

School-Related Student Trip Request Form

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

SCHOOL * Christian County High FACULTY MEMBER(S) SPONSORING TRIP Samantha Cruz

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 Rosen Hotel Centre ADDRESS 9840 International Dr. Orlando FL 32819 PHONE-DESTINATION 407 996 9840

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

DATE(S) OF TRIP 06/27/24 - 07/3/24 DEPARTURE TIME 5:00 am tentative RETURN TIME 3:00 pm tentative
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE EFLA National Conference, ORLANDO FL

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

AA, EA, EB, ED

SOURCE OF FUNDING FOR TRIP LAVEC

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 3 MALE STUDENTS 2 FEMALE STUDENTS 1

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

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

Certified chaperones 1

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? Verbal, permission forms

X S. Cruz

Faculty/Sponsor Signature

X LE Malone

Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

Chris J...

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

School Related Student Trip Request Form

SCHOOL _____ TYPE OF TRIP _____ **SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**

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

DESTINATION Wendell H. Ford Training Center ADDRESS Greenville, KY PHONE 270-338-8900

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

DATE(S) OF TRIP 29 May - 2 June DEPARTURE TIME 11:00 a.m. RETURN TIME 7:00 a.m.

PURPOSE/EDUCATIONAL VALUE Leadership Camp

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Students will learn leadership skills and team building

SOURCE OF FUNDING FOR TRIP Cadet Command, Fort Knox, KY

AMOUNT OF STUDENT FEE: _____

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 20 MALE STUDENTS 10 FEMALE STUDENTS 10

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 Vickie Rewitte, Tim Rewitte, Anthony Holloway

CLASSIFIED CHAPERONES _____

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

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

Vickie Rewitte
Signature of Faculty Sponsor

5/1/24
Date

DE Malone
Signature of Principal

5/7/24
Date

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

| | |
|---|-----------------------|
| Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ | |
| <u>[Signature]</u> Signature of Superintendent/Designee | <u>5-8-24</u> Date |
| _____ Signature of Board Chair | _____ Date |

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Vehicle Request Form

School CCHS Faculty Member(s) sponsoring trip Tim Rewitte, Vickie Rewitte

Kent Dobbins 5/9/24

School-Related Student Trip Request Form

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

SCHOOL *Christian County High FACULTY MEMBER(S) SPONSORING TRIP Samantha Cruz

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 KY FBLA Camp ADDRESS 111 FFA Camp Rd Hardinsburg, KY PHONE-DESTINATION N/A

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

DATE(S) OF TRIP 06/04/24 - 06/06/24 DEPARTURE TIME 8:00am RETURN TIME 5:00
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE FBLA Leadership Development camp.

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

All AA, EA, EB, ED

SOURCE OF FUNDING FOR TRIP LAVEC

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER _____

NUMBER OF: STUDENTS 4 MALE STUDENTS 1 FEMALE STUDENTS 3

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

CERTIFICATED COMMON CARRIER; SPECIFY OCHS Van - reserved

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

Certified chaperones 4

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? verbal, permission forms

X S. Cruz
Faculty/Sponsor Signature

X KE Malone
Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

Chris Fitzgerald

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

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP : M. WYATT

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: GANDER MEMORIAL PARK

ADDRESS: 41-A & PENNYRILE PARKWAY, HOPKINSVILLE, KY 42240

PHONE: NA

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

Not an overnight trip

DATE(S) OF TRIP: 05/09/24

DEPARTURE TIME: 9:30 AM ON 05/09/2024 RETURN TIME: 1:30 P.M. ON 05/09/2024

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO ASSIST THE BEAUTIFICATION OF HOPKINSVILLE DIRECTOR REMOVE SUMMER PLANTS AND PLANT WINTER ONES. THE STUDENTS WILL GET TO ASSIST THE COMMUNITY AND GIVE BACK. THEY WILL ALSO BE MEETING A HORTICULTURE BASED CAREER IN CITY GOVERNMENT.

