SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY PRIOR TO THE TRIP
ACCULA
TYPE OF TRIP (CHECK ONE): FACULTY MEMBER(S) SPONSORING TRIP T. Cook J. Pecce
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
DESTINATION MISO ADDRESS 1301 E. men 51. PHONE 615-098-2366
Out of State Out of County Within County Mr- Freshore, TW 37132
Overnight; give name, address, phone of lodging
Say 8-11
DATE(S) OF TRIP 7 26 24 DEPARTURE TIME 1:00 PM RETURN TIME 11 PM
PURPOSE/EDUCATIONAL VALUE DCI Show
SOURCE OF FUNDING FOR TRIP Band Boosters
Attach a description of estimated expenses including, but not limited to, lodging, meals,
registration, and all other anticipated travel expenses.
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY
00857-)
NUMBER OF: STUDENTS FACULTY SPONSORS COTHER CHAPERONES COTHER CHAPERONES
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? IN YES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)
Have all chaperones undergone the required records check and been designated by the
principal/designee to supervise students? \(\mathbb{P}\) Yes \(\mathbb{D}\) No
Person contested at any of the Parson of the Parson contested at any of the Parson contested at any of the Parson
Person contacted at venue to discuss EAP: Bon's face Amorel Person making contact: Tyler Cook
is there an Automated External Defibrillator (AED) on site: Y Yes \(\square\) No If yes, where:
Does the venue have an Emergency Response Team: A Yes D No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Tyler Cook
mirarda (sok
Will whole Cook
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
The state of the s
1 yu (es) 6/13/24
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
Charles al color
Signature of Superintendent Designee S 18 24
For overnight and/or out-of-state true, approval of the Susantial and

out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36. **RELATED PROCEDURES:** 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023

SUBMIT THIS FORM	□ ONE WEEK	□ TWO WEEKS	OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL ITCSHS	FACUL		ONSORING TRIP (\)	My Taylor-Stamps/Todd Stay
TYPE OF TRIP (CHECK ON	E):			
Classroom Field Tr	ip 🗖 Class Trij	p (i.e., junior, se	nior), specify	
Organization/Club	Trip, specify	SGA	□ Other (a	thletic, band, if applicable)
DESTINATION CrowneP	laza AI	DRESS Louisvill	e Ky, Phone	
Out of State No.	Out of County me address of	☐ Within Cou	inty C	uza Hotel, Louisville, Ky
4				· · · · · · · · · · · · · · · · · · ·
DATE(S) OF TRIP NOU 24-	26, 2024 DEF	ARTURE TIME	8:00 am RETURN	TIME 3:30pm
PURPOSE/EDUCATIONAL V	ALUE Kent	rcky youth	Assembly-	- Mack
Student govern		000		,
SOURCE OF FUNDING FOR			count Stu	
Attach a description registration, and all of	of estimate her anticinate	ed expenses i	ncluding, but no	t limited to, lodging, meals,
	_		RIP BECAUSE OF AN IN	ADTI TOWN TO DAY
BILL TRIP EXPENSES TO	SPONSORII	NG ORGANIZATION	ON D SCHOOL COUR	NCIL D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS TOTAL # OF PART	\5FACULTY	sponsors_2	OTHER CHAPERON	NES
MODE OF TRANSPORTATION IS DISTRICT TRAIN □ CERTIFICATED □ PRIVATE VEHION	NSPORTATION N COMMON CARI	CIERC SPECIFY		DURE 09.36 AP.212. Todd Stamps, dv
SUPERVISION (ATTACH L				S ON TRIP.)
Have all chaperone principal/designee to	s undergone	the required	records check	and been designated by the
				ng contact: Cherry Taylor Starrys
Is there an Automated Ext	ernal Defibrillat	or (AED) on site:	ÆDYes □ No If yes,	where:
Does the venue have	an Emergency	Response Tea	m: Yes 🛘 No	If yes, how are they contacted:
School Employee(s) Atter	ıding Trip (Pleas	se note beside nan	ne if employee is CPR	trained):
Toda Stamps-(PR train	<u> </u>		
ChellyTaylor-Star	MpS.			
