

School-Related Student Trip Request Form

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

SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP PAULA GIESEKE

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 JOSTENS VIA MARINA POINT EVENT CENTER

ADDRESS 250 MARINA WAY CLARKSVILLE TN

PHONE 931-263-2424

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

DATE(S) OF TRIP 09-16-24 DEPARTURE TIME 8:15 RETURN TIME 3PM

PURPOSE/EDUCATIONAL VALUE YEARBOOK STAFF TRAINING AND COVER DESIGN

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

SOURCE OF FUNDING FOR TRIP YEARBOOK

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 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 _____

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

CERTIFIED CHAPERONES 1

CLASSIFIED

CHAPERONES

7027

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

Paula Gieseke
Signature of Faculty Sponsor

09-03-24
Date

JE Malone
Signature of Principal

9/3/24
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 Buntzel "Kme"
Signature of Superintendent/Designee

9-11-24
Date

Tom Bell "Kme"
Signature of Board Chair

9-11-24
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 CC HS FACULTY MEMBER(S) SPONSORING TRIP _____

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 Austin Deay State University ADDRESS 331 Drane St. Clarksville PHONE _____

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

DATE(S) OF TRIP 09/19/24 DEPARTURE TIME 8:15 am RETURN TIME 1:45 pm

PURPOSE/EDUCATIONAL VALUE College Visit

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

vibrant learning experience

SOURCE OF FUNDING FOR TRIP _____

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 15 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 Natalie Riggs

CLASSIFIED CHAPERONES Taylor Duke, Shawna Johnson

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

Taylor Duke 09/03/24 Robert Beale 9/4/2024
 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>Christy</u> Signature of Superintendent/Designee	<u>9-6-2024</u> Date
<u>Tom Beale "Honi"</u> Signature of Board Chair	<u>9-6-24</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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Sam Self

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 Quad State ADDRESS Paducah Convention Center PHONE _____

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

DATE(S) OF TRIP 9/20/24-9/21/24 DEPARTURE TIME 4pm RETURN TIME 8pm

PURPOSE/EDUCATIONAL VALUE Quad State Volleyball Tournament

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

SOURCE OF FUNDING FOR TRIP Volleyball Boosters

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 12 MALE STUDENTS _____ FEMALE STUDENTS 12

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 Sam Self, Jana Montes, T'ana Dixon

CLASSIFIED CHAPERONES Mallory Neighbors

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 paper copies

Sam Self 8/29/24 RE Malone 8/29/24
 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 9-4-24

 Signature of Board Chair Date _____

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

Related Procedures:
 09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Ky Astell 9/4/24

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: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: ANTHONY DARNALL, CALVIN WARREN

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 ADDRESS **1826 REGGIE WHITE BLVD, CHATTANOOGA, TN 37408.** PHONE: (423) 366-4041

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

DATE(S) OF TRIP: OCTOBER 5TH THROUGH 6TH, 2024 DEPARTURE TIME: 3:30 PM (10/5/24) RETURN TIME: 1 PM (10/6/24)

PURPOSE/EDUCATIONAL VALUE: COMPETITIVE.

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

SOURCE OF FUNDING FOR TRIP: _____

AMOUNT OF STUDENT FEE: _____

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 110 MALE STUDENTS: 50 FEMALE STUDENTS: 60

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

212.) CERTIFICATED COMMON CARRIER; SPECIFY _____

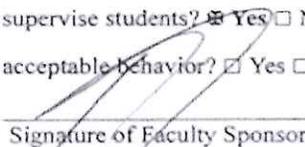
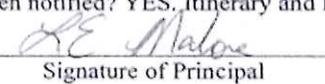
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN, ANDREA ARMOUR, LORI BOEHMAN, RANDI JETTINGHOFF, BONNIE CROSS, NATHANIEL NASH

CLASSIFIED CHAPERONES: RITA WILLIAMS, TBD

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? YES. Itinerary and Letter Home.

	8/28/24 Date		8/28/24 Date
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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 _____	
	9-3-2024 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

 9/3/2024

STUDENTS

09.36 AP.21

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: ANTHONY DARNALL, CALVIN WARREN

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 ADDRESS

DESTINATION #1- 5901 VETERANS MEMORIAL PKWY, CRESTWOOD, KY 40014

DESTINATION #2- 2550 S FLOYD ST, LOUISVILLE, KY 40208

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

DATE(S) OF TRIP: OCTOBER 25TH TO 27TH, 2024 DEPARTURE TIME: 3:30 PM (10/25/24) RETURN TIME: 2 PM (10/27/24)

PURPOSE/EDUCATIONAL VALUE: COMPETITIVE.

