

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 Rainier Farm ADDRESS Bowling Green, NY PHONE (210) 938-7480

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

DATE(S) OF TRIP Dec 18th or 19th 2023 DEPARTURE TIME 8:00 AM RETURN TIME 1:30-2:00 PM

PURPOSE/EDUCATIONAL VALUE Learn about animals we're learning about in class.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
K. LSI.1, L. LSI.2, and 3. LSI.1

SOURCE OF FUNDING FOR TRIP Title III 345K

AMOUNT OF STUDENT FEE: \$15 per person

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 25 MALE STUDENTS 13 FEMALE STUDENTS 12

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY bus w/ undercarriage

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

CERTIFIED CHAPERONES Lindsay Christopher, Jennifer Jarczak?

CLASSIFIED CHAPERONES Wichie Perry

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? in person

Signature of Faculty Sponsor [Signature] Date 11/20/23 Signature of Principal [Signature] Date 11/29/23

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
Signature of Superintendent/Designee <u>[Signature]</u>	Date <u>11-28-2023</u>
Signature of Board Chair <u>[Signature]</u>	Date <u>12-4-23</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 approved

STUDENTS 09.36 AP.21 **School-Related Student Trip Request Form**

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

SCHOOL Pembroke Elementary FACULTY MEMBER(S) SPONSORING TRIP Lindsay Christopher (ESL)

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 Southern Lanes ADDRESS 3001 Canton St. Hopkinsville, KY 42240 PHONE (270) 874-2265

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

DATE(S) OF TRIP December 12, 2023 DEPARTURE TIME 2:00PM RETURN TIME 4:30PM PURPOSE/EDUCATIONAL VALUE This ties into the different countries and cultures the after school program students are learning about, while also tying into STEM.

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) K-PS2-1. Plan and conduct an investigation to compare the effects of different strengths or different directions of pushes and pulls on the motion of an object; K.G.HI.1 Identify and describe the culture of communities.

SOURCE OF FUNDING FOR TRIP Title III 345 K

AMOUNT OF STUDENT FEE: \$11 per person

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 6 FEMALE STUDENTS 6

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY School bus w/ Jennifer Jatzczak as the driver

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

CERTIFIED CHAPERONES Lindsay Christopher, Jennifer Jatzczak

CLASSIFIED CHAPERONES Vickie Perry

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? In-person

Tracey Seeth

Sponsor Date Signature of Principal Date

Signature of Faculty

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 Jony 11-16-23 _____ Signature of
Superintendent/Designee Date

Tom Bell "Kimo" 11-16-23 _____ 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.

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 Sinking Fork FACULTY MEMBER(S) SPONSORING TRIP Mary Calhoun

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 Southern Lanes ADDRESS 3001 Canton Pike PHONE (270) 874-2265

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

DATE(S) OF TRIP 12-11-23 DEPARTURE TIME 4:00 pm RETURN TIME 5:30 pm

PURPOSE/EDUCATIONAL VALUE

trip ties into STEM/cultural awareness

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

K-PS2-1

SOURCE OF FUNDING FOR TRIP Title III

AMOUNT OF STUDENT FEE: \$11

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 6 MALE STUDENTS 2 FEMALE STUDENTS 4

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 Mary Calhoun

CLASSIFIED CHAPERONES Vickie Perry

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
How have they been notified? Discussion

Mary Calhoun
Signature of Faculty Sponsor

12-1-23
Date

Dacey Smith
Signature of Principal

12/1/23
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>Chris J...</u> Signature of Superintendent/Designee	<u>12-1-2023</u> Date
<u>TOM BELL</u> Signature of Board Chair	<u>12-4-23</u> 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