SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL * CCHS FACULTY MEMBER(S) SPONSORING TRIP J. LOOM FOR THE THE P. SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
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 SHOWAY CINEMADDRESS 400 F4. COMPUTE BYTHONE-DESTINATION
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP HOW THE DEPARTURE TIME Gam RETURN TIME [1:30 0000]
PURPOSE/EDUCATIONAL VALUE GIVE TOUTH EXPENT POWER TVIP
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP DAT/ FRYSC/SBM
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 260 Male Students 240 Female Students 240
Mode of Transportation: is district transportation needed? NO Ves (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. No
Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No
How have they been notified? LYMISSIM SUP
,
X Sperkem X Kun Cudu
Faculty/Sportsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
Confy
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL* CCHS FACULTY MEMBER(S) SPONSORING TRIP LOGEN COM
TYPE OF TRIP (CHECK ALL THAT APPLY):
☐ Over 300 miles ☐ Co curricular ☐ Extracurricular
Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable)
DESTINATION SNOWDOX CINEWAADDRESS 4000 F4. CAMPBELPHONE-DESTINATION
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP May 8th, 2024 DEPARTURE TIME 9am RETURN TIME 11:30am
PURPOSE/EDUCATIONAL VALUE TO GELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP DAF; FRYSC; SBDM
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 270 Male Students 135 Female Students 135
MODE OF TRANSBORTATION: 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
Have all students been notified of the rules and regulations regarding acceptable behavior? The No How have they been notified? Permission Slip
X Joseph X Vivn Judin Faculty/Spohsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
Christy
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

SUBMIT	THIS FORM TWO (2) WEEK	KS PRIOR TO TAKE	NG THE TRIP.
SCHOOL * CCHS	FACULTY MEMBER	R(S) SPONSORING T	RIP J. Kem
TYPE OF TRIP (CHECK ALL THAT A	APPLY):		-
Over 300 miles Under 30	00 miles	Co curricular	Extracurricular
Classroom Field Trip	Organization/Club Trip	Other (a	athletic, band, if applicable)
DESTINATION_	Address	P	HONE-DESTINATION
Out of State Out of Coun	nty Within County	Overnight: g	ive name, address, phone of lodging
DATE(S) OF TRIP May 16th, 26	(SELECT AM OR PM	ME 9: 3Down A FROM DROPDOWN)	RETURN TIME 5:00pm (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE	enion Trip		
WHAT STANDARD IS BEING ADDRESSE	ED BY TAKING THIS TRIP? (DOES NOT APPLY	TO ATHLETIC TRIPS.)
Source of funding for trip	AF isBDM		
	SHALL BE DENIED THE TR	٨ .	
BILL TRIP EXPENSES TO: SPONSO			. 1,
Number of: students 225	■ At 10000		STUDENTS 115
MODE OF TRANSPORTATION: IS DIST	RICT TRANSPORTATION NI	EEDED? 🗌 NO 🕻	YES (SEE PROCEDURE 09.36 AP. 212.)
CERTIFICATED COMMON	CARRIER; SPECIFY		
PRIVATE VEHICLE, IF ALI	LOWED BY POLICY; SPECIF	Y DRIVER(S)	-
Classified chaperones			
-	☐ Yes ☐	No	the principal/designee to supervise students
Have all students been notified of the r	C C	//	avior? 🗹 Yes 🗌 No
How have they been notified?	plemyssin	slip	
X Conhem	X	Yeun Cu	du
Faculty/Sponsor Signature	Principa	al Signature	
Trip has been Papproved disapprove	ed. Reason for disapproval		
For overnight and/or out-of-state trips, approval	of the Superintendent and/or Boar	rd may be required by p	olicy 09.36.

57.50 TH .21
School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian Winty High FACULTY MEMBER(S) SPONSORING TRIP Samantha Cruz Mark Type of Trip (Check one): Harn
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION GAIT HOUSE ADDRESS 140 N. FOURTH ST. PHONE 502 589 520 Out of State Out of County Overnight: give name, address, phone of lodging Overnight Gait Fourth St. Description of County Overnight: give name, address, phone of lodging Overnight Gait Fourth St. Description of County Overnight: give name, address, phone of lodging Overnight Gait Fourth St. Description of County Overnight: give name, address, phone of Louis Overnight Gait Fourth St. Description of County Overnight Gait Fourth St. Descrip
lodging Overnant - Galt House
DATE(S) OF TRIP 4 17 29 4 10 29 DEPARTURE TIME 4 20 SOLLY RETURN TIME 120 PM
PURPOSE/EDUCATIONAL VALUE FBLA State Conference - leadership + networking
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) EA1, EA3, EA6, EB2, EB3, EC1, EC2, EC3, EC5, ED1, ED2, ED4, ED6
SOURCE OF FUNDING FOR TRIP LANCE
AMOUNT OF STUDENT FEE: 70-75
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 Wavyin Haviles - OUS Driver
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Samontha Cruz / Marvin Harness
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\Delta \) No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\Delta \) No How have they been notified? Permission Forms Verms Verms 3.8.24 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
1/2 / 202
Signature of Superintendent/Designage