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

SOURCE OF FUNDING FOR TRIP:

AMOUNT OF STUDENT FEE: _____

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF STUDENTS 110 MALE STUDENTS: 50 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: ANTHONY DARNALL, CALVIN WARREN, ANDREA ARMOUR, LORI BOEHMAN, RANDI JETTINGHOFF, BONNIE CROSS, NATHANIEL NASH

CLASSIFIED CHAPERONES: RITA WILLIAMS, TBD

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? YES. Itinerary and Letter Home.

Signature of Faculty Sponsor _____ Date 8/28/24
 Signature of Principal *LE Malon* _____ Date 8/28/24

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 *Christy Jones* _____ Date 9-3-2024
 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.

Ky Stahl 9/3/2024

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 / Marvin Harness

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 Murray State University ADDRESS 1375 Chesnut St. Murray, KY 42071 PHONE-DESTINATION 2708093011

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

DATE(S) OF TRIP 09/27/24 DEPARTURE TIME 7:00am RETURN TIME 5:00pm
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE IBLA Fall Leadership Conference

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

AA, EA, EB, EC, ED, EE, EF, etc.

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 25-40 MALE STUDENTS 15-20 FEMALE STUDENTS 15-20

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

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

Certified chaperones Samantha Cruz, Marvin Harness

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 form

X [Signature]
Faculty/Sponsor Signature

X [Signature]
Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

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

School-Related Student Trip Request Form

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

SCHOOL * _____ FACULTY MEMBER(S) SPONSORING TRIP Taylor Greenfield, Keisha benson

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 HCC ADDRESS 720 North Drive Hopkinsville KY PHONE-DESTINATION 270-707-3700

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

DATE(S) OF TRIP 12-6-24 DEPARTURE TIME 9:00* RETURN TIME 1:00*
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE _____

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

College options

SOURCE OF FUNDING FOR TRIP _____

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

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

NUMBER OF: STUDENTS 15-20 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 Keisha Benson

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? parentsquare

Taylor Greenfield
Faculty/Sponsor Signature

Det. K. Benson
Principal Signature 09/06/2024

Trip has been approved disapproved. Reason for disapproval _____

Chunzige 9-6-2024

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: JEFFERS BEND ENVIRONMENTAL CENTER

ADDRESS: 1170 METCALFE LN HOPKINSVILLE, KY 42240

PHONE: (270)-885-5600

- 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: 9/25

DEPARTURE TIME: 8:30 AM ON 9/25/24 (WEATHER PERMITTING, IF NOT 9/26/24) RETURN TIME: 12:30 P.M. ON 9/25/24 (WEATHER PERMITTING, IF NOT 9/25/24)

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO ASSIST THE MASTER GARDENERS CLUB BY HELPING TO BEAUTIFY THE BUTTERFLY GARDENS. THE STUDENTS WILL GET TO WORK TOGETHER AS A COMMUNITY SERVICE PROJECT AND A COMMUNITY COLLABORATION WITH THE CHRISTIAN COUNTY MASTER GARDENERS.

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 28 MALE STUDENTS 13 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);

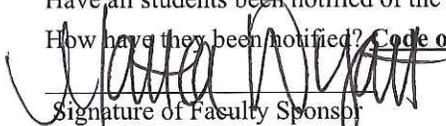
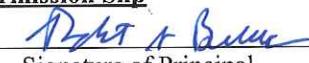
CERTIFIED CHAPERONES MATTEA WYATT

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>8-27-24</u> Date		<u>8/28/2024</u> Date
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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>8-27-2024</u> Date
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.

School-Related Student Trip Request Form

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

SCHOOL * _____

FACULTY MEMBER(S) SPONSORING TRIP

Taylor Greenfield

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 HCC

ADDRESS 720 North Drive

PHONE-DESTINATION _____

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

DATE(S) OF TRIP 9/17/2024
START END

DEPARTURE TIME 8:30*
(SELECT AM OR PM FROM DROPDOWN)

RETURN TIME 10:30*
(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE _____

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

Healthscience Pathway exploration

SOURCE OF FUNDING FOR TRIP 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 10 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 Keisha Benson

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? Parentsquare + Permission Slip