(Please use separate sh	eet and attach to t	his form if more sp	ace is needed to list scho	ool employees attending).
1 100611	er Hamo	20	£	5-22-211
Signatur	of Faculty Spor	usor		Date Date
Trip has been approved	disapproved.	Reason for disappro	oval	
Ka		**	·	5/24/24
Signature of Supe	rintendent/Design	iee		Date

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 ONE WEEK TWO WEEKS OTHER, SPECIFY PRIOR TO THE TRIP.
SCHOOL ACCTC FACULTY MEMBER(S) SPONSORING TRIP Todd Stamps
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify Skill USH
DESTINATION Atlanta, A ADDRESS PHONE PHONE
Out of State Out of County Within County
Divernight; give name, address, phone of lodging Courtyard by Marvi 671.
DATE(S) OF TRIP 6 24- 6 28 DEPARTURE TIME 8:00 am RETURN TIME 10:00 pm
PURPOSE/EDUCATIONAL VALUE National Scillsus Competition
TOM OBENEDOCATIONAL VALUE 140010 14010 1001 SCHOOL
SOURCE OF FUNDING FOR TRIP Skills USA account & Automotive
Attach a description of estimated expenses including, but not limited to, lodging, meals,
registration, and all other anticipated travel expenses.
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY
NUMBER OF: STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS
MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? IN MYES, SEE PROCEDURE 09.36 AP.212. Reserve. SUV I CERTIFICATED COMMON CARRIER; SPECIFY I PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)
Have all chaperones undergone the required records check and been designated by the
principal/designee to supervise students? Yes \(\sigma\) No
Person contacted at venue to discuss EAP: Kimberly Woodall Person making contact: Todd Starups
Is there an Automated External Defibrillator (AED) on site: Yes \(\square\) No If yes, where: warions throughout the building
Does the venue have an Emergency Response Team: No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Todd Stamps - CRR trained
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
Ch 201/24
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.

SUBMIT THIS FORM	☐ ONE WEEK	□ TWO WEEKS	☐ OTHER, SPECIFY	PRIOR TO THE T	RIP.
SCHOOL ACSHS	FACUL	TY MEMBER(S) SP	petropare en en propositio de la company		
TYPE OF TRIP (CHECK ON	E):				
☐ Classroom Field T	rip 🗆 Class Trij	o (i.e., junior, se	nior), specify		
U Organization/Club	Trin specify		TV Other (at	thletic, band, if applicab	le) Giels Saga
DESTINATION Ashury	Iniversity AT	DRESS Wilmore	Y KY PHONE 8	59-858-3-11 CV+	11/02.
Controrpiate ma (Jul of County	☐ Within Cou	ntv		
☑ Overnight; give na	me, address, ph	one of lodging	July 10-13, Gir	1s of Coach Clay 3	Nicht
U day TEAM (DATE(S) OF TRIP July 1	CAMPO ASSO	wy University.	Bus dropoff on	July 10 and bus pic	Kupen Jak 15
DATE(S) OF TRIP July	<u>0-13 </u>	ARTURE TIME	<u>830am </u>	TIME	
PURPOSE/EDUCATIONAL V	ALUE <u>High Sc</u>	chool Soccen	TEAM CAMP		
SOURCE OF FUNDING FOR					
Attach a description	of estimate	ed expenses in	ncluding, but not	limited to, lodging	g, meals,
registration, and all of	her anticipate	d travel expens	es.	, ,	<i>,</i>
NO S	STUDENT SHALL	BE DENIED THE TR	IP BECAUSE OF AN INA	BILITY TO PAY.	