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 of Board Chair

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

Review/Revised:11/21/13

Date

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. SCHOOL* FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ALL THAT APPLY): Under 300 miles Over 300 miles Co curricular Extracurricular Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable) PHONE-DESTINATION _ DESTINATION_ ADDRESS Within County Out of State Overnight: give name, address, phone of lodging Out of County DEPARTURE TIME / AW RETURN TIME 1-30pm SELECT AM OR PM FROM DROPDOWN) PURPOSE/EDUCATIONAL VALUE WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) 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 OTHER MALE STUDENTS 25 NUMBER OF: STUDENTS _______ FEMALE STUDENTS 35 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? \(\subseteq\) NO \(\subseteq\) ES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) (1 of each) Certified chaperones Classified chaperones V Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No Faculty Sponsor Signatur 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.

Imergency approved

School-Related Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. CCHS Sheri FACULTY MEMBER(S) SPONSORING TRIP SCHOOL Type of Trip (Check one): ☐ Extracurricular Under 300 miles ☐ Cocurricular Over 300 miles Organization/Club Trip Other (athletic, band, if applicable ☐ Classroom Field Trip DESTINATION OWENS GOOD ADDRESS Within County 230 Salem Overnight: give name, address, phone of Out of County Salem Dr. Dwensboro Confort Suites 3/3 RETURN TIME 8:00 DATE(S) OF TRIP MAI 3-4 2024 DEPARTURE TIME 4:5 Athletic -Softhall PURPOSE/EDUCATIONAL VALUE 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. OTHER BILL TRIP EXPENSES TO:

SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL NUMBER OF: STUDENTS 14 MALE STUDENTS FEMALE STUDENTS 14 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? D NO XYES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Sher Hanwek Michelle Hanwock, Regon CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise Have all students been notified of the rules and regulations regarding students? A Yes D No How have they been notified? Vocal. Signed 60 [acceptable behavior? Yes I No Signature of Faculty Sponsor 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

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 of Board Chair

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

Review/Revised:11/21/13

Page 1 of 1

16 AStel 2/20/24

STUDENTS School-Related Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. Ison Tyler Juckett Peyton Mishin FACULTY MEMBER(S) SPONSORING TRIP Cole SCHOOL CCHS TYPE OF TRIP (CHECK ONE): ☐ Cocurricular **Extracurricular** ☐ Under 300 miles ☐ Over 300 miles ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable ☐ Classroom Field Trip DESTINATION Elizabeth John / Centyton Address 209 N. Mulberry St. Ky 4400 PHONE 210-506-0031 Overnight: give name, address, phone of ☐ Out of County ☐ Within County ☐ Out of State lodging Info above DATE(S) OF TRIP March 15th-16th DEPARTURE TIME 3:00 PM RETURN TIME 10:00 PM PURPOSE/EDUCATIONAL VALUE Bareball Grames WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOURCE OF FUNDING FOR TRIPCCHS Baseball Booster Club 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 72 MALE STUDENTS 72 FEMALE STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY BUS. We have a driver already ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)____ CERTIFIED CHAPERONES Cole Isom. Tyler Juckett Peyton Moshier CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Ves No Have all students been notified of the rules and regulations regarding acceptable behavior?

✓ Yes □ No How have they been notified? Yes dson Date Signature of Faculty Sponsor 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 TOM BILL WKN Signature of Board Chair

