

STUDENTS

09.36 AP.21

School Related Student Trip Request Form

SCHOOL

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

TYPE OF TRIP

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

DESTINATION Lexington, KY ADDRESS 1401 Sports Center Dr. PHONE (270) 887-7398

☐ Out of State    ☐ Out of County    ☐ Within County    ☐ Overnight: give name, address, phone of lodging Holiday Inn Express, 1000 Expo Street, Lexington, KY 40509 (859) 389-6800

DATE(S) OF TRIP 5/30-31 DEPARTURE TIME 11:00 am RETURN TIME 5:00 pmPURPOSE/EDUCATIONAL VALUE Athletic Competition

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

SOURCE OF FUNDING FOR TRIP Athletic

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    ☐ OTHERNUMBER OF STUDENTS 8 MALE STUDENTS 2 FEMALE STUDENTS 6MODE 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 Eric McGee, Whitney Holder, Frederick Sorenson, Joe Lewis II, Shakira Thomas

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? \_\_\_\_\_

Signature of Faculty Sponsor [Signature]Date 5/28/24Signature of Principal [Signature]Date 5/28/2024

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

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_Signature of Superintendent/Designee [Signature]Date 5-29-24Signature of Board Chair Tom Bell "Xme"Date 5-29-24

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 approvedVehicle Request Form

School \_\_\_\_\_ Faculty Member(s) sponsoring trip \_\_\_\_\_

[Signature]

. STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP Dior Curtis/Kortez Ivory

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 Shelbyville, Ky ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 4/22/24 - 4/23/24 DEPARTURE TIME 12:00 pm RETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE Summer Basketball Games

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

SOURCE OF FUNDING FOR TRIP Boys Basketball

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 10 MALE STUDENTS 10 FEMALE STUDENTS —

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY District/School Vans

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

CERTIFIED CHAPERONES Dior Curtis, Kortez Ivory

CLASSIFIED CHAPERONES Dee Wilford

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? Acknowledgment form

Dior Curtis  
Signature of Faculty Sponsor

6/5/24  
Date

Peter + Brennan  
Signature of Principal

06/07/24  
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 ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Chunzue  
Signature of Superintendent/Designee

6-6-2024  
Date

\_\_\_\_\_  
Signature of Board Chair

\_\_\_\_\_  
Date

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

Related Procedures:

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

Review/Revised:11/21/13

Krista Stiles 6/5/24

**School-Related Student Trip Request Form****SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL: CHRISTIAN COUNTY HIGH SCHOOLFACULTY MEMBER(S) SPONSORING TRIP: VICTORIA GROVES/JACOB JAWORSKI

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 RUPP ARENAADDRESS RUPP ARENA, LEXINGTON, KY. 430 W VINE ST, LEXINGTON, KY 40507PHONE (502) 564-3472☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging:Hilton Lexington Downtown, 369 W Vine Street, Lexington, KY 40507DATE(S) OF TRIP: 6/3/2024 - 6/6/2024 DEPARTURE TIME: 4:00 PM RETURN TIME: 4:00 PMPURPOSE/EDUCATIONAL VALUE STUDENTS PARTICIPATING IN STATE LEVEL COMPETITIONS AND CAREER EXPOWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) EF3 DEMONSTRATE EFFECTIVE TEAM SKILLS AND EVALUATE THEIR IMPORTANCE IN THE WORKPLACE (E.G., SETTING GOALS, LISTENING, FOLLOWING DIRECTIONS, QUESTIONING, DIVIDING WORK)SOURCE OF FUNDING FOR TRIP: CCHS FFAAMOUNT OF STUDENT FEE: No student fee required to attend NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION☐ SCHOOL COUNCIL☐ BOARD☐ OTHERNUMBER OF STUDENTS: 18MALE STUDENTS: 7FEMALE STUDENTS: 11MODE 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: VICTORIA GROVES & JACOB JAWORSKI

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 ☐ NoHow have they been notified? Permission Slip & Code of Acceptable BehaviorVictoria Groves  
Signature of Faculty Sponsor5/13/24  
DateDebra A. Baker  
Signature of Principal5/13/2024  
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 \_\_\_\_\_Chris J...  
Signature of Superintendent/Designee5-15-2024  
DateTom Bell  
Signature of Board Chair5-15-24  
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

Emergency approval

**School-Related Student Trip Request Form**

SUBMIT THIS FORM <b>FOUR (4) WEEKS</b> PRIOR TO TAKING THE TRIP.
--

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

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: KENTUCKY FFA LEADERSHIP TRAINING CENTERADDRESS: 111 FFA CAMP ROAD, HARDINSBURG, KY 40143PHONE: 270-756-2301

- ☐ Out of State      ☒ Out of County      ☐ Within County  
☒ Overnight: give name, phone number, and address of lodging  
Same as the destination name, address, and phone number above