BILL TRIP EXPENSES TO	: D SPONSORI	NG ORGANIZATIO	N D SCHOOL COUN	CIL D BOARD D OTHE	R, SPECIFY
					
NUMBER OF: STUDENTS TOTAL # OF PART	FACULTY TICIPANTS	SPONSORS	OTHER CHAPERON	ES	· *
MODE OF TRANSPORTATION			•		•
IS DISTRICT TRAI	NSPORTATION N	EEDED? □ NO	□ YES, SEE PROCED	URE 09.36 AP.212.	•
□ CERTIFICATEI □ PRIVATE VEHI	COMMON CARE	NER; SPECIFY	CIFY DRIVER(S)	•	
SUPERVISION (ATTACH I					
Have all chaperone	s undergone	the required	records check a	and been designated	l by the
principal/designee to	supervise stud	lents? Le Yes	□ No		•
Person contacted at venue	to discuss EAP:		Person makin	g contact:	*
Is there an Automated Ext	ernal Defibrillate	or (AED) on site:	☐ Yes ☐ No If yes.	where:	-
Does the venue have					contacted:
	5 7		100	ii yos, now are mey	contacted.
School Employee(s) Atter	ding Trip (Pleas	e note beside nam	e if employee is CPR	trained).	· · · · · · · · · · · · · · · · · · ·
			io ii cimpioyee is ci ic	tramety.	
		(
(Please use separate sh	eet and attach to the	his form if more spa	ce is needed to list school	ol employees attending).	
the			•	50-011	
Signatur	e of Faculty Spon	Sor	·	D' 15/29	
Trip has been approved			1	Date	
Trib mas och i abbrosed	in unsapproved. I	Reason for disappro	vai		
Change	Ł	············		5/00/11/	
Signature of Supe	rintondont/Docid	5		0/29/24	
Super super	esidenu Design		•	` Date	1

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

SCHOOL FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRUP (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify Classroom Field Trip State Beth Other (athletic, band, if applicable) DOIT of State Out of County Within County Overnight give name, address, phone of lodging DA USUAlly Huatt - Doubttown DATE(S) OF TRIP TRA AN DEFARTURE TIME BOAM RETURN TIME 3 DAYS LATER DATE(S) OF TRIP TRA AN DEFARTURE TIME BOAM RETURN TIME 3 DAYS LATER DATE(S) OF TRIP TRA AN DEFARTURE TIME BOAM RETURN TIME 3 DAYS LATER DATE(S) OF TRIP TRA AN DEFARTURE TIME BOAM RETURN TIME 3 DAYS LATER DATE(S) OF TRIP TRA AN DEFARTURE TIME BOAM RETURN TIME 3 DAYS LATER DATE(S) OF TRIP TRA AN DEFARTURE TIME BOAM RETURN TIME 3 DAYS LATER DATE(S) OF TRIP TRA AN DEFARTURE TIME BOAM RETURN TIME 3 DAYS LATER DATE(S) OF TRIP TRA AN DEFARTURE TIME BOAM RETURN TIME 3 DAYS LATER DATE(S) OF TRIP TRA AN DEFARTURE TIME BOAM RETURN TIME 3 DAYS LATER WILL TRIP EXPENSES TO RETURN TIME BOAM RETURN TIME BOAM RETURN TIME WILL TRIP EXPENSES TO RESERVE THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO RESERVE THAT IN SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF TRIP SECONDON CARRIER, SPECIFY DATE OF TRIP TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEBATT TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEFARTURE TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEFARTURE TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEFARTURE TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEFARTURE TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEFARTURE TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEFARTURE TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEFARTURE TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEFARTURE TRANSPORTATION NEEDED? NO DAYES, SEE PROCEDURE 936 AP.212. DEF	SUBMIT THIS FORM	☐ ONE WEEK	□ TWO WEEKS	OTHER, SPECIFY	PRIOR TO THE TRIP.