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

Umergence approved

1/4 Holl 2/15/24

School-R	elated Student	Trip Request I	01111	
Senstra e	ms rogu bira (4) W	(FRS Eldint to F3845G)	rm date.	
SCHOOL: CHRISTIAN COPNIX THER SCH Type of Thie (CHECK ONE);	оог — Растту Мгм	BER(S) SPONSORING THU	CANN WARIO	8 411
		Cocumentar Other (athletic, band	si Langunic , if applicable	mlu
DESTINATION: DAY 108, OH Annu	rss: 1801 S Eowin C	Most s Bivo 45417	Phone: 93	1-229-4635
X-Out of State : Out of County lodging: Hotel TBD once approved by		y — () Overmylati ş	gve name, add	ress, phone of
DAIF(s) of True: April 19-20 Depart	ogo Time: 7 v m. os A	arno 19 m Reners Tro	r: 11 00 PM - Ac	m 2010
PURPOSE/EDITIATIONAL VALUE: SHADES CLASS PURIORMANCES IN THE RECOVER DIVIDE		D CEASS PUBLISHED OR	naps AS WELL AS:	WATCHING WORLD
WHAT STANBORD IS IMPACT ADDRESS		ня тви? (Does vo	F APPEY III A	HILTE FRUS.)
SOURCE OF FUNDANCE FOR 1805; NO FUND AMOUNT OF STEDENS FEEL SO		л school van usagi (i	LAPPECART)	e garante de la companya de la comp
No madena sie	OT THE OFFICE THE TRU	BLCAUSE OF AN INABILI	1 Y 4 O PAY.	
BILL CRIUENBASES FOR A SPONSORING O	RGANIZATION	⊖ SCHOOL COUNCIL	© BO480	COTHER
NUMBER OF STUDENTS 6	Male Sivdensist 5	Female St	COENTS: I	
Mode of Transformation; is instrict 212.) — Certification common yar "Private vehicle, il ale	шең spechy: СССН	S VAN	X yes (seu proc	
Qqqq chambonist Calvin Warren I		a ()//((:)/		
CLASSING CHAPTRONS				
Have all chaperones undergone the supervise students? X TOS 12 No acceptable perfectors? X - Yes 12 No	Have all studer	eck and been designal nts been notified of th been notified?- Trip Iti	e rules and regu	lations regarding
44/	3/7/24	Ylun Ci	uda.	3.7.24
Signature of Faculty Sponsor	Date	Signature of Pri	петра	Date
" EMERGENCY REQUESTS DUF APPROVAL MOSSIBLE SHOULD				
Trip has been / approved - 🤫 disapprove	ad. Reason for disapprov	H		
Signature of Suprintendent De	Agree (3-7.201 Date	4
Signature of Board Chair			D_{aba}	
**	os amoroval of the Suner	intendent and or Board o	vit beginner ad our	malace 410 th
,				
For overnight and/or ant-of-state top Relatted Procedures:			my ne required by	Ferm's (1) "

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

K 18 3/7/2024

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP Robert A. Burnham
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, Kentucky Address Alltech Arena 4089 Iron Works Pkwy, Lexington, KY 40511 PHONE-DESTINATION 859-233-4303
Out of State Out of County Within County Overnight: give name, address, phone of lodging BEST WESTERN PLUS GEORGETOWN CORPORATE
CENTER HOTEL, 132 DARBY DR, GEORGETOWN, KY 40324, +15028680055
DATE(S) OF TRIP <u>02/14/24-02/18/24</u> DEPARTURE TIME <u>12:00 PM</u> RETURN TIME <u>4:00 PM</u> RETURN TIME <u>4:00 PM</u>
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP <u>lkjdkdjks</u>
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 fkdjskjs
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones DECOREUS LEAVELL
Classified chaperones Anthony Smith, Raymond Williams, Livingston Merritt
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?
How have they been notified? Code of Conduct signed by athletes and parent
X Dedel A Bren
Faculty/Sponsor Signature Principal Signature
Trip has been approved disapproved. Reason for disapproval
× Clara Ingr 2-13-2024
Signature of Superintendent/Designee
Tom Bell "Kme" 2-13-24

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 Jehrifet Adam Type of Trip (check one):
□ Over 300 miles □ Cocurricular □ Extracurricular □ Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable)
DESTINATION GOLD HOUSE ADDRESS 140 N. 4th St. Laurille PHONE 502 589 5200 Out of State 2 Out of County Within County Dz. Overnight: give name, address, phone of lodging Gold House 140 N. 4th St., Louisville, Ly 40207 502 589 5200
DATE(S) OF TRIP Felo 21-24, 7024 DEPARTURE TIME 8 AM RETURN TIME 10 PM
PURPOSE/EDUCATIONAL VALUE Honors choir rehearsals & performance
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) MU! Pr5.3.E. Mu! Pr6.1.E
Source of funding for trip SAF - Chair
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 Female Students Female Students
Mode of Transportation: is district transportation needed? no See Procedure 09.36 ap. 212.) Certificated common carrier; specify CCHS Van
□ Private vehicle, if allowed by policy; specify driver(s)
Certified Chaperones <u>Jennifer</u> Adam, Rachel White
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? If Yes No Have all students been notified of the rules and regulations regarding How have they been notified? Paperus August A
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 Dom But Superintendent/Designee
Signature of Board Chair Por overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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