DATE(S) OF TRIP: 6/10/2024- 6/14/2024DEPARTURE TIME: 8:00 A.M. ON 6/10/2024 RETURN TIME: 2:30 P.M. ON 6/14/2024PURPOSE/EDUCATIONAL VALUE: STUDENTS PARTICIPATING IN VARIOUS TEAM-BUILDING & LEADERSHIP WORKSHOPS

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

SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETCSOURCE OF FUNDING FOR TRIP: PERKINS/ LAVEC FUNDS & CCHS FFA SAFAMOUNT OF STUDENT FEE: \$0

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

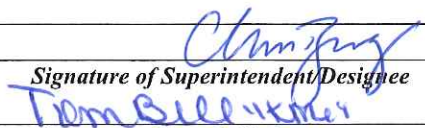
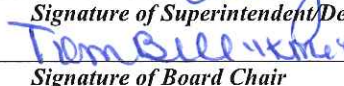
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      ☐ OTHERNUMBER OF: STUDENTS 2      MALE STUDENTS 4      FEMALE STUDENTS 5MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO      ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES JACOB JAWORSKI. MATTEA WYATT

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

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☐ Yes ☐ NoHow have they been notified? Letter & Permission Slip

	<u>5/13/24</u>		<u>5/13/2024</u>
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 \_\_\_\_\_

	<u>5-15-2024</u>
Signature of Superintendent/Designee	Date
	<u>5-15-24</u>
Signature of Board Chair	Date

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

**RELATED PROCEDURES:**

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

Review/Revised:11/21/13

*emergency approved*

**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 buildingSOURCE 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    ☐ OTHERNUMBER 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 Lewitte, Tim Lewitte, Anthony Hollaway

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

Vickie Lewitte  
 Signature of Faculty Sponsor

5/1/24  
 Date

 How have they been notified? verbally  
AE 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 ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_

Chris J...  
 Signature of Superintendent/Designee

5-15-24  
 Date

Tom Bell-Kne...  
 Signature of Board Chair

5-15-24  
 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

Ky Steel  
5/14/24  
Emergency approved  
**Vehicle Request Form**

School

CCHS

Faculty Member(s) sponsoring trip

Tim Lewitte, Vickie LewitteChris J...

09.36 AP.21

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

**TYPE OF TRIP (CHECK ONE):**

☐ Classroom Field Trip    ☒ Organization/Club Trip    ☐ Other (athletic, band, if applicable)

X Out of State      X Out of County      ☐ Within County      X Overnight: give name, address, phone of  
lodging: Universal's Cabana, 6550 Adventure Way Orlando, FL 32819

**PURPOSE/EDUCATIONAL VALUE \_\_ VEX ROBOTICS COMPETITION**

SOURCE OF FUNDING FOR TRIP SAF

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

NUMBER OF: STUDENTS 6 MALE STUDENTS 6 FEMALE STUDENTS 0

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

☐ **PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)** \_\_\_\_\_

## CLASSIFIED CHAPERONES

acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

acceptable behavior? ☒ Yes ☐ No      How have they been notified? Letter home

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

*Signature of Superintendent/Designee*

*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

STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL GAEWAY ACADEMY FACULTY MEMBER(S) SPONSORING TRIP BENJAMIN SMITH

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Rosen Shingle Creek ADDRESS 9939 Universal Boulevard Orlando, FL 32819

☒ Out of State      ☒ Out of County      ☐ Within County      ☒ Overnight: give name, address, phone of lodging: Universal's Cabana, 6550 Adventure Way Orlando, FL 32819

DATE(S) OF TRIP JUNE 25- JULY 1 DEPARTURE TIME 6 am 6/25 RETURN TIME 4 PM 7/1

PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITION

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

SOURCE OF FUNDING FOR TRIP SAF

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 6 MALE STUDENTS 6 FEMALE STUDENTS 0

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

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

CERTIFIED CHAPERONES BEN SMITH, ROBERT LEE,

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

How have they been notified? Letter home

[Signature]  
Signature of Faculty Sponsor

5/13/24  
Date

Penny Knight  
Signature of Principal

5-13-24  
Date

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

Trip has been ☒ approved      ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

5-15-2024  
Date

Signature of Board Chair

Date

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

RELATED PROCEDURES:

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

Review/Revised:11/21/13

K. H. 5/13/24

STUDENTS

09.36 AP.21

## SchoolRelated Student Trip Request Form

SCHOOL HHS  
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 Centre College ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP June 21-24 DEPARTURE TIME 6:00 AM RETURN TIME 4:00 PM  
PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_  
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
\_\_\_\_\_