X Taylor Greenfield
Faculty/Sponsor Signature

X LE Malone
Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

Chris Zangis 8-23-2024
Tom Bell "dme" 8-26-24

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 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: 9/5/24 - 9/6/24

DEPARTURE TIME: 3:00 P.M. ON 9/5/2024 RETURN TIME: 3:00 P.M. ON 9/6/2024

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>Mattea Wyatt</u> Signature of Faculty Sponsor	<u>8-8-24</u> Date	<u>Robert Brown</u> Signature of Principal	<u>8/15/24</u> Date
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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>Christina</u> Signature of Superintendent/Designee	<u>8-16-2024</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 : J. JAWORSKI, V. GROVES, 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: CHRISTIAN COUNTY COOPERATIVE EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 9/3/2024

DEPARTURE TIME: 11:30 A.M. ON 9/3/24 RETURN TIME: 1:00 P.M. ON 9/3/24

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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

CERTIFIED CHAPERONES JACOB JAWORSKI, VICTORIA GROVES, 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 8-8-24 Dan & Belva 8/15/24
 Signature of Faculty Sponsor Date Signature of Principal Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris Gantz</u> Signature of Superintendent/Designee	<u>8-16-2024</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:

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS
WYATT

FACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI, V. GROVES, M.

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: HOPKINSVILLE COMMUNITY COLLEGE ADDRESS: 720 NORTH DRIVE HOPKINSVILLE, KENTUCKY 42240

PHONE: 270-707-3700

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

DATE(S) OF TRIP: 3/27/25 DEPARTURE TIME: 12:30 P.M. ON 3/27/2025 RETURN TIME: 5:00 PM ON 3/27/2025

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN LEADERSHIP AND CAREER DEVELOPMENT EVENT 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: CCHS FFA

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 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 CCHS VAN/DISTRICT VAN

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

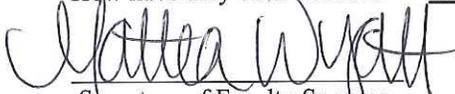
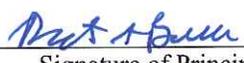
CERTIFIED CHAPERONES VICTORIA GROVES, JACOB JAWORSKI, MATTEA WYATT

CLASSIFIED CHAPERONES NONE

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, Code of Acceptable Behavior

 Signature of Faculty Sponsor	<u>8-8-24</u> Date	 Signature of Principal	<u>8/15/24</u> Date
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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 _____	
 Signature of Superintendent/Designee	<u>8-16-2024</u> Date
_____ Signature of Board Chair	_____ Date

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS
WYATT

FACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI, V. GROVES, M.

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: MURRAY STATE UNIVERSITY ADDRESS: 102 CURRIS CENTER MURRAY, KENTUCKY 42071
PHONE: 270.809. 2896

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

DATE(S) OF TRIP: 3/14/25 DEPARTURE TIME: 7:00 A.M.ON 3/14/2025 RETURN TIME: 5:00 PM ON 3/14/2025

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN LEADERSHIP AND CAREER DEVELOPMENT EVENT 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: CCHS FFA

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 40 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 VICTORIA GROVES, JACOB JAWORSKI, MATTEA WYATT

CLASSIFIED CHAPERONES NONE

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, Code of Acceptable Behavior

Mattea Wyatt 8-8-24
Signature of Faculty Sponsor Date

Debra + Bruce 8/15/24
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</u> Signature of Superintendent/Designee	<u>8-16-2024</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.	

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 : V. GROVES

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: MURRAY STATE UNIVERSITY

ADDRESS: 102 CURRIS CENTER MURRAY, KENTUCKY 42071

PHONE: (270)- 809-2896

- 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: 9/20/24

DEPARTURE TIME: 7:30 AM ON 9/20/2024 RETURN TIME: 3:30 PM ON 9/20/2024

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL ATTEND LEADERSHIP WORKSHOPS ABOUT COMMUNICATION AND TEAMWORK LED BY MURRAY STATE UNIVERSITY AND KENTUCKY FFA ASSOCIATION OFFICERS.

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 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)

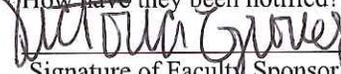
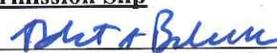
CERTIFIED CHAPERONES VICTORIA GROVES

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>9/17/24</u>		<u>8/15/24</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>8-16-2024</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.