amergency appround

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

SCHOOL: HHS/CCHS Type of Trip (check on	FACUI	LTY MEMBER(S) SPONSOR	RING TRIP: ALYSSA ROSS, TROY JONES
Over 300 miles			= Cata mainules
	□ Under 300 miles	□ Co Curricular	
	p		
	ALLEY ACADEMY ADDRESS: 1134	5 HARDIN VALLEY RD. K	NOXVILLE, TN 37932
PHONE: 865-690-9690			
lodging: B	Out of County Uthin Clest Western Plus Knoxville Ced 20 N Peters Rd. Knoxville, TN 65-539-0058	lar Bluff	ht: give name, address, phone of
DATE(S) OF TRIP: MARC	н 8тн, 9тн, анд 20тн, 2024		
	3/8) RETURN TIME: 1PM (3/10)		
PURPOSE/EDUCATIONAL			
		G THIS TRIP? (DOES	NOT APPLY TO ATHLETIC TRIPS.)
	R TRIP: HCC WINTERGUARD BOO	STERS AND STUDENT CONT	RIBUTION
AMOUNT OF STUDENT F			
	No student shall be denied the	E TRIP RECAUSE OF AN INA	BILITY TO PAY.
	☐ SPONSORING ORGANIZATION	□ SCHOOL COUNCI	
NUMBER OF: STUDENTS-			E STUDENTS- 23
I The rest and the second seco			X YES (SEE PROCEDURE 09.36 AP.
	ED COMMON CARRIER; SPECIFY		
the second secon	VEHICLE, IF ALLOWED BY POLICY;	SPECIFY DRIVER(S)	
	ALVSSA ROSS		
CLASSIFIED CHAPERONES	s_Troy Jones		
supervise students? X Y	es 🗆 No		mated by the principal/designee to
	notified of the rules and regulation	ns regarding acceptable	behavior? X Yes No
Signature of Faculty Sp	tified? Since November, 2023 3 - 5 - 24 Donsor ESTS DUE TO UNFORSEE BLE SHOULD ALSO HAVE TH	Signature of Signature of THE SIGNATURE OF THE	THAT MAKE PRIOR BOARD
Trip has been approved	disapproved. Reason for disapp	proval	
	1 hall		3-10-24
Signature & SA	perintendent/Designee		Date
Torons	DID WHALL		3-6-24
Signature of Boo	ard Chair		Date
For overnight and/or	out-of-state trips, approval of the Se	aperintendent and/or Board	I may be required by policy 09.36.

School-Related Student 111p Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCMS + CCHS FACULTY MEMBER(S) SPONSORING TRIP Amanda Haff
TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable ☐ Cocurricular ☐ Other (athletic, band, if athletic, band, i
DESTINATION Galt House Address 140N 4"51 Laursule PHONE 855-797-6733
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of
DATE(S) OF TRIP March 8-9 DEPARTURE TIME = 4'COpm RETURN TIME = 10'COpm 9
Purpose/Educational Value gcade mic team competetion
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIF. (DOES NOT ATTEL TO ATTEMPT AND ATTEMPT OF ATT
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? INO IT YES (SEE PROCEDURE 09.36
AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES A WARD A WAY ?
CLASSIFIED CHAPERONES
CLASSITED CHAI ERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No How have they been notified? 2/22/2
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
Christian 2-27-2527
Signature of Superintendent/Designee Date
Tom Bl O iKney Signature of Roard Chair Date
Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
Related Procedures:
00 26 AD 211 00 36 AD 212 00 36 AD 23

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

Review/Revised:11/21/13

emergency approved

Page 1 of 1

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School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCPS FACULTY MEMBER(S) SPONSORING TRIP Vice Killebru
TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
Description Field Trip Golden Classical Phone 370-745 - 2551
DESTINATION Western Ky University Dress 1906 College Heights Phone 270-745-2551 Out of State Wout of County Within County Overnight: give name, address, phone of
lodging
DATE(S) OF TRIP 3 28 2024 DEPARTURE TIME RETURN TIME
DATE(S) OF TRIP 3/28/2024 DEPARTURE TIME RETURN TIME PURPOSE/EDUCATIONAL VALUE COLLEGE VISIT
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) Standard 5. Community Care and Support For Students
SOURCE OF FUNDING FOR TRIP Student Securces
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 <u>3S</u> MALE STUDENTS <u>23</u> FEMALE STUDENTS <u>2</u>
Mode of Transportation: is district transportation needed? In o yes (see procedure 09.36 ap. 212.) Certificated common carrier; specify SChool BUS
☐ 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 Have all students been notified of the rules and regulations regarding How have they been notified? We Define \(\) \
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
1/1 2/11/
Signature of Superintendent/Designee Date
Biginini of Billion Bengalo
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.

