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 X Under 300 miles X Cocurricular □ Extracurricular ☐ Classroom Field Trip X Organization/Club Trip Other (athletic, band, if applicable DESTINATION: HOPKINSVILLE COMMUNITY AND TECHNICAL COLLEGE Address: 720 North Drive Hopkinsville, Kentucky 42240 PHONE: (270)-707-3700 □ Out of County X Within County □ Out of State □Overnight: give name, phone number, and address of lodging Not an overnight trip DATE(S) OF TRIP: 10/15/24 DEPARTURE TIME: 10:20 AM on 10/15/24 RETURN TIME: : 11:30 AM on 10/15/24 PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO PARTICIPATE IN THE TREE WALK HOSTED BY HCC and The Christian County Master Gardeners. WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) 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: X SPONSORING ORGANIZATION □ SCHOOL COUNCIL. ROARD □ OTHER Number of: students 19 10 MALE STUDENTS 9 FEMALE STUDENTS Mode of Transportation: is district transportation needed? X no YES (SEE PROCEDURE 09.36 Ap. 212.) CERTIFICATED COMMON CARRIER; SPECIFY □ Private vehicle, if allowed by policy; specify driver(s); WILL WALK OVER CERTIFIED CHAPERONES MATTEA WYATT CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No How have they been notified? Code of Acceptable Behavior, Permission Slip fature of Faculty Sponsor EMÈRGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been papproved □ disapproved. Reason for disapproval

Signature of Superintendent/Designee Date

Domb Ill Kx

Signature of Board Chair

10-9-90

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:

Page 1 of 2

Imergency approved

STUDENTS 09.36 AP.21
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):
O Over 300 miles O Classroom Field Trip O Organization/Club Trip O Other (athletic, band, if applicable
DESTINATION NATIONAL CORVETTE MUSEUM
ADDRESS 350 CORVETTE DRIVE BOWLING GREEN KY 42101
PHONE270-781-7983
O Out of State O Out of County O Within County O Overnight: give name, address, phone of lodging
DATE(S) OF TRIP_12-13-24 DEPARTURE TIME 8:00 RETURN TIME 4PM
PURPOSE/EDUCATIONAL VALUE STUDENT ART COMPETITION
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIPART CLUB
AMOUNT OF STUDENT FEE: \$12.00
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER
NUMBER OF: STUDENTS35 MALE STUDENTS15 FEMALE STUDENTS _20
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO O YES (SEE PROCEDURE 09.36 AP. 212.)O CERTIFICATED COMMON CARRIER; SPECIFY
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES 2 3
Ginny Poland Paula Gieseke Lea Brumfield CLASSIFIED CHAPERONES1 -MONICA
CLASSIFIED CHAPERONES1 -MONICA
HOLLOWAY
II
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? O Yes O No Have all students been notified of the rules and regulations regarding
acceptable behavior? Q Yes O/No How have they been notified?
Jana Les ele 09-24-24 LEMalone 9/25/24
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 O approved O disapproved. Reason for disapproval
Chm: 524
Signature of Superintendent Designate 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:

Signature of Board Chair

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

Review/Revised:11/21/13

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL *Christian County Faculty Member(s) sponsoring trip Marvin Harriess, Kelbi Mck Samantha Cruz
TYPE OF TRIP (CHECK ALL THAT APPLY):
Over 300 miles Under 300 miles Co curricular Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION NOTIONAL CORVETE BONNING GIRLING YUZIO
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 10 30 24 DEPARTURE TIME 7*00 MRETURN TIME 320*-400 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE HONGS ON LEGIPLICATION INNOVATION; FOSTERING CRITICAL WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
ACI, ACZ, AC3, ADZ, ADS, AGI, AG3, EFZ, AAZ, AA3, OBZ, OBL, OJI, OJ6 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 40-50 Male Students 25 Female Students 25
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? YES (SEE PROCEDURE 09.36 AP. 212.)
CERTIFICATED COMMON CARRIER; SPECIFY BUS
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones
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? Ves No
How have they been notified? <u>Verboul</u> , <u>Permission</u> Form.
X S. Malore Faculty/Sponsor Signature Principal Signature
Trip has been papproved disapproved. Reason for disapproval
Ams Zng 9.25-cm
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.