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS

FACULTY MEMBER(S) SPONSORING TRIP: V. GROVES

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 FAIR & EXPO CENTER

ADDRESS: 937 PHILLIPS LN., LOUISVILLE, KY

PHONE: 270-839-2948

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

DATE(S) OF TRIP: 2/13/2025 DEPARTURE TIME: 7:00 A.M. ON 2/13/2025 RETURN TIME: 6:00 PM ON 2/13/2025

PURPOSE/EDUCATIONAL VALUE: STUDENTS SEE THE LATEST EQUIPMENT AND ARE REWARDED FOR FFA EFFORTS IN FFA
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

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 25 MALE STUDENTS: 13 FEMALE STUDENTS: 12

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 VICTORIA GROVES

CLASSIFIED CHAPERONES NONE

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, Code of Acceptable Behavior

Victoria Groves
Signature of Faculty Sponsor

8/8/24
Date

Patricia Brown
Signature of Principal

9/13/24
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 _____

Chris J. [Signature]
Signature of Superintendent/Designee

8-16-2024
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.

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS
WYATT

FACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI, V. GROVES, M.

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: MURRAY STATE UNIVERSITY ADDRESS: 2101 COLLEGE FARM RD. MURRAY, KY 42071

PHONE: 800-809-3125

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

DATE(S) OF TRIP: 4/16/2025 DEPARTURE TIME: 7:30 A.M. ON 4/16/2025 RETURN TIME: 4:00 PM ON 4/16/2025

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN LEADERSHIP AND CAREER DEVELOPMENT EVENT 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: CCHS FFA

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 40 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 VICTORIA JACOB JAWORSKI

CLASSIFIED CHAPERONES NONE

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, Code of Acceptable Behavior

Walter Wyatt 8-8-24
Signature of Faculty Sponsor Date

Robert Brown 8/13/24
Signature of Principal Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris Jones</u> Signature of Superintendent/Designee	<u>8-16-2024</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:

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 : J. JAWORSKI, V. GROVES, 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: CHRISTIAN COUNTY COOPERATIVE EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 10/1/2024

DEPARTURE TIME: 11:30 A.M. ON 10/1/24 RETURN TIME: 1:00 P.M. ON 10/1/24

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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 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 SCHOOL VAN

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

CERTIFIED CHAPERONES JACOB JAWORSKI, VICTORIA GROVES, 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>Mattea Wyatt</u>	<u>8-8-24</u>	<u>Mat + Belann</u>	<u>8/75/24</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>Chris Z...</u>	<u>8-16-2024</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:

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: MURRAY STATE UNIVERSITY CURRIS CENTER

ADDRESS: 314 CURRIS CENTER, MURRAY, KY 42071

PHONE: (270) 809-3125

- 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: 11/22/2024

DEPARTURE TIME: 7:00 AM ON 11/22/2024 RETURN TIME: 4:00 PM ON 11/22/2024

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN THE PENNYRILE REGIONAL AGRICULTURE SALE, EMPLOYABILITY, AND CREED INVITATIONAL CAREER DEVELOPMENT EVENTS.

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 5 MALE STUDENTS 2 FEMALE STUDENTS 3

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)

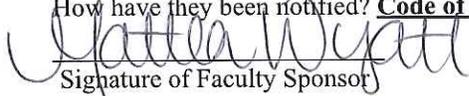
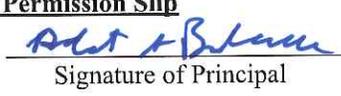
CERTIFIED CHAPERONES MATTEA WYATT

CLASSIFIED CHAPERONES _____

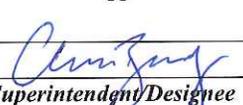
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

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>8-8-24</u> Date		<u>8/15/24</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>8-16-2024</u> Date
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.

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 CCHS FACULTY MEMBER(S) SPONSORING TRIP M.WYATT,J.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 INDIANAPOLIS, IN ADDRESS CONVENTION CENTER PHONE 270-498-2597

- Out of State Out of County Within County

Overnight: give name, address, phone of lodging:

Hampton Inn & Suites by Hilton Franklin Indianapolis 361 Paris Drive Franklin, IN 46131

DATE(S) OF TRIP 10-23-24 TO 10-26-24 DEPARTURE TIME 7 A.M. ON 10-23-24 RETURN TIME 8 P.M. ON 10-26-24

PURPOSE/EDUCATIONAL VALUE: NATIONAL FFA CONVENTION

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

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 12 MALE STUDENTS 6 FEMALE STUDENTS 6

