

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: HOPKINSVILLE COMMUNITY AND TECHNICAL COLLEGE

ADDRESS: 720 NORTH DRIVE HOPKINSVILLE, KENTUCKY 42240

PHONE: (270)-707-3700

- 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: 10/15/24

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: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 19 MALE STUDENTS 10 FEMALE STUDENTS 9

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);

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? 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>10-1-24</u> | <u>Doug A. Bunn</u> | <u>10/02/2024</u> |
| Signature of Faculty Sponsor | Date | Signature of Principal | Date |

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

| | |
|---|------------------|
| Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ | |
| <u>Chris Gray</u> | <u>10-2-2024</u> |
| Signature of Superintendent/Designee | Date |
| <u>Tom Bell</u> | <u>10-2-24</u> |
| Signature of Board Chair | Date |

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

RELATED PROCEDURES:

Emergency approved

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 NATIONAL CORVETTE MUSEUM

ADDRESS 350 CORVETTE DRIVE BOWLING GREEN KY 42101

PHONE 270-781-7983

- Out of State
- Out of County
- Within County
- 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 TRIP ART CLUB

AMOUNT OF STUDENT FEE: \$12.00

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 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 2 3

Ginny Poland Paula Gieseke Lea Brumfield

CLASSIFIED CHAPERONES 1 -MONICA HOLLOWAY 7027

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?
Paula Gieseke 09-24-24 LE Malom 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 approved disapproved. Reason for disapproval _____

Ch... 9-27-2024
Signature of Superintendent/Designee Date

Signature of Board Chair Date

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

RELATED PROCEDURES:

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

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 High FACULTY MEMBER(S) SPONSORING TRIP Marvin Harness, Kelbi McKinney, 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 National Corvette Museum ADDRESS 350 Corvette Dr. Bowling Green, KY 42101 PHONE-DESTINATION 270 781 7973

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

DATE(S) OF TRIP 10/30/24 DEPARTURE TIME 7:00am RETURN TIME 3:00-4:00 pm
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Hands on learning through innovation, fostering critical thinking, teamwork, and business skills in real world applications.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

AC1, AC2, AC3, AD2, AD5, AG1, AG3, EF2, AA2, AA3, DB2, DB6, OJ1, 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? NO YES (SEE PROCEDURE 09.36 AP. 212.)

CERTIFICATED COMMON CARRIER; SPECIFY BUS

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

Certified chaperones 3

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 S. Cruz

Faculty/Sponsor Signature

X LE Malone

Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

Chris Zupp 9.25.24

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: DOWNTOWN CITY OF HOPKINSVILLE

ADDRESS: 198 W 9TH ST, HOPKINSVILLE, KY 42240

PHONE: (270)-498-1555

- 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: 10/2/2023

DEPARTURE TIME: 9:30 AM ON 10/4/2023 RETURN TIME: 1:30 P.M. ON 10/4/2023

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO ASSIST THE BEAUTIFICATION OF HOPKINSVILLE 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: 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 25 14 MALE STUDENTS 11 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 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> Signature of Faculty Sponsor | <u>9-16-24</u> Date | <u>David A. Bunn</u> Signature of Principal | <u>09/16/24</u> 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>Tom Bell</u> Signature of Superintendent/Designee | <u>9-17-24</u> Date |
| <u>Tom Bell</u> Signature of Board Chair | <u>9-17-24</u> Date |
| For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36. | |

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 GAEWAY ACADEMY FACULTY MEMBER(S) SPONSORING TRIP BENJAMIN SMITH

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Sloss Furnaces ADDRESS 20 32nd St N, Birmingham, AL 35222

PHONE 6154745409

Out of State Out of County Within County Overnight: give name, address, phone of lodging: Holiday Inn Express & Suites Birmingham North - Fultondale 1701 Main Street Fultondale, Alabama 35068 1-205-8490047

DATE(S) OF TRIP Nov 15-17 DEPARTURE TIME 12 PM 11/15/24 RETURN TIME 8 PM 11/17/24

PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITION

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

SOURCE OF FUNDING FOR TRIP ROBOTICS SAF

AMOUNT OF STUDENT FEE: \$50

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 8 MALE STUDENTS 7 FEMALE STUDENTS 1

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 ROBERT LEE, BEN SMITH, JESSICA WILLETTS