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. FACULTY MEMBER(S) SPONSORING TRIP ____BENJAMIN SMITH____ SCHOOL GAEWAY ACADEMY___ TYPE OF TRIP (CHECK ONE): □ Extracurricular □ Cocurricular X Under 300 miles □ Over 300 miles □ Classroom Field Trip DESTINATION Louisville, KY ADDRESS 280 W Jefferson St, Louisville, KY PHONE X Overnight: give name, address, phone of Within County X Out of County □ Out of State lodging: _Hyatt Regency Louisville 320 West Jefferson Street Louisville, KY 502 581 1234 Date(s) of Trip_March 18-20_____ Departure Time _7 AM 3/18_ Return Time _4 PM 3/20 Purpose/Educational Value __TSA State Competition_ WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) Source of funding for trip SAF AMOUNT OF STUDENT FEE: \$50 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. □ OTHER □ BOARD □ SCHOOL COUNCIL BILL TRIP EXPENSES TO:

SPONSORING ORGANIZATION Number of: students __15____ Male Students ___11____ Female Students ___4_ Mode of Transportation: is district transportation needed?□ no X 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 Have all students been notified of the rules and regulations regarding supervise students? X Yes □ No How have they been notified? Letter home acceptable behavior? X Yes □ No 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 Town BODD "XUE" Signature of Board Chair 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 approval

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):
X Over 300 miles Under 300 miles Cocurricular Extracurricular
□ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION <u>lowa West Field House</u> Address <u>5 Arena Way, Council Bluffs, IA</u>
X Out of State X Out of County
lodging: Holiday Inn Express & Suites Council Bluffs - 2211 South 32nd Street, Council Bluffs, Iowa 51501
Date(s) of Trip March 13-17 Departure Time 7 AM 3/13 Return Time 8 PM 3/17
Purpose/Educational ValueVEX Robotics Competition
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for tripRobotics SAF
Amount of Student Fee:\$50
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \Box SPONSORING ORGANIZATION \Box SCHOOL COUNCIL \Box BOARD \Box OTHER
Number of: students12 Male Students10 Female Students2
Mode of Transportation: is district transportation needed?□ no X yes (see procedure 09.36 ap. 212.)
□ Certificated common carrier; specify
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONESBEN 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? X Yes \square No Have all students been notified of the rules and regulations regarding
acceptable behavior? X Yes I No How have they been notified? Letter home
3/2/24 Yenry might 2-19-24
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
2-21-24
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

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School-Related Student Trip Request Form
SUBMITTHIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HHS
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurreglar ☐ Extracurricular
DESTINATION Cold House Hall and Tip Li Other (athletic, band, if applicable
DESTINATION Calt Mouse Hotel Address 140 North 4th Street Phone 800-293-071 Out of State Mout of County Within County Describe Rev 40202 lodging April 8-10 2024
PLEBOOR FEW CATTONNE 10, 2024 DEPARTURE TIME 8:00 AM RETURN TIME 4:00 AM
TRIUSE EDICATIONAL VALLE LEGICLEISHIND & Francis a Little Skill C
Employability Skills, les deship (Greet Rembias S.
WARE OF FUNDING FOR IRIP
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 TROADS
NUMBER OF: STUDENTS 12 MALE STUDENTS 6 FEMALE STUDENTS 1
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NEEDED? NO EXES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Deborah Cauthen, Matthew Handy
CLASSIFIED CHAPERONES
Have all changerones undergone the control of the state o
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Yes \(\Bar{\text{No}} \) Have all students been notified of the rules and regulations regarding
They have they been nontried.
36 down remy Knight 3-7-24
Signature of Principal
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
Manilon !
Signature of Superintendent Designee Date
Signature of Board Chair
For overnight and or out-of-state trips, approval of the Superintendent and or Board may be required by policy 09.36.
Deleved Deleve