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, 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 No

How have they been notified? Permission slip, Code of Acceptable Behavior

<u>Mattea Wyatt</u> Signature of Faculty Sponsor	<u>8-8-24</u> Date	<u>Princ A. B. ...</u> Signature of Principal	<u>8/15/24</u> Date
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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>Chris Jones</u> Signature of Superintendent/Designee	<u>8-16-2024</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.22, 09.36 AP.23

Review/Revised:1/15/09

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 : J. JAWORSKI, V. GROVES, 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: CHRISTIAN COUNTY COOPERATIVE EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 11/12/2024

DEPARTURE TIME: 11:30 A.M. ON 11/12/24 RETURN TIME: 1:00 P.M. ON 11/12/24

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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 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 SCHOOL VAN

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

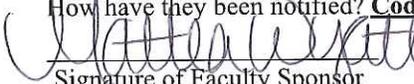
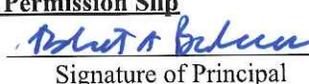
CERTIFIED CHAPERONES JACOB JAWORSKI, VICTORIA GROVES, MATTEA WYATT

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>8-8-24</u>		<u>8/13/24</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>8-16-2024</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:

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 : J. JAWORSKI, V. GROVES, 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: CHRISTIAN COUNTY COOPERATIVE EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 12/3/2024

DEPARTURE TIME: 11:30 A.M. ON 12/3/24 RETURN TIME: 1:00 P.M. ON 12/3/24

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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 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 SCHOOL VAN

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

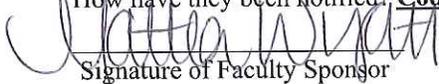
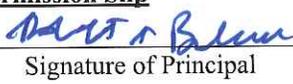
CERTIFIED CHAPERONES JACOB JAWORSKI, VICTORIA GROVES, MATTEA WYATT

CLASSIFIED CHAPERONES _____

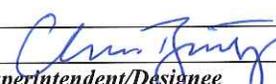
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

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>8-8-24</u> Date		<u>8/15/24</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>8-16-2024</u> Date
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.

RELATED PROCEDURES:

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 : J. JAWORSKI, V. GROVES, 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: CHRISTIAN COUNTY COOPERATIVE EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 1/7/2025

DEPARTURE TIME: 11:30 A.M. ON 1/7/25 RETURN TIME: 1:00 P.M. ON 1/7/25

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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

CERTIFIED CHAPERONES JACOB JAWORSKI, VICTORIA GROVES, 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 8-8-24 Robert + Brita 8/15/24
 Signature of Faculty Sponsor Date Signature of Principal Date

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

Trip has been approved disapproved. Reason for disapproval _____

 Signature of Superintendent/Designee 8-16-2024
 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:

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 : J. JAWORSKI, V. GROVES, 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: CHRISTIAN COUNTY COOPERATIVE EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 2/4/2025

DEPARTURE TIME: 11:30 A.M. ON 2/4/25 RETURN TIME: 1:00 P.M. ON 2/4/25

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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 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 SCHOOL VAN

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

CERTIFIED CHAPERONES JACOB JAWORSKI, VICTORIA GROVES, 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

[Signature] 8-8-24 [Signature] 8/15/24
 Signature of Faculty Sponsor Date Signature of Principal Date

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

Trip has been approved disapproved. Reason for disapproval _____

[Signature] 8-16-2024
 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:

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 : J. JAWORSKI, V. GROVES, 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: CHRISTIAN COUNTY COOPERATIVE EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 3/4/2025

DEPARTURE TIME: 11:30 A.M. ON 3/4/25 RETURN TIME: 1:00 P.M. ON 3/4/25

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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 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 SCHOOL VAN

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

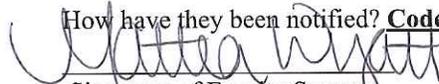
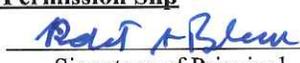
CERTIFIED CHAPERONES JACOB JAWORSKI, VICTORIA GROVES, MATTEA WYATT

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>8-8-24</u>		<u>8/15/24</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>8-16-2024</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:

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 : J. JAWORSKI, V. GROVES, 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: CHRISTIAN COUNTY COOPERATIVE EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 4/1/2025

DEPARTURE TIME: 11:30 A.M. ON 4/1/25 RETURN TIME: 1:00 P.M. ON 4/1/25

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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 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 _____ SCHOOL VAN _____

