

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: KENTUCKY EXPOSITION CENTER

ADDRESS: 937 PHILLIPS LANE, LOUISVILLE, KY 40209

PHONE: 302-367-5000

Out of State Out of County Within County Overnight: give name, address, phone of lodging Four Points by Sheraton Louisville Airport 2850 Crittenden Dr Louisville, Kentucky 40209 502-753-5555

DATE(S) OF TRIP: 8/17/24 - 8/16/24

DEPARTURE TIME: 3:00 P.M. ON 8/14/2024 RETURN TIME: 6:00 P.M. ON 8/16/2024

PURPOSE/EDUCATIONAL VALUE: STUDENTS PARTICIPATING IN VARIOUS TEAM CONTESTS

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, ETC

SOURCE OF FUNDING FOR TRIP: PERKINS FUNDS

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 20 MALE STUDENTS 20 FEMALE STUDENTS 20

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? Letter & Permission Slip

Mattea Wyatt 7-30-24
Signature of Faculty Spnsor Date

Robert A. Berman 7/31/2024
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Christy J...</u> Signature of Superintendent/Designee	<u>7-31-2024</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

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: UNIVERSITY OF KENTUCKY RESEARCH CENTER

ADDRESS: 348 UNIVERSITY DRIVE PRINCETON, KENTUCKY 42445

PHONE: (270)-365-7541

- 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: 10/17/24

DEPARTURE TIME: 8:00 AM ON 10/17/2024 RETURN TIME: 4:00 P.M. ON 10/17/2024

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO DEMONSTRATE THEIR KNOWLEDGE ON THE BASIC DIFFERENCES IN SOILS.

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, ETC

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 4 MALE STUDENTS 2 FEMALE STUDENTS 2

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

CERTIFICATED COMMON CARRIER; SPECIFY CCHS VAN

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

Mattea Wyatt 7-30-24 Robert A. Burt 7/31/2024
 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 _____

Chris Foy 7-31-2024
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

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 Co Curricular Extracurricular
- Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable)

DESTINATION: KENTUCKY FFA LEADERSHIP TRAINING CENTER

ADDRESS: 111 FFA CAMP ROAD, HARDINSBURG, KY 40143

PHONE: 270-756-2301

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

DATE(S) OF TRIP: 9/13/24 - 9/14/24

DEPARTURE TIME: 3:00 P.M. ON 9/13/2024 RETURN TIME: 3:00 P.M. ON 9/14/2024

PURPOSE/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, ETC

SOURCE OF FUNDING FOR TRIP: PERKINS FUNDS & 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 2 MALE STUDENTS 0 FEMALE STUDENTS 2

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

CERTIFICATED COMMON CARRIER; SPECIFY _____

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

CERTIFIED CHAPERONES 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? Letter & Permission Slip

	<u>7-30-24</u>		<u>7/31/2024</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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
	<u>7-31-2024</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

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean

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 NYC ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 3/29/25 - 4/1/25 DEPARTURE TIME 5 am RETURN TIME 10 pm

PURPOSE/EDUCATIONAL VALUE Performance opportunity / cultural experience / real life experiences

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

Performance / Experience

SOURCE OF FUNDING FOR TRIP Fundraisers / student payment of funds

AMOUNT OF STUDENT FEE: \$ 1800 (includes food/souvenirs)

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 TBA MALE STUDENTS TBA FEMALE STUDENTS TBA

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY Bus to airport / Flights to NYC / Bus in the city

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

CERTIFIED CHAPERONES Tracy Bean / others to be announced

CLASSIFIED CHAPERONES TBA

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? Waiting for approval

Tracy Bean
Signature of Faculty Sponsor

8-1-24
Date

[Signature]
Signature of Principal

8/4/24
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 _____

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

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 J. William/Thomas

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 Caldwell High ADDRESS Beckman Ln 350 PHONE 270-365-8010