TYPE OF TRIP (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify ADDRESS PHONE Out of State Out of County Within County Overnight; give name, address, phone of lodging BA (USUAlly Hyatt - Dourtow) DATE(S) OF TRIP TRA AN DEPARTURE TIME BOOM METURN TIME 3 DAYS LATEV PURPOSEZEDUCATIONAL VALUE COMPLIATION - ACADEMIC WILL Update W SOURCE OF FUNDING FOR TRIP LINCHALLY AND LATE OF AN INABILITY TO PAI. Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. NO STUDENT SHALL BE DEVIDED THE TRIP BECAUSE OF AN INABILITY TO PAI. BILL TRIP EXPENSES TO: A SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF: STUDENTS 40 FACULTY SPONSORS 4 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 48. MODE OF TRANSFORTATION NEEDED? INO BYES, SEE PROCEDURE 09.36 AP.212. CERTIFICATED COMMON CARRIER, SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the Principal/designee to supervise students? PYES No If yes, where: Does the venue have an Emergency Response Team: PYES No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Debyta (Lastom) Signature of Faculty/Sponsor Date Trip has been II approved disapproved disapproved.	SCHOOL	FACUL	TY MEMBER(S) SPO	ONSORING TRIP	
DOTGRAINIZATION ADDRESS PHONE Out of State Out of County Within County Dates Phone	TYPE OF TRIP (CHECK ONE):			**************************************
DESTINATION	☐ Classroom Field Tr	ip□ Class Tri	p (i.e., junior, se		
DESTINATION ADDRESS PHONE Out of State Out of County Within		2		Other (at	thletic, band, if applicable)
DATE(S) OF TRIP TBM AN DEPARTURE TIME \$300 AM RETURN TIME 3 DAYS LATER PURPOSE EDUCATIONAL VALUE COMPOSTION - COADENAIC WILL UPDATE AS SOON AND RETURN TIME 1 DAYS AS SOURCE OF FUNDING FOR TRIP FLACTION ATTACK COADENAIC WILL UPDATE AS SOON ATTACK TO RETURN THE EXPENSE TO BE SOURCE OF FUNDING FOR TRIP FLACTION ATTACK OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: BEPONSOING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF: STUDENTS \$40 FACULTY SPONSORS OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: BEPONSOING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF: STUDENTS \$40 FACULTY SPONSORS OF OTHER CHAPERONES TOTAL #60 FARTICIPANTS \$40 FACULTY SPONSORS OF TRANSPORTATION NEEDED? NO BYES, SEE PROCEDURE 09.36 AP.212. GERTIFICATED COMMON CARRIER; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No Person contacted at venue to discuss EAP: BA PERSON making contact: Is there an Automated External Defibrillator (AED) on site; Yes No If yes, where: Does the venue have an Emergency Response Team: Pyes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): DEAN ACCOUNTY OF THE TRANSPORTATION OF THE PROCEDURE OF THE PROCEDUR				PHONE	**************************************
DATE(S) OF TRIP TRA AN DEPARTURE TIME \$30 AM RETURN TIME Update W Compution = Codenic Will update W Codenic As Source of Funding for trip				nty	
SOURCE OF FUNDING FOR TRIP TURCHALLE IN ACCEPTANCE COLORS OF SOURCE OF FUNDING FOR TRIP TURCHALLE IN ACCEPTANCE COLORS OF FUNDING FOR TRIP TURCHALLE IN ACCEPTANCE COLORS OF FUNDING FOR TRIP TURCHALLE IN ACCEPTANCE OF AN INVABILITY TO PAY. BILL TRIP EXPENSES TO: SONONORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF: STUDENTS 40 FACULTY SPONSORS OTHER CHAPPERONES OTTOTAL #OP PARTICIPANTS 40 FACULTY SPONSORS OTHER CHAPPERONES OTTOTAL #OP PARTICIPANTS 40 FACULTY SPONSORS OTHER CHAPPERONES OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? INO EXES, SEE PROCEDURE 09.36 AP.212. I CERTIFICATED COMMON CARRIER; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? I Yes I No Person contacted at venue to discuss EAP: BA Person making contact: Is there an Automated External Defibrillator (AED) on site; I Yes I No If yes, where: Does the venue have an Emergency Response Team: I Yes I No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Person approved I disapproved I Description I I I I I I I I I I I I I I I I I I I	U Overnight; give nar	ne, address, ph	none of lodging	IBA LUS	WALLY HYATT - DOWNTOWN
SOURCE OF FUNDING FOR TRIP TURCHALLE IN ACCEPTANCE COLORS OF SOURCE OF FUNDING FOR TRIP TURCHALLE IN ACCEPTANCE COLORS OF FUNDING FOR TRIP TURCHALLE IN ACCEPTANCE COLORS OF FUNDING FOR TRIP TURCHALLE IN ACCEPTANCE OF AN INVABILITY TO PAY. BILL TRIP EXPENSES TO: SONONORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF: STUDENTS 40 FACULTY SPONSORS OTHER CHAPPERONES OTTOTAL #OP PARTICIPANTS 40 FACULTY SPONSORS OTHER CHAPPERONES OTTOTAL #OP PARTICIPANTS 40 FACULTY SPONSORS OTHER CHAPPERONES OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? INO EXES, SEE PROCEDURE 09.36 AP.212. I CERTIFICATED COMMON CARRIER; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? I Yes I No Person contacted at venue to discuss EAP: BA Person making contact: Is there an Automated External Defibrillator (AED) on site; I Yes I No If yes, where: Does the venue have an Emergency Response Team: I Yes I No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Person approved I disapproved I Description I I I I I I I I I I I I I I I I I I I	DATES OF THE TRA	TAN 202	5	7. M A to	en la colona