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

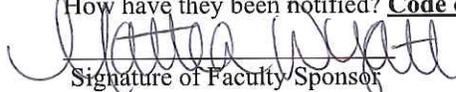
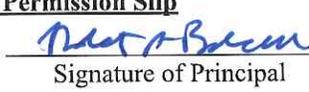
CERTIFIED CHAPERONES JACOB JAWORSKI, VICTORIA GROVES, MATTEA WYATT

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>8-8-24</u> Date		<u>8/15/24</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 _____	
 _____ Signature of Superintendent/Designee	<u>8-16-2024</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:

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 : J. JAWORSKI, V. GROVES, 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: CHRISTIAN COUNTY COOPERATIVE EXTENSION OFFICE

ADDRESS: 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 5/6/2025

DEPARTURE TIME: 11:30 A.M. ON 5/6/25 RETURN TIME: 1:00 P.M. ON 5/6/25

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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

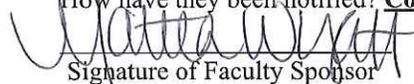
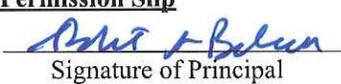
CERTIFIED CHAPERONES JACOB JAWORSKI, VICTORIA GROVES, MATTEA WYATT

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>8-8-24</u>		<u>8/15/24</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>8-16-2024</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:

School-Related Student Trip Request Form

SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: William Thomas

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: National FFA Convention ADDRESS: FFA Way Indianapolis IN PHONE: 1-888-332-2668

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging TBD based on availability

DATE(S) OF TRIP: Oct 23-24 DEPARTURE TIME: 8AM RETURN TIME: 3PM

PURPOSE/EDUCATIONAL VALUE: Leadership, Careers

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

SOURCE OF FUNDING FOR TRIP: Combination/Perkins/Love/DFF

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 12 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: Julia William / Jean 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? written

Signature of Faculty Sponsor: Julia William Date: 9/5/24
Signature of Principal: Andy [unclear] Date: 9-9-2024

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

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee: Chris Jung Date: 9-9-2024

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

School-Related Student Trip Request Form

SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: William Thomas
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: National FFA Convention ADDRESS: FFA Way Indianapolis IN PHONE: 1-888-332-2668

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging TBD based on availability

DATE(S) OF TRIP: Oct 23-24 DEPARTURE TIME: 8AM RETURN TIME: 3PM

PURPOSE/EDUCATIONAL VALUE: Leadership, Career

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

All pathways
SOURCE OF FUNDING FOR TRIP: Combination/Perkins/Love/DAF
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 12 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: Julie William / Pearl Thomas

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? written

Signature of Faculty Sponsor: Julie William

Date: 9/5/24

Signature of Principal: Andy [unclear]

Date: 9-9-2024

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

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee: Chris [unclear] Date: 9-9-2024

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

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 William or 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 LBZ Nature Station ADDRESS 3146 Silver Trail Rd PHONE 270-924-2299

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

DATE(S) OF TRIP Sept. 13 DEPARTURE TIME 8 AM RETURN TIME 3 PM

PURPOSE/EDUCATIONAL VALUE Department of Forestry Forestry Workshop

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

Math, Leadership, Career, Plant Science

SOURCE OF FUNDING FOR TRIP HHS Ag

AMOUNT OF STUDENT FEE: \$ 3.00

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 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

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 Gilliam
Signature of Faculty Sponsor

8/28/24
Date

Andy Carter
Signature of Principal

8-29-2024
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

Tom Bell "Kne"
Signature of Board Chair

Date

8-30-24
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: HHS FACULTY MEMBER SPONSORING TRIP: Julia 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: Murray State ADDRESS: Hwy 641 CFSB Center PHONE: 270-809-314

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

DATE(S) OF TRIP: 9/20 DEPARTURE TIME: 7:45 RETURN TIME: 3:30pm

PURPOSE/EDUCATIONAL VALUE: Promen Leadership workshop/exposure to college

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

SOURCE OF FUNDING FOR TRIP: _____

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 _____ MALE STUDENTS _____ FEMALE STUDENTS _____

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

CERTIFICATED COMMON CARRIER; SPECIFY: CCATS has requested & secured a bus

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

CERTIFIED CHAPERONES: Gilliam and/or Thomas

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? written

Julia Gilliam
Signature of Faculty Sponsor

9/10/24
Date

Andy Anelli
Signature of Principal

9-11-2024
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 Jager
Signature of Superintendent/Designee

9-12-2024
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

Page 1 of 1

* CCATS has approved bus / we will share the bus.