SOURCE OF FUNDING FOR TRIP Players/Boomers  
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 16 MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS 16  
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 \_\_\_\_\_  
CLASSIFIED CHAPERONES Jeff Allison

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? Shown  
Signature of Faculty Sponsor [Signature] Date 5-29-22  
Signature of Principal [Signature] Date 5-30-24

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>_____</u>	
Signature of Superintendent/Designee <u>[Signature]</u>	Date <u>6-3-2024</u>
Signature of Board Chair <u>[Signature]</u>	Date <u>6-3-24</u>

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

### RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Emergency approved

## Vehicle Request Form

School \_\_\_\_\_ Faculty Member(s) sponsoring trip \_\_\_\_\_

By ASH June 3

SchoolRelated Student Trip Request FormSCHOOL  
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 The Showbox ADDRESS 400 E. Campbell Ave. PHONE \_\_\_\_\_

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

DATE(S) OF TRIP June 11/2024 DEPARTURE TIME 9:00 RETURN TIME 12:00PURPOSE/EDUCATIONAL VALUE Involvement in Cultural development

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

4th Participative in a Professional CommunitySOURCE OF FUNDING FOR TRIP General FundAMOUNT 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 35 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 1CLASSIFIED CHAPERONES 2

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? Written letter

Signature of Faculty Sponsor

Date

Signature of Principal

Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
Signature of Superintendent/Designee <u>Tom Bell</u>	Date <u>6-4-24</u>
Signature of Board Chair <u>Tom Bell</u>	Date <u>6-5-24</u>

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

## RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Emergency approved

**School Related Student Trip Request Form**

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

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

DESTINATION Southern Lakes ADDRESS 3001 Canton Pike PHONE 210 874 2265

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

DATE(S) OF TRIP July 15, 2024 DEPARTURE TIME 10:30- RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE Involvement in cultural development

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

40 participating in a professional community

SOURCE OF FUNDING FOR TRIP General Fund

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 35 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 1

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? Written letter

Signature of Faculty Sponsor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Principal Kim Johnson

Date 6/4/24

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

Trip has been ☒ approved    ☐ disapproved. Reason for disapproval \_\_\_\_\_

Signature of Superintendent/Designee [Signature]

Date 6-4-2024

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

Review/Revised: 11/21/13

**SchoolRelated 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 Southern Lane ADDRESS 3001 Canton Ave PHONE 270 874-2265

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

DATE(S) OF TRIP July 16, 2024 DEPARTURE TIME 10:30 RETURN TIME 2:00PURPOSE/EDUCATIONAL VALUE Involvement in Cultural Development

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

4D Participating in a Professional CommunitySOURCE OF FUNDING FOR TRIP General FundAMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION      ☐ SCHOOL COUNCIL      ☐ BOARD      ☐ OTHERNUMBER OF STUDENTS 35 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 1CLASSIFIED 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? Written letter

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

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

**SchoolRelated 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 The Shawbox ADDRESS 400 E. Campbell Blvd. PHONE \_\_\_\_\_  
☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP June 10 2024 DEPARTURE TIME 9:00 RETURN TIME 12:00  
 PURPOSE/EDUCATIONAL VALUE Involvement in Cultural development  
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
4D Participating in a professional community  
 SOURCE OF FUNDING FOR TRIP General Fund  
 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 35 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 1CLASSIFIED 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? Written letter

Signature of Faculty Sponsor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Principal Kim ShumanDate 6/4/24

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Signature of Superintendent/Designee Chris Jones Date 6-4-2024  
 Signature of Board Chair Tom Bell Date 6-5-24

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

## RELATED PROCEDURES:

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

Review/Revised:11/21/13

Emergency approved

STUDENTS

09.36 AP.21

Dwide/Migrant

**School-Related Student Trip Request Form**

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

SCHOOL 4H Extension FACULTY MEMBER(S) SPONSORING TRIP Gabriela Steinmetz

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 1101 Bethel St. ADDRESS Hopkinsville Library PHONE 270 887-4262

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

DATE(S) OF TRIP 6/13/24 DEPARTURE TIME 9:30 RETURN TIME 12:15PURPOSE/EDUCATIONAL VALUE Library Reading + Activities

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

Learning @ the Library + how to apply for card to check out booksSOURCE OF FUNDING FOR TRIP Migrant 311KAMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHERNUMBER OF: STUDENTS 25 MALE STUDENTS 15 FEMALE STUDENTS 10MODE 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 Ross Peterson Mrs. LambCLASSIFIED CHAPERONES Vernica Hicks

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? \_\_\_\_\_

Dacey Leath  
Signature of Faculty Sponsor

6/12/24  
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 \_\_\_\_\_

Chris Zentgraf  
Signature of Superintendent/Designee

Date

6-12-2024

Tyron Beed "Kme"  
Signature of Board Chair

Date

6-12-24

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