SOURCE OF FUNDING FOR TRIP TUNCHALLE IN ARCHIO Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. **NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.** BILL TRIP EXPENSES TO: D'SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF: STUDENTS 40 FACULTY SPONSORS OTHER CHAPERONES **OTHER CHAPERONES** MODE OF TRANSPORTATION NEEDED? SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Tyes No Person contacted at venue to discuss EAP: A Person making contact: Is there an Automated External Defibrillator (AED) on site of Yes No If yes, where: Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Delaya Rossay (Please use separate sheet and stagen to this form if more space is needed to list school employees attending). **Signature of Faculty Sponsor** Date Trip has been II approved II disapproved Reason for disapproval		AT TE		RETURN T	TIME_ 3 DAYS LATER
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. **NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.** BILL TRIP EXPENSES TO: D SPONSORING ORGANIZATION D SCHOOL COUNCIL D BOARD OTHER, SPECIFY NUMBER OF: STUDENTS HO FACULTY SPONSORS OTHER CHAPERONES **OTHER CHAPERONES** NOBT OF TRANSPORTATION NEEDED? DNO DEVES, SEE PROCEDURE 99.36 AP.212. CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Described by the private	2 Old Obel Ed Control(Al) (ALCOL	corregis	ions excus	Will update w
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. **NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.** BILL TRIP EXPENSES TO: D SPONSORING ORGANIZATION D SCHOOL COUNCIL D BOARD OTHER, SPECIFY NUMBER OF: STUDENTS HO FACULTY SPONSORS OTHER CHAPERONES **OTHER CHAPERONES** NOBT OF TRANSPORTATION NEEDED? DNO DEVES, SEE PROCEDURE 99.36 AP.212. CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Described by the private	SOURCE OF FUNDING FOR	TRIP FLAG	من عربي	DAICO ET O	dates as soo
registration, and all other anticipated travel expenses. **NO STUDENT STALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.** BILL TRIP EXPENSES TO: D'SPONSORIG ORGANIZATION D'SCHOOL COUNCIL DEORND OTHER, SPECIFY NUMBER OF: STUDENTS 40 FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS DEDICATION OF TRANSPORTATION IS DISTRICT TRANSPORTATION IS DISTRICT TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? DNO D'YES, SEE PROCEDURE 09.36 AP.212. CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? D'Yes No Person making contact: Is there an Automated External Defibrillator (AED) on site; D'Yes No If yes, where: Does the venue have an Emergency Response Team: D'Yes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):			A		as a omi
BILL TRIP EXPENSES TO: D'SPONSORING ORGANIZATION D'SCHOOL COUNCIL D'BOARD OTHER, SPECIFY NUMBER OF: STUDENTS 40 FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS 48 MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? DO D'YES, SEE PROCEDURE 09.36 AP.212. CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? D'Yes No Person contacted at venue to discuss EAP: D'Yes No Person contacted at venue to discuss EAP: D'Yes No If yes, where: Does the venue have an Emergency Response Team: D'Yes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Pelson D'Yes	registration and all at	or estimate	ed expenses in	neruaing, but not	limited to, lodging, meals,
BILL TRIP EXPENSES TO: Sponsoring Organization School Council Board Other, specify NUMBER OF: STUDENTS 40 FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS 28 MODE OF TRANSPORTATION NEEDED? INO SYES, SEE PROCEDURE 09.36 AP.212. CERTIFICATED COMMON CARRIER; SPECIFY PRIVER(S) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No Person contacted at venue to discuss EAP: BA Person making contact: Is there an Automated External Defibrillator (AED) on site; Yes No If yes, where: Does the venue have an Emergency Response Team: Pyes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): The law of Faculty Sponsor Chapter of Faculty Sponsor Date Trip has been II approved II disapproved. Reason for disapproval		_	-		
MUMBER OF: STUDENTS 40 FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS 48 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) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? □ Yes □ No Person contacted at venue to discuss EAP: □BA Person making contact: Is there an Automated External Defibrillator (AED) on site; □ Yes □ No If yes, where: Does the venue have an Emergency Response Team: □ Yes □ No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Pelva □ COL	RILL TOID EVDENCES TO	FOR SHALL	BE DENIED THE TR	UP BECAUSE OF AN INA	ABILITY TO PAY.
MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED?	DIEC IKH EALENSES IU	SPUNSURII	NG ORGANIZATIC	DN LI SCHOOL COUN	CIL D BOARD D OTHER, SPECIFY
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) SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? □ Yes □ No Person contacted at venue to discuss EAP: □ No Person making contact: Is there an Automated External Defibrillator (AED) on site; □ Yes □ No If yes, where: Does the venue have an Emergency Response Team: □ Yes □ No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Debya Parallel Opt Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty/Sponsor Date Trip has been □ approved □ disapproved Reason for disapproval Signature of Faculty/Sponsor Date Dat	NUMBER OF: STUDENTS TOTAL # OF PART	40 FACULTY ICIPANTS 46	Y SPONSORS 4	OTHER CHAPERON	TES
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No Person contacted at venue to discuss EAP: Is there an Automated External Defibrillator (AED) on site; Yes No If yes, where: Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Shelley (OO) (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Date Trip has been approved disapproved Reason for disapproval	MODE OF TRANSPORTATION IS DISTRICT TRAN □ CERTIFICATED	ON ISPORTATION N COMMON CARI	EEDED? INO RIER; SPECIFY		URE 09.36 AP.212.
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?					S ON TRUE
Person contacted at venue to discuss EAP: BA Person making contact: Is there an Automated External Defibrillator (AED) on site; Yes No If yes, where: Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Shelley Cool (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Date Trip has been D approved D disapproved. Reason for disapproval					
Is there an Automated External Defibrillator (AED) on site; Yes No If yes, where: Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Shellew (OOL) (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Date Trip has been proved disapproved. Reason for disapproval	principal/designee to s	upervise stud	lents? Yes	□ No	and been designated by the
Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Shelley Copy (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Date Trip has been approved disapproved. Reason for disapproval	Person contacted at venue	to discuss EAP:	TBA	Person makin	g contact:
Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Shelley Cool Chelly Tawns (Please use separate sheet and attach to this form if more space is needed to list school employees attending). Signature of Faculty Sponsor Date Trip has been approved disapproved. Reason for disapproval	Is there an Automated Exte	ernal Defibrillat	or (AED) on site:	☐Yes ☐ No If ves.	where:
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Sheller (ODK Cheller (ODK Ch		- Emergency	response rea	m./LI 105 LI 190	ii yes, now are mey contacted:
Signature of Faculty Sponsor Trip has been papproved disapproved. Reason for disapproval 5/2/24	Sheller Coo Cheller Sta	by Lmps mps			
Trip has been papproved disapproved. Reason for disapproval 5/2/24	(Please use separate she	eet and attach to t	his form if more spa	ice is needed to list school	ol employees attending).
5/2/24	Signature	of Faculty Spor	isor	· , —	Date
Signature of Superintendent/Designee 5 2 2 4	Trip has been D approved	☐ disapproved.	Reason for disappro	val	
Signature of Superintendent/Designee Date	1 Rose				5/21/24
	Signature of Super	intendent/Desigr	nee		Date

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