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

Review/Revised:11/21/13

SCHOOL TYPE OF TRIP	SUBMIT THIS FORM FOUR (4	4) WEEKS PRIOR TO TAKING THE TRIP.
The state of the s	☐ Under 300 miles	☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip	☐ Organization/Club Trip	Other athletic band, if applicable
DESTINATION DESTINATION	ADDRESS COMO	PHONE CONCULCAMACY-
Out of State	Out of County, Withi	in County
lodging 48 to LVK	Z AVENUE, DESTIN, FL	E 9:00 Am RETURN TIME BIOD PM
DATE(S) OF TRIPOLEO -	VALUE BASEBAL BIONE:	E DODAN RETURN TIME OND DATE
PURPOSE/EDUCATIONAL V	ALUE BARRIO DI CAMPE	C THE TRUE (DOES NOT ARREST TABLE)
WHAT STANDARD IS BE	ANG ADDRESSED BY TAKING	G THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR	TRIP	
AMOUNT OF STUDENT FEE	E:	
NO STU	UDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: I	☐ SPONSORING ORGANIZATIO	N □ SCHOOL COUNCIL □ BOARD □ OTHER
NUMBER OF: STUDENTS	MALE STUDENTS	FEMALE STUDENTS
MODE OF TRANSPORTATION 212.) ☐ CERTIFICATED	ON: IS DISTRICT TRANSPORTA COMMON CARRIER; SPECIFY	ATION NEEDED?
□ PRIVATE VI	EHICLE, IF ALLOWED BY POLI	CY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES	MALOM TIPOLER, BLAKE	LEDCH
	•	
CLASSIFIED CHAPERONES	BRIAN FORTS	
		2-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
Have all chaperones und	Tergone the required records	check and been designated by the principal/designee to
supervise students? Ye	No Have all s	students been notified of the rules and regulations regarding they been notified?
acceptable behavior? Y	es ☐ No How have	they been notified? Urounded Documents - Dagar Syma
	2119(24	182 2/19/29
Signature of Faculty Spor	nsor Date	Signature of Principal Date
EMERGENCY REOUES	STS DUE TO UNFORSEE	N CIRCUMSTANCES THAT MAKE PRIOR BOARD
		THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved	☐ disapproved. Reason for disar	pproval
(-11	0 -	
	11200	9-91-94
Signature of Supe	rintendent/Designee	Date
Tomber	O uknow	2-31-24
Signature of Boar		Date
For overnight and/or o	out-of-state trips, approval of the S	Superintendent and/or Board may be required by policy 09.36.
₩	대 ID 회사회	

RELATED PROCEDURES:

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

Review/Revised:11/21/13

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Vehicle Request Form

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SCHOOL TYPE OF TRIP	SUBMIT THI	S FORM FOUR (4)	WEEKS PRIOR TO	TAKING THE TR	UP.	
☐ Over 300 miles ☐ Classroom Field Tr DESTINATION JACKSON	in 🗆 Organiz	ration/Club Trin	Cocurricular Other (athletic	band if applica	extracurricula able 164-1174	ar
Out of State lodging Hollow !	IN EXPRESS	NORTHENS				ss, phone of
DATE(S) OF TRIP 3/12- PURPOSE/EDUCATIONAL	3/23 DI VALUE	eparture time <i>Games</i>	<i>3</i> :30 pm RE		·	ETTIC (PDIDG)
WHAT STANDARD IS I	BEING ADDRESS	ED BY TAKING	THIS TRIP? (DO	ES NOT APPLY	(TO ATHL)	enc trips.)
SOURCE OF FUNDING FO	R TRIP				-une-tu	a. 0
AMOUNT OF STUDENT F	EE:					
NO S	TUDENT SHALL I	BE DENIED THE T	RIP BECAUSE OF A	AN INABILITY TO	PAY.	
BILL TRIP EXPENSES TO NUMBER OF: STUDENTS				OUNCIL MALE STUDENT	BOARD S	□ OTHER
	ED COMMON CAI	RRIER; SPECIFY_). 	URE 09.36 AP.
☐ PRIVATE CERTIFIED CHAPERONE	vehicle, if all s Macon Ti	OWED BY POLIC CLERKE BLAKE LE	Y; SPECIFY DRIVE	R(S)		
CLASSIFIED CHAPERON	es Bran For	TE				
Have all chaperones u supervise students?	les □ No	Have all st	check and been udents been notified?	ed of the rules	and regulation	ons regarding
Tsulay	and the second s	2/19/24	1/-/2		21	19/24
Signature of Faculty Sp		Date		re of Principal		Date
EMERGENCY REQU APPROVAL IMPOSSI						
Trip has been Approved	☐ disapproved	. Reason for disapp	oroval			
	1000	~^ <		2.	116-16	
Signature of Su	perintendent/Desi	gnee	 *		Date	
	Of akmer		<u> </u>	<u>a</u>	-01-9N	
Signature of Bo	ard Chair	** ***********************************	90		Date	
For overnight and/or	out-of-state trips,	approval of the Su	perintendent and/or	Board may be req	mired by police	y 09.36.