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Hopkinsville High School FACULTY MEMBER(S) SPONSORING TRIP Brant Weiss

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 HCC Library ADDRESS 726 North Drive PHONE 270-707-3700

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

DATE(S) OF TRIP Mon 9/23 + Tue 9/24 DEPARTURE TIME 8:30 am RETURN TIME 10:00 am

PURPOSE/EDUCATIONAL VALUE Eng 101 Primary research + Library orientation

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
research methods, argumentative composition skills, ENG competencies

SOURCE OF FUNDING FOR TRIP _____

AMOUNT OF STUDENT FEE: _____

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF STUDENTS 23 MALE STUDENTS 7 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 Brant Weiss

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? _____

Brant Weiss
Signature of Faculty Sponsor

9-16-24
Date

Andy Cagle
Signature of Principal

9-16-24
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 _____

Christina
Signature of Superintendent/Designee

9-16-2024
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

School-Related Student Trip Request Form

SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: William Thomas

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 National FFA Convention ADDRESS FFA Way Indianapolis IN PHONE 1988-332-2668

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging TBD based on availability

DATE(S) OF TRIP Oct 23-24 DEPARTURE TIME 8 AM RETURN TIME 3 PM

PURPOSE/EDUCATIONAL VALUE Leadership, Careers

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

all pathways
SOURCE OF FUNDING FOR TRIP Combination/Perkins/Love/DAA

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 12 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 Julia William / Dean 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? written

Signature of Faculty Sponsor: Julia William Date: 9/5/24 Signature of Principal: Andy [Signature] Date: 9-9-2024

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

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee: [Signature] Date: 9-12-2024

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.

SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: 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 Showbox ADDRESS 4000 Ft. Campbell Blvd PHONE 270-887-5900

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

DATE(S) OF TRIP Oct 5th (Sat.) DEPARTURE TIME nya RETURN TIME nya

PURPOSE/EDUCATIONAL VALUE Fellowship/Communication/Community Engagement

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Readership, Communication, Marketing for event

SOURCE OF FUNDING FOR TRIP HHS Bean Account

AMOUNT OF STUDENT FEE: \$ 5.00

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS TBD 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 nya

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

CERTIFIED CHAPERONES Gilliam, Thomas

CLASSIFIED CHAPERONES nya

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? verbal

Juli Gilliam
Signature of Faculty Sponsor

9/10/24
Date

Andy Cuyler
Signature of Principal

9/12/24
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 <input checked="" type="radio"/> approved <input type="radio"/> disapproved Reason for disapproval _____	
<u>Chris J...</u> Signature of Superintendent Designee	<u>9-12-24</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

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 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) Choir

DESTINATION Loveff Auditorium ADDRESS 1499 Olive St, Murray, Ky PHONE _____

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

DATE(S) OF TRIP 11/3 - 11/4, 2024 DEPARTURE TIME 2pm RETURN TIME 9pm

PURPOSE/EDUCATIONAL VALUE Honors choir rehearsal / performance

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

Music Performance

SOURCE OF FUNDING FOR TRIP Choir fund / Student

AMOUNT OF STUDENT FEE: \$40.00

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF STUDENTS TBA 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 Tracy Bean

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? Class discussion / letter home

Tracy Bean
Signature of Faculty Sponsor

8/28/24
Date

Andy Carter
Signature of Principal

8-29-2024
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris Joyce</u> Signature of Superintendent/Designee	<u>B. Brown</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 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 Lake Parkley Resort Park ADDRESS 3500 State Park Rd, Calif PHONE _____

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

DATE(S) OF TRIP Dec. 7, 2024 DEPARTURE TIME 4:00p RETURN TIME 9:00pm

PURPOSE/EDUCATIONAL VALUE provide music entertainment for a private party

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

Music Performance

SOURCE OF FUNDING FOR TRIP choir 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 46 MALE STUDENTS 12 FEMALE STUDENTS 34

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 _____

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 / Parent Sign

Signature of Faculty Sponsor Tracy Bean Date 8/28/24 Signature of Principal Andy Cavilla Date 8-29-2024

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 8-30-2024

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

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 Deena Oliver

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Bruce Convention Center ADDRESS 303 Conference Center PHONE 270-707-1000