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

SS-EK3 IDENTIFY AND SEEK VARIOUS WORK EXPERIENCE OPPORTUNITIES, E.G., VOLUNTEERISM

SS- EA1 EXPLAIN THE IMPORTANCE OF PRIDE AND CONFIDENCE ABOUT WORK AND LEARNING NEW TASKS

SOURCE OF FUNDING FOR TRIP: CCHS FFA SAF

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 18 MALE STUDENTS 10 FEMALE STUDENTS 8

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 MATTEA WYATT

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? Code of Acceptable Behavior, Permission Slip

| | | | |
|------------------------------|------------------------|------------------------|-------------------------|
| | <u>4-23-24</u> Date | | <u>04/24/24</u> Date |
| Signature of Faculty Sponsor | | Signature of Principal | |

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>4-25-24</u> Date |
| Signature of Superintendent/Designee | |
| | <u>4-25-24</u> 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. | |

emergency approved

09.36 AP.21

STUDENTS

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Kiki Radford

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Bethel University ADDRESS 325 Cherry Ave. McKenzie, TN 38201 PHONE 731-352-4000
 Out of State Out of County Within County Overnight: give name, address, phone of lodging Bethel University Student Dams, 326 Cherry Ave. McKenzie, TN 38201

DATE(S) OF TRIP June 9-12, 2024 DEPARTURE TIME 3:00pm RETURN TIME 10:00pm

PURPOSE/EDUCATIONAL VALUE Athletic Team Basketball Camp
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

SOURCE OF FUNDING FOR TRIP CCHS Girls Basketball

AMOUNT OF STUDENT FEE: \$600 (total team)

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 Kiki Radford, Mary Griffith

CLASSIFIED CHAPERONES Frica Gordian, Jamesha Mosley, Chr Heavenl

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 copy of Team Rules & Expectations

| | | | |
|------------------------------|------------------|------------------------|----------------|
| <u>Kiki Radford</u> | <u>4/12/2024</u> | <u>Frica Gordian</u> | <u>4.22.24</u> |
| Signature of Faculty Sponsor | Date | Signature of Principal | Date |

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

Trip has been approved disapproved. Reason for disapproval _____

| | |
|--------------------------------------|------------------|
| <u>Chris Jones</u> | <u>4-24-2024</u> |
| 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

School-Related Student Trip Request Form

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

SCHOOL * CCJHS FACULTY MEMBER(S) SPONSORING TRIP H. Kern

TYPE OF TRIP (CHECK ALL THAT APPLY):

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

DESTINATION _____ ADDRESS _____ PHONE-DESTINATION _____

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

DATE(S) OF TRIP April 25th, 2024 DEPARTURE TIME 1pm RETURN TIME 2:30pm
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE ECPA Rewards Trip

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

— KOSSA / ECPA
SOURCE OF FUNDING FOR TRIP General Fund

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 70 MALE STUDENTS 35 FEMALE STUDENTS 35

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 2
Classified chaperones 2

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? Permission slip

X H. Kern

Faculty/Sponsor Signature

X Robert A. Blum

Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

Chris Zampas 4-24-24
Tom Bell "Kme" 4-24-24

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

emergency approved

School-Related Student Trip Request Form

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

SCHOOL * _____ FACULTY MEMBER(S) SPONSORING 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 _ _____ ADDRESS _____ PHONE-DESTINATION _____

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

DATE(S) OF TRIP 4/26/24 DEPARTURE TIME 9am RETURN TIME 11:30am
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE PBIS Rewards Trip

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

n/a
SOURCE OF FUNDING FOR TRIP General Fund

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 120 MALE STUDENTS 60 FEMALE STUDENTS 60

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 2
Classified chaperones 4

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? Permission slip

X [Signature]
Faculty/Sponsor Signature

X [Signature]
Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

Chloe Zentgraf 4-24-2024
Tom Bell "kme" 4-24-24

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

Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL El Summer Camp FACULTY MEMBER(S) SPONSORING TRIP Christopher / 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 Inland Waterways ADDRESS 117 S. Water St Paducah PHONE 270-575-9958

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

DATE(S) OF TRIP 6-20-24 DEPARTURE TIME 8:30 RETURN TIME 3:00

PURPOSE/EDUCATIONAL VALUE science focus

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

SOURCE OF FUNDING FOR TRIP Title III 345 K

AMOUNT OF STUDENT FEE: \$5 per student

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 30 MALE STUDENTS 15 FEMALE STUDENTS 15

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 L. Christopher ; M. Calhoun

CLASSIFIED CHAPERONES V. Perry

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? class discussion

Signature of Faculty Sponsor [Signature] Date 4/22/24
Signature of Principal _____ Date 4-19-24

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

| | |
|---|--------------------------|
| Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ | |
| <u>[Signature]</u> Signature of Superintendent/Designee | <u>4-22-2024</u> Date |
| _____ Signature of Board Chair | _____ Date |

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

Related Procedures:

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

Review/Revised: 11/21/13

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Stallons / Gilliam

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 UK Rupp Center ADDRESS 430 W Vine St Lexington Ky PHONE 859-233-4567

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging Hilton or Hyatt Regency

DATE(S) OF TRIP June 3 - 6 DEPARTURE TIME June 3rd 10:30 AM RETURN TIME June 6th 2:00pm