RELATED PROCEDURES:

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

2/20/23 Ky X Shill

Review/Revised:11/21/13

Vehicle Request Form

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Review Revised:11/21/13

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE URIP.
SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Deborah Caut
Over 300 miles
DESTINATION K. Speece Address 404 Davidson St. Ush M. 615-343-327. Dout of State Out of County Within County Overnight, give name, address, phone of lodging
DATE(S) OF TRIP April 11 2004 DEPARTURE TIME 8:00 AM RETURN TIME 5pm
PURPOSE/EDUCATIONAL VALUE FBLA End of the year trip
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip_FBLA
AMOUNT OF STUDENT FEE: \$30
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO FAY.
BILL TRIP EXPENSES TO: ☐ SPÔNSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER
NUMBER OF: STUDENTS 35 MALE STUDENTS 17 FEMALE STUDENTS 18
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO VES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
CERTIFIED CHAPERONES Deborah Cauther, Barbara Brown Whitney Frost
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Yes No
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been papproved disapproved. Reason for disapproval
Signature of Superintendent Designee 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

School-Related Student Trip Request Form	
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Deborah Car	the
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other (athletic, band, if applicable	
DESTINATION Calt House Hotel ADDRESS 140 North 4th Street PHONE 800-293	07/
10dgmg 7-171 5-10 2024	
DATE(S) OF TRIP April 8-10, 2024 DEPARTURE TIME 8:00 AM RETURN TIME 4:00,	411
PURPOSE/EDUCATIONAL VALUE Leadership & Emplayability Skills	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TE	IPS.)
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 ☐ OTH	IER
NUMBER OF: STUDENTS 12 MALE STUDENTS 6 FEMALE STUDENTS 6	
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO TYPES (SEE PROCEDURE OF AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY	9.36
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES Deborah Cauthen, Matthew Handy	-
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the principal designee to super students? Wes 🗆 No Have all students been potitied of the rules and regulation	vise '
Have all students been notified of the rules and regulations regar acceptable behavior? \(\subseteq \text{Yes} \subseteq No \) How have they been patified? \(\frac{1}{2} \subseteq \text{S} \) \(\omega \cdot \frac{1}{2} \subseteq \text{Co} \text{Co} \cdot \frac{1}{2} \subseteq \text{Co} \text{Co} \text{Co} \frac{1}{2} \subseteq \text{Co} Co	ling
3.6-2024 / Mall 10.00 10.00 2.11.2.1	
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOA APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERS	RD ON
Trip has been approved disapproved. Reason for disapproval	
Christ 3-11-2024	
Signature of Superintendent Designed Date	-
Date	_
Signature of Board Chair Date	_
Signature of Board Chair For overnight and or out-of-state trips, approval of the Superintendent and or Board may be required by policy 09.36.	
Signature of Board Chair 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 of Board Chair For overnight and or out-of-state trips, approval of the Superintendent and or Board may be required by policy 09.36.	

SCHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO T	AKING THE TRIP.
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic) DESTINATION ☐ WY ADDRESSPHO	☐ Extracurricular band, if applicable
□ Out of State □ Out of County □ Within County □ Ov	
lodging (LAPLON) HOTEL CONTELENCE CENTER NOVAI - 1950 NEW TOWN) MRE-LEXIMETON, 1940571-889-233-0512
DATE(S) OF TRIP 2/14 - 2/17 DEPARTURE TIME 12:00 PM RET PURPOSE/EDUCATIONAL VALUE COMPETE IN KISMA STATE WILLSTING	TENERAL AMERICA ALLANDONO (CHA)
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOE	S NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP DUTANT	
AMOUNT OF STUDENT FEE:	The second secon
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN	
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION NUMBER OF: STUDENTS MALE STUDENTS FEM.	
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?	INO PYES (SEE PROCEDURE 09.36 AP.
212.) □ CERTIFICATED COMMON CARRIER; SPECIFY	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER	(S)
CERTIFIED CHAPERONES	
Discourse Dille	
CLASSIFIED CHAPERONES ROBERT BUSSELL, ANTWAN PWNER	9
Signature of Faculty Sponsor Date Signature	d of the rules and regulations regarding bumewith WI PARENT + STUDENT SUNATUR 2/12/24 c of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCE APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF	F THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval	
Class Tank	2-13-24
Signature of Superintendent Designee	Date
Tom bell "Kine"	3-12-24
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or E	soard may be required by policy 09.36.
RELATED PROCEDURES:	
09.36 AP.211, 09.36 AP.212, 09.36 AP.23	
09.30 At .211, 09.30 At .212, 09.30 At .23	Review/Revised:11/21/13
emergency approx	مو
Vehicle Request Form	
School Faculty Member(s) sponsoring trip	
K + Stell 2/1-	2/