Out of State Out of County Within County Overnight: ^{Dr} give name, address, phone of lodging _____

DATE(S) OF TRIP 9/5/2024 DEPARTURE TIME 8:30 AM RETURN TIME 1:30 PM

PURPOSE/EDUCATIONAL VALUE To provide students with activities & info. to assist with transition planning
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____

SOURCE OF FUNDING FOR TRIP Sp Ed (WKEC)

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 _____ MALE STUDENTS _____ FEMALE STUDENTS _____

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY * need a lift bus

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

CERTIFIED CHAPERONES Deena Oliver, Richard Tabergte

CLASSIFIED CHAPERONES Shirley Abbitt, Sue Howard

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? _____

Deena Oliver
Signature of Faculty Sponsor

8/15/2024
Date

Andy Campbell
Signature of Principal

8-15-2024
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 _____

Christy
Signature of Superintendent/Designee

8-22-2024
Date

Tom Bell "Kne"
Signature of Board Chair

8-21-24
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



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 D Cauthen

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 Murray State University ADDRESS 1375 Chestnut St Murray Ky PHONE 800-272-4678

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

DATE(S) OF TRIP 9-27-2024 DEPARTURE TIME 7:00 AM RETURN TIME 3:15 pm

PURPOSE/EDUCATIONAL VALUE Leadership & Employment Skills

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Employment skills, leadership, career readiness - Educational field trip

SOURCE OF FUNDING FOR TRIP _____

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 25 MALE STUDENTS 9 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 Deborah Cauthen

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? Yes written

[Signature]
Signature of Faculty Sponsor

8-19-24
Date

[Signature]
Signature of Principal

8-19-2024
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>8-22-2024</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

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 William/Thomas

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 Circle T Ranch ADDRESS 11621 Bainbridge Rd PHONE 270-839-2859

Out of State Out of County Within County Overnight: give name, address, phone of lodging 11621 Bainbridge Rd. Cerulean KY (Camp Cabins)

DATE(S) OF TRIP Oct. 7-8 DEPARTURE TIME Arrive 3pm RETURN TIME Depart 10am

PURPOSE/EDUCATIONAL VALUE Agri tourism, Equine Industry

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Leadership, Agri tourism, Equine Standards

SOURCE OF FUNDING FOR TRIP HHS DAF

AMOUNT OF STUDENT FEE: \$10.00

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF STUDENTS 40 max 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 Julie William / Leah Thomas

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? Yes/written

Julie William 9/4/24
Signature of Faculty Sponsor Date

Andy Campbell 9-4-2024
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>Andy Campbell</u> Signature of Superintendent/Designee	<u>9-6-2024</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 William/Thomas

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Circle T Ranch ADDRESS 11621 Bainbridge Rd PHONE 270-839-2859

Out of State Out of County Within County Overnight give name, address, phone of lodging 11621 Bainbridge Rd. Cerulean KY (Camp Cakins)

DATE(S) OF TRIP Oct. 7-8 DEPARTURE TIME Arrive 3pm RETURN TIME Depart 10am

PURPOSE/EDUCATIONAL VALUE Agritourism, Equine Industry

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Leadership, Agritourism, Equine Standards

SOURCE OF FUNDING FOR TRIP HHS DAF

AMOUNT OF STUDENT FEE: \$10.00

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF STUDENTS 40 max 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 Julie William / Leah 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? Yes/written

Signature of Faculty Sponsor Julie William Date 9/4/24 Signature of Principal Andy Campbell Date 9-4-2024

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 9-6-2024

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

By ASH 9/5/2024

Andy Campbell 9-6-2024

STUDENTS

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Deborah Cauthen

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 Nissan Stadium ADDRESS Hitan Way Nashville PHONE 615-565 4284

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

DATE(S) OF TRIP October 29, 2024 DEPARTURE TIME 6:30 AM RETURN TIME 5pm

PURPOSE/EDUCATIONAL VALUE See Attached

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Marketing, Leadership, Career Readiness

SOURCE OF FUNDING FOR TRIP _____

AMOUNT OF STUDENT FEE: _____

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

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

NUMBER OF: STUDENTS 35 MALE STUDENTS 14 FEMALE STUDENTS 21

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

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

CERTIFIED CHAPERONES Deborah Cauthen & Matthew Handy

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to 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

[Signature]
Signature of Faculty Sponsor

8-14-2024
Date

[Signature]
Signature of Principal

8-15-2024
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

8-15-2024
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