High School Faculty Member(s) sponsoring trip: M. Wyatt

Type of Trip (check one):
□ Over 300 miles
X Classroom Field Trip
DESTINATION: DOWNTOWN CITY OF HOPKINSVILLE
Address: 198 W 9th St, Hopkinsville, KY 42240
PHONE: (270)-498-1555
☐ Out of State ☐ Out of County X Within County
Overnight: give name, phone number, and address of lodging
Not an overnight trip
DATE(S) OF TRIP: 10/2/2023
DATE(S) OF TRIF. 10/2/2023 DEPARTURE TIME: 9:30 AM ON 10/4/2023 RETURN TIME: 1:30 P.M. ON 10/4/2023
Purpose/Educational Value: <u>Students will get the opportunity to assist the beautification of hopkinsville</u>
DIRECTOR REMOVE SUMMER PLANTS AND PLANT WINTER ONES. THE STUDENTS WILL GET TO ASSIST THE COMMUNITY AND
GIVE BACK. THEY WILL ALSO BE MEETING A HORTICULTURE BASED CAREER IN CITY GOVERNMENT.
What standard is being addressed by taking this trip? (Does not apply to athletic trips.)
SS-EK3 Identify and seek various work experience opportunities, e.g., volunteerism
SS- EA1 Explain the importance of pride and confidence about work and learning new tasks
Source of funding for trip: <u>CCHS FFA SAF</u>
AMOUNT OF STUDENT FEE: <u>\$0</u>
No student shall be denied the trip because of an inability to pay.
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
Number of: students 25 14 Male Students 11 Female Students
Mode of Transportation: is district transportation needed? Note of Transportation: Is district transportation needed? Note of Transportation X yes (see procedure 09.36 ap. 212.)
□ CERTIFICATED COMMON CARRIER; SPECIFY
□ Private vehicle, if allowed by policy; specify driver(s)
Certified chaperones <u>Mattea Wyatt</u>
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes □ No
Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No
How have they been notified? Code of Acceptable Behavior, Permission Slip
MATTIN / 1/16/24 Delet A Sem 09/16/24
Signature of Faculty Sportsor 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
1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Signature of Superintendent/Designee Date
Signature of Board Chair Om Bill In Kine II 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 09.36	AP.21
Submit this form Four (4) Weeks prior to taking the trip.	1
SCHOOL GAEWAY ACADEMY FACULTY MEMBER(S) SPONSORING TRIP BENJAMIN SMITH]
Type of Trip (check one):	1770
X Over 300 miles Under 300 miles Cocurricular Extracurricular	
□ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable	
DESTINATION Sloss Furnaces Address 20 32nd St N. Birmingham, AL 35222	
PHONE6154745409	
X Out of State X Out of County	
lodging:Holiday Inn Express & Suites Birmingham North - Fultondale 1701 Main Street Fultondale, 235068 1-205-8490047	lone of
Date(s) of Trip_Nov 15-17 Departure Time <u>12 PM 11/15/24</u> Return Time <u>8 PM 11/17/24</u>	
Purpose/Educational ValueVEX Robotics Competition	
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC	TRIPS.)
Source of funding for trip _Robotics SAF	
Number of: students 8 Male Students 7 Female Students 1	
Mode of Transportation: is district transportation needed?□ no X yes (see procedure 09.36 ap. 2	12.)
□ Certificated common carrier; specify	
□ Private vehicle, if allowed by policy; specify driver(s)	
CERTIFIED CHAPERONES ROBERT LEE, BEN SMITH, JESSICA WILLETTS	
Have all chaperones undergone the required records check and been designated by the principal/designated	
supervise students? X Yes I No Have all students been notified of the rules and regulations re	garding
acceptable behavior X Yes No How have they been notified? Letter home	
Signature of Faculty Sponsor Date Signature of Principal Date	-24
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR B APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON	OARD
Trip has been approved disapproved. Reason for disapproval	
Λ	
Signature of San 1 20 - 26 - 2524	
Signature of Superintendent/Designee Date	**************************************