PURPOSE/EDUCATIONAL VALUE FFA Competitions

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Public Speaking, Parliamentary Procedure

SOURCE OF FUNDING FOR TRIP LHVEC or Perkins

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 School Van

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

CERTIFIED CHAPERONES Aaron Stallons, Julie Gilliam

CLASSIFIED CHAPERONES

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No
How have they been notified? Permission Slip

[Signature]
Signature of Faculty Sponsor

5/7/24
Date

[Signature]
Signature of Principal

5/7/24
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 type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ | |
| <u>[Signature]</u> Signature of Superintendent/Designee | <u>5-7-2024</u> Date |
| _____ Signature of Board Chair | _____ Date |
| For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36. | |

Related Procedures:

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

Review/Revised:11/21/13

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 Kim Batts

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Holiday World ADDRESS 452 E Christmas Blvd PHONE (812) 937-4401

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

DATE(S) OF TRIP 5/24/24 DEPARTURE TIME 7:30 AM RETURN TIME 9:00 PM

PURPOSE/EDUCATIONAL VALUE End of Year Reward

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

SOURCE OF FUNDING FOR TRIP HHS KVA

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 21 MALE STUDENTS 7 FEMALE STUDENTS 14

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 Kim Batts, Jennifer Jateczak

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? Verbally + in writing

Kim Batts
Signature of Faculty Sponsor

4/16/24
Date

[Signature]
Signature of Principal

4-17-2024
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 4-17-24
Date

Tom Bell
Signature of Board Chair 4-17-24
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 Hopkinsville Middle School FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: _____ ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP May 10 DEPARTURE TIME 11:15 am RETURN TIME 2:30 pm

PURPOSE/EDUCATIONAL VALUE Performance @ South Christian

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

SOURCE OF FUNDING FOR TRIP Choral Acct @ Middle School

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 2 MALE STUDENTS 1 FEMALE STUDENTS 1

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 Kayla

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? letter to parents/discussion

Tracy Bean
Signature of Faculty Sponsor

4/26/24
Date

Andrew [Signature]
Signature of Principal

4/29/24 in class
Date

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

| | |
|---|--------------------------|
| Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ | |
| <u>[Signature]</u> Signature of Superintendent/Designee | <u>4-30-2024</u> Date |
| <u>Tom Bell "Knee"</u> Signature of Board Chair | <u>4-30-24</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

School-Related Student Trip Request Form

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

SCHOOL MLK Freedom Pembroke FACULTY MEMBER(S) SPONSORING TRIP L. Christopher
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 CCBA ADDRESS 905 N. Dr. PHONE (270)885-8777

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

DATE(S) OF TRIP April 25 DEPARTURE TIME Pembroke: 9:00 MLK: 9:15 Freedom: 9:30 RETURN TIME 1:30 pm

PURPOSE/EDUCATIONAL VALUE Cultural awareness

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
K.G. HI.1: Identify & describe the culture of Communities

SOURCE OF FUNDING FOR TRIP Title III 345 K

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 30 MALE STUDENTS 15 FEMALE STUDENTS 15

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 Lindsay Christopher, Mary Calhoun

CLASSIFIED CHAPERONES Vickie Pamy

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? _____

Tracey Leeth 4/16/24 _____ _____
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 _____

Signature of Superintendent/Designee 4-17-2024
Date

Tom Bell "Kne"
Signature of Board Chair 4-16-24
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 CCPS GT FACULTY MEMBER(S) SPONSORING TRIP Shannon Slate

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 Univ. of MD ADDRESS 3972 Campus Dr PHONE 270-446-9000

Out of State Out of County Within County Overnight: give name, address, phone of lodging University of Maryland (College Park) dorms 3972 Campus Dr College Park, MD 20742

DATE(S) OF TRIP June 10-13, 2024 DEPARTURE TIME 7:00 AM RETURN TIME 11:00 PM

PURPOSE/EDUCATIONAL VALUE National competition for National History Day

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
HS.UH.F.CC.2 Disciplinary thinking, construct arguments

SOURCE OF FUNDING FOR TRIP CCPS GT

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 11 MALE STUDENTS 5 FEMALE STUDENTS 6

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

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

CERTIFIED CHAPERONES Shannon Slate, Tonya Childs, Bianca Crockam, Kristin Nolte, Jacob Jones

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding How have they been notified? parent/student meeting

Shannon Slate 5/1/24 Michelle Will 5/6/24
 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 _____

 Signature of Superintendent/Designee Date 5-7-2024

 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

Ky Ashbell 5/7/24