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

DATE(S) OF TRIP 10/17/24 DEPARTURE TIME 9AM RETURN TIME 4:00PM

PURPOSE/EDUCATIONAL VALUE Land evaluation on 4 land site used

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
horticulture standards, leadership, career exposure

SOURCE OF FUNDING FOR TRIP Perkins

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 Perkins

NUMBER OF: STUDENTS 5 MALE STUDENTS TBD FEMALE STUDENTS TBD

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

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

CERTIFIED CHAPERONES William or Thomas

CLASSIFIED CHAPERONES n/a

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

Julie William
Signature of Faculty Sponsor

7/16/24
Date

Andy [Signature]
Signature of Principal

7-16-24
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 _____

[Signature]
Signature of Superintendent/Designee

7-18-2024
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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS and CCHS FACULTY MEMBER(S) SPONSORING TRIP William Thomas

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 MSU Expo ADDRESS 2101 College Farm Rd PHONE 270-809-3125

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging Spring Hill Suites Murray

DATE(S) OF TRIP Nov. 14-15 DEPARTURE TIME 3pm RETURN TIME 5pm

PURPOSE/EDUCATIONAL VALUE horse evaluation/vet science

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
animal science/leadership/public speaker

SOURCE OF FUNDING FOR TRIP Perkins

AMOUNT OF STUDENT FEE: na

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

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

NUMBER OF: STUDENTS 10 MALE STUDENTS TBD FEMALE STUDENTS TBD

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 William Thomas

CLASSIFIED CHAPERONES na

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

Julia Williams
Signature of Faculty Sponsor

7/16/24
Date

[Signature]
Signature of Principal

7-16-24
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>7-18-2024</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: HHS

FACULTY MEMBER SPONSORING TRIP: Leah Thomas/Julie Gilliam

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 MSU-Ag Sales ADDRESS 1375 Chestnut St PHONE (800) 272-4678

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

DATE(S) OF TRIP 11/22 DEPARTURE TIME 8:00 AM RETURN TIME 4:00 pm

PURPOSE/EDUCATIONAL VALUE Leadership Development / Career Development

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

Leadership, Ag Business, & Occupational Standards

SOURCE OF FUNDING FOR TRIP Perkins

AMOUNT OF STUDENT FEE: \$ 0.00

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

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

NUMBER OF STUDENTS 6 MALE STUDENTS TBD FEMALE STUDENTS TBD

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

CERTIFICATED COMMON CARRIER: SPECIFY Gilliam / Thomas - Van

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

CERTIFIED CHAPERONES Julie Gilliam & Leah Thomas

CLASSIFIED CHAPERONES n/a

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

Leah Thomas
Signature of Faculty Sponsor

7/10/2024
Date

Written
[Signature]
Signature of Principal

7-15-24
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

7-18-2024
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

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 Leah Thomas/ Julie 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 Rising Sun Conference ADDRESS 111 FFA Camp Rd. Hardinsburg, Ky 40143 PHONE (270) 756-2301
 Out of State Out of County Within County Overnight: give name, address, phone of lodging 111 FFA Camp Rd. Hardinsburg, Ky 40143
 DATE(S) OF TRIP 9/13-9/14 DEPARTURE TIME 2:00 pm RETURN TIME 5:00 pm
 PURPOSE/EDUCATIONAL VALUE Leadership Development, Career Success
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Leadership Standards, Occupational Standards
 SOURCE OF FUNDING FOR TRIP Perkins
 AMOUNT OF STUDENT FEE: \$0.00

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER Perkins
 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 Leah Thomas - Van
 PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____
 CERTIFIED CHAPERONES Leah Thomas
 CLASSIFIED CHAPERONES ~~Leah Thomas~~ n/a

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
Leah Thomas 7/10/24 Andy Gilliam 7-15-24
 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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris Jorgal</u> Signature of Superintendent/Designee	<u>7-18-2024</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