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

Date

Signature of Board Chair

School-Related Student Trip Request Form

	Subi	MIT THIS FORM FOUR (4)	WEEKS PRIOR TO TAKING	THE TRIP.
		FACULTY	MEMBER(S) SPONSORING	TRIPBENJAMIN SMITH
Type of Tr	RIP (CHECK ONE):			
X Over 30	00 miles □ U	Jnder 300 miles	□ Cocurricular	□ Extracurricular
			□ Other (athletic, band,	
DESTINATIO	NIgnite Institute A	DDRESS <u>37 Atlantic Av</u>	venue Erlanger. Kentucky	<u>41018</u>
_PHONE	_859-620-0087			
□ Out of	State X Out of C	ounty	ounty X Overnight:	give name, address, phone of
lodging:	Staybridge Suites Flor	ence 3255 Ted Bushelm	nan Blvd, Florence, Kentu	acky 41042 8772388889
570 157			4 PM 10/11/24 RETURN	
Purpose/Ei	DUCATIONAL VALUE	VEX ROBOTICS COMPET	TITION	
WHAT STA	ANDARD IS BEING A	DDRESSED BY TAKING	THIS TRIP? (DOES NO	OT APPLY TO ATHLETIC TRIPS.)
Source of	FUNDING FOR TRIPR	OBOTICS SAF	3	
		\$50		
	No studen	NT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABI	LITY TO PAY.
BILL TRIP E	EXPENSES TO: SPONSO	RING ORGANIZATION	□ SCHOOL COUNCIL	□ BOARD □ OTHER
Number of	7: STUDENTS8	MALE STUDENTS _	7 FEMALE S	STUDENTS1
Mode of T	RANSPORTATION: IS DIS	TRICT TRANSPORTATION N	NEEDED?□ NO X YES	(SEE PROCEDURE 09.36 AP. 212.)
□ CERTIFIC	EATED COMMON CARRIE	k; specify		
	□ Private vehicle, i	F ALLOWED BY POLICY; S	SPECIFY DRIVER(S)	
CERTIFIED	CHAPERONES ROBER	RT LEE,		
Have all o	chaperones undergone	the required records	check and been design	nated by the principal/designee to
supervise s	tudents? X Yes □ No	Have all str	udents been notified of t	the rules and regulations regarding
acceptable	behavior? X Yes D No	How have t	hey been notified?Let	tter home
65	85-5	9/12/24	Vennykuis	Not 9-12-24
Signature	of Faculty Sponsor	Date	Signature of P	rincipal Date
EMERGEN APPROVA	NCY REQUESTS D	UE TO UNFORESEE OULD ALSO HAVE TH	EN CIRCUMSTANCES HE SIGNATURE OF THE	THAT MAKE PRIOR BOARD E BOARD CHAIRPERSON
Trip has bee	en approved 🗆 disaj	pproved. Reason for disapp	proval	
	01	7		2
	IM	m'swy		9-23 2004
	ignature of Superintend	/ / 0		Date
	Orn BPLL "			9-23-24 Data
200000	ignature of Board Chair vernight and/or out-of-st		uperintendent and/or Board	may be required by policy 09.36.
1010	Actiment and or our or or	the tripo, approvar or are ~.	upormionaria ana or zonz-	may be required by Point, 17.1. 1.

RELATED PROCEDURES:

Unnergonal approved

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL FACULTY MEMBER(S) SPONSORING TRIP VOLY BLANT 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 ☐ PHONE ☐
☐ Out of State
DATE(S) OF TRIP 1924 DEPARTURE TIME TBA All DAYETURN TIME TBA - 9:00pm
PURPOSE/EDUCATIONAL VALUE Chora Fertormance
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Choral
AMOUNT OF STUDENT FEE: 415
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 Q MALE STUDENTS Q FEMALE STUDENTS COMMENTS
Mode of Transportation: is district transportation needed? In the students who is district transportation needed nee
CERTIFIED CHAPERONES TRACY BLAN CHAPTER CHAPERONES TRACY BLAN CHAPTER CHA
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 How have they been partified?
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been paperoved disapproved. Reason for disapproval
Signature of Superintender Designate Date
Signature of Board Chair For overnight and or out-of-state trips, approval of the Superintendent and or Board may be required by policy 09.36.