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL: HMS FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE):
Over 300 miles
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 04 11 2024 DEPARTURE TIME ~ 7 am RETURN TIME ~ 50m
PURPOSE/EDUCATIONAL VALUE COMOLATION
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATILLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP FFA
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 NIA MALE STUDENTS NIA FEMALE STUDENTS NIA
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN VES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES TYPE LOCKE (Volunker chaptions)
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Tyes \(\text{No} \) Have all students been notified of the rules and regulations regarding How have they been notified? Permission 510 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 3-6-202 4
Signature of Saperintendent/Designee Dute
Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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 TYPE OF TRIP (CHECK ONE): FACULTY MEMBER(S) SPONSORING TRIP TYQCY BEAN
☐ Over 300 miles ☐ Under 300 miles ☐ Co-curricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION First Baotist (hugh Address Bowling Tree Ky Phone Of Out of State Wout of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP ADVI 1 12024 DEPARTURE TIME 1:00 am RETURN TIME 8 pm
PURPOSE/EDUCATIONAL VALUE 3rd DISTICK Garas (how Karticipation
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP Chair Fund
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 MALE STUDENTS TEMALE STUDENTS # 5
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN VES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Tray Bean
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Have all students been notified of the rules and regulations regarding
Signature of Faculty Sponsor How have they been notified? Signature of Principal Date 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
Clin 3-14-2024
Signature of Superintendent/Designed 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 action on 20

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: HMS TYPE OF TRIP (CHECK ONE): FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean
☐ Over 300 miles ☐ Under 300 miles ☐ Co-curricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION WKU ADDRESS Bowling Green PHONE
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP DEPARTURE TIME RETURN TIME
PURPOSE/EDUCATIONAL VALUE Performance @ KMEA ASSESSMENT
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP Chon Fund
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 39 MALE STUDENTS 10 FEMALE STUDENTS 29
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 Blan
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise
Have all students been notified of the rules and regulations regarding
acceptable behavior? Yes No How have they been polified?
Signature of Faculty Sponsor Date 3/3/24 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
(In Jony 3-14-2024
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

	School-Related	Student	Trip	Request	Form
-		County of the last	Contract of the last	The same of the sa	ACCRECATION AND ADDRESS OF THE PARTY OF THE

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
CHOOL: HMS FACULTY MEMBER(S) SPONSORING TRIP CAPETON 'YPE 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 Western Kentucky Address 1906 College Heights Biv. PHONE (270) - 745 - 011 Out of State A Out of County
DATE(S) OF TRIP 03/14/2024 DEPARTURE TIME 9 AM RETURN TIME 3 PM
URPOSE/EDUCATIONAL VALUE Concert Performance Assessment
VHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATTILETIC TRIPS,
OURCE OF FUNDING FOR TRIP
MOUNT OF STUDENT FEE: \$O
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: A SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD STIER
lumber of: students 60 Male Students 27 Female Students 33
AODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN 1 YES (SEE PROCEDURE 09.36 P. 212.)
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Addison Grimm Grant Jones
CLASSIFIED CHAPERONES
lave all chaperones undergone the required records check and been designated by the principal/designee to supervise tudents? Ves I No Have all students been notified of the rules and regulations regarding companies behavior? Vermission Slip
Joylor Capetton 03/01/2024 / Mall 2 3-1-2
MERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARI PPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
rip has been approved disapproved. Reason for disapproval
2.8-2024
Signature of Superintendent/Designee Date
Tombell "Khu" 3-21-24
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.
Inlated Dragonduran

Related Procedures:

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

Review/Revised: 11/21/13

Unregency approved

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL MIK JY FACULTY MEMBER(S) SPONSORING TRIP May Callow Type of Trip (check one):
☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION PLANCETORIUM ADDRESS 238 VSitor Ctr. Codi Phone (270) 924-2233
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 3-27-24 DEPARTURE TIME 8'.00 am RETURN TIME 1:00 pm
Purpose/Educational Value Study planets & Sun
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Title TIL
Amount of Student Fee: \$4,50
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 MALE STUDENTS 8 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 Many Callow
CLASSIFIED CHAPERONES Vickie Perry, Gatriola Stammetz
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?
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
Clanton 2-13-6029
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.

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

Review/Revised:11/21/13