Related Procedures:

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

Review/Revised:11/21/13

SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.

NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: Hopkinsville High School FACULTY MEMBER SPONSORING TRIP: Jeri Lynn Thomas
Type of Trip (check one):
O Over 300 miles Under 300 miles Co-curricular O Extracurricular O Classroom Field Trip O Organization/Club Trip O Other (athletic, band, if applicable)
DESTINATION (CMS PAC ADDRESS 215 GLASS AVE, HOPKING PHONE 270-887-7070
O Out of State O Out of County Ø Within County O Overnight: give name, address, phone lodging
DATE(S) OF TRIP 03/03/2025 DEPARTURE TIME 8:45 RETURN TIME 2:30
PURPOSE/EDUCATIONAL VALUE
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIP 1.5 INVESTIGATION UP THE WORLD DELIGNED IMMEDIATE ENVIRONMENT
Source of Funding for trip Student Fee
AMOUNT OF STUDENT FEE: \$ 30
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD OTHE
Number of: students 50 Male Students 25 Female Students 25
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO YES (SEE PROCEDURE 09.36 AP. 212 O CERTIFICATED COMMON CARRIER; SPECIFY SCHOOL BUS
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Jeri Lym Thomas, Manilyn Lopez
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to superv
students? & Yes O No Have all students been notified of the rules and regulations regard
acceptable behavior? O Yes O No How have they been polified? writer agreement
Just Shower 09/27/24 Milly Ciplle 9-3021
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOA APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO
Trip has been approved O disapproved. Reason for disapproval
Signature of Superintendent/Designate Grant Gra
Signature of Superintendent/Designate 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

Page 1 of 1

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: HOPKINSVILLE HIGH SCHOOL FACULTY MEMBER SPONSORING TRIP: Jeri Lynn Thomas
TYPE OF TRIP (CHECK ONE):
O Over 300 miles
c : (di l. T.: O Other (athletic hand it applicable)
Description of the large Repairer & Notice of Appress 1906 College Herrits Blvd PHONE 270-745-5900
O Out of State Out of County O Within County O Overnight: give hame, address, phone of
DEPARTURE TIME 8:15 RETURN TIME 5:00
PURPOSE/EDUCATIONAL VALUE COLLEGE VISIT/ Language & Culture exposure
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
1.5 Investigation of the world beyond immediate environment
Source of funding for trip Student fee
AMOUNT OF STUDENT FEE: \$
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
Date a more purpositions TO () COONSIDER CONTROL OF COURSE
NUMBER OF: STUDENTS 50 MALE STUDENTS 25 FEMALE STUDENTS 25
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO OYES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY SCHOOL DU (
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES <u>Jeri Lynn Thomas</u> , Marilyn Lopez
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise
students? Q Yes O No. Have all students been notified of the rules and regulations regarding
Sheature of Fearly Sponsor Date Signature of Principal Date
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD CHAIRPERSON
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved O disapproved. Reason for disapproval
The has been a specific and the second secon
Class Tradel 9-30-7024
Signature of Superintendent Designee Date
Date
Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
For overnight and/or out-of-state trips, approval of the Experimental

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Page 1 of 1

Christops 9 30-2009

50	hool-Related Stud	ent Trip Request For	<u>rm</u>
S	CEBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING T	HE TRIP.
SCHOOL ##S Type of Trip (Check One)	FACULTY N	IEMBER(S) SPONSORING TRIP	Tray Bean
☐ Over 300 miles ☐ Classroom Field Trip DESTINATION WKU	☐ Organization Club Trip	☐ Cocurricular ☐ Other (athletic, band, if ap	Extracurricular opticable
☐ Out of State . WOnt	of County	ounty Overnight: give	e name address phone of
DATE(S) OF TRIP 1/18/2	DEPARTUR	ETIME <u>PM_TBA</u> RE	TURN TIME TBA
PURPOSE/EDUCATIONAL VA	ITE KMEA AND	itions for All Sta	te
		THIS TRIP? (DOES NOT A	
SOURCE OF FUNDING FOR TE AMOUNT OF STUDENT FEE:	# 15		
No stude	ENT SHALL BE DENIED THE ?	TRIP BECAUSE OF AN INABILIT	Y TO PAY.
		S SCHOOL COUNCIL	
		FEMALE STUT	
MODE OF TRANSPORTATION	SE IS DISTRICT IN ASSESSMEN	TION NEEDED? INO IN	
☐ PRIVATE VEH	ICLE, IF ALLOWED BY POLI	CY; SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES	Iray Bean		
CLASSIFIED CHAPERONES			
acceptable behavior? The signature differential Sponsor	Have all students How have the	k and been designated by the pudents been notified of the rule hey been notified? (1955) Signature of Princip	les and regulations regarding discussion Handbook
EMERGENCY REQUEST	S DUE TO UNFORSEEN	N CIRCUMSTANCES THA THE SIGNATURE OF THE	T MAKE PRIOR BOARD
Trip has been approved	disapproved Reason for disapp	proval	
Signature of Superint	Christon Tendem Designed		9-21-2019 Date
Signature of Board Cl For overnight and or out-o		perintendent and or Board may be	Date
		· · · · · · · · · · · · · · · · · · ·	

Related Procedures:

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

Review Revised:11/21/13

	School-Rel	ated Student Ti	ip Request I	orm
		FORM FOUR (4) WEEK		
CHOOL		FACULTY MEMBER	(s) SPONSORING TI	RIP
YPE OF TRI	IP (CHECK ONE):			
□ Classro DESTINATIO	on Field Trip Organiz	ation.Club Trip □ Oth MSADDRESS	er (athletic, band, i	PHONE
☐ Out of ?	State	Within County	☐ Overnight:	give name, address, phone of
ATE(S) OF	TRIP 10/28/24	DEPARTURE TIME	qam	RETURN TIME 1:30 pm
URPOSE/EI	DUCATIONAL VALUE CO	mmun 1ty	Based 1	nstruction
ource of	NDARD IS BEING ADDRESS EM 2, EM 3 FUNDING FOR TRIP STUDENT FEE: Ø	ED BY TAKING THIS - Value new +	TRIP? (DOES NO -echnology-	r apply to athletic trips.) Specific Cgreer, 9000mp
	NO STUDENT SHALL	BE DENIED THE TRIP BE	CAUSE OF AN INAB	BILITY TO PAY.
ILL TRIP E	XPENSES TO: SPONSORING	GORGANIZATION [school counci	L BOARD DOTHER
UMBER OF	STUDENTS 16 M	ALE STUDENTS C	FEMALE:	STUDENTS 2
IODE OF T p. 212.)	RANSPORTATION: IS DISTRIC	CT TRANSPORTATION N ARRIER; SPECIFY <u>ON</u>	REEDED? IN	hook-up, wheel
				ne, James Persell
LASSIFIET	CHAPERONES Monq	Beal, Venessi	Lewis, 1	Melissa Drexel,
Diensh	19 Harney, Ti	erra Chester		
lave all cha tudents? ☑ cceptable !	aperones undergone the requ I Yes □ No behavior? □ Yes □ No	Have all students	been designated by the been notified of the	the principal designee to supervise the rules and regulations regarding
Signature o	of Faculty Sponsor	Date	Signature of P	fineipal Date
EMERGE APPROV	NCY REQUESTS DUE T AL IMPOSSIBLE SHOUL	O UNFORSEEN CIE D ALSO HAVE THE	CUMSTANCES SIGNATURE OF	THAT MAKE PRIOR BOARD THE BOARD CHAIRPERSON
rip has bee	n □ approved □ disapprove	d. Reason for disapproval		
Si	gnature of Superintendent De	ignye		9 25- 2520 Date
Si	gnature of Board Chair			Date
For o	vernight and or out-of-state trip	s, approval of the Superin	tendent 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