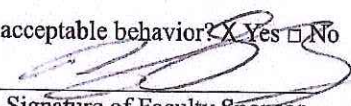
CLASSIFIED CHAPERONES _____

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

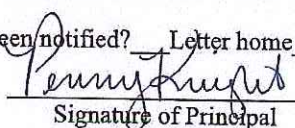
Have all students been notified of the rules and regulations regarding

acceptable behavior? Yes No

How have they been notified? Letter home

Signature of Faculty Sponsor 

Date 9/26/24

Signature of Principal 

Date 9-26-24

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 

Date 9-26-2024

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:

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

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

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Ignite Institute ADDRESS 37 Atlantic Avenue Erlanger, Kentucky 41018

PHONE 859-620-0087

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging: Staybridge Suites Florence 3255 Ted Bushelman Blvd, Florence, Kentucky 41042 8772388889

DATE(S) OF TRIP OCT 11-13 DEPARTURE TIME 4 PM 10/11/24 RETURN TIME 12 PM 10/13/24

PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITION

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

SOURCE OF FUNDING FOR TRIP ROBOTICS SAF

AMOUNT OF STUDENT FEE: \$50

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 8 MALE STUDENTS 7 FEMALE STUDENTS 1

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 ROBERT LEE,

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 home

[Signature]
Signature of Faculty Sponsor

9/12/24
Date

[Signature]
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 approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

9-23-24
Date

[Signature]
Signature of Board Chair

9-23-24
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:

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 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 WKU ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 11/9/24 DEPARTURE TIME 7:00am RETURNS TIME TBA All Day TBA - 9:00pm

PURPOSE/EDUCATIONAL VALUE Choral Performance

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

Performance / Ensemble

SOURCE OF FUNDING FOR TRIP Choral

AMOUNT OF STUDENT FEE: \$15

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 6 MALE STUDENTS 6 FEMALE STUDENTS _____

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? in class

Signature of Faculty Sponsor Tracy Bean Date 10/4/24 Signature of Principal [Signature] Date 10/9/24

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

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee [Signature] Date 10-11-2024

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 van already reserved

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):

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

DESTINATION CCMS PAC ADDRESS 215 Glass Ave, Hopkinsville PHONE 270-887-7070

- Out of State Out of County Within County Overnight: give name, address, phone of 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 TRIPS.)
1.5 investigation of the world beyond 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: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 50 MALE STUDENTS 25 FEMALE STUDENTS 25

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

CERTIFICATED COMMON CARRIER; SPECIFY School bus

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

CERTIFIED CHAPERONES Jeri Lynn Thomas, Marilyn Lopez

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 agreement

Jeri Lynn Thomas
Signature of Faculty Sponsor

09/27/24
Date

Andy [Signature]
Signature of Principal

9-30-24
Date

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

Trip has been approved disapproved. Reason for disapproval _____

[Signature] 9-30-2024
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.

SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.
NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

09.36 AP.21

STUDENTS

School-Related Student Trip Request Form

SCHOOL: Hopewenville High School FACULTY MEMBER SPONSORING TRIP: Jeri Lynn 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 Western Kentucky University ADDRESS 1906 College Heights Blvd Bowling Green PHONE 270-745-6900

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

DATE(S) OF TRIP 11/22/2024 DEPARTURE TIME 8:15 RETURN TIME 3:00

PURPOSE/EDUCATIONAL VALUE college visit / language & culture exposure

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

U.S. 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.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 50 MALE STUDENTS 25 FEMALE STUDENTS 25

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

CERTIFICATED COMMON CARRIER; SPECIFY School bus

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

CERTIFIED CHAPERONES Jeri Lynn Thomas, Marilyn Lopez

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 agreement

Jeri Lynn Thomas
Signature of Faculty Sponsor

09/27/24
Date

Andy Ayler
Signature of Principal

9-30-24
Date

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

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

9-30-2024
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

Chris Jones 9-30-2024

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

DESTINATION WKU ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 11/8/24 DEPARTURE TIME PM TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE KMEA Auditions for All State

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

SOURCE OF FUNDING FOR TRIP choir

AMOUNT OF STUDENT FEE: \$15

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 Van

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
How have they been notified? Class discussion / Handbook

Signature of Faculty Sponsor Tracy Bean Date 9/25/24
Signature of Principal Andy Date 9/27/24

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 Date 9-27-2024

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 _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

- Over 300 miles
- Under 300 miles
- Co-curricular
- Extra-curricular
- Classroom Field Trip
- Organization/Club Trip
- Other (athletic, band, if applicable)

DESTINATION Christian Way Farms ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 10/28/24 DEPARTURE TIME 9 am RETURN TIME 1:30 pm

PURPOSE/EDUCATIONAL VALUE Community Based Instruction

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
EM 1, EM 2, EM 3 - Value new technology - Specific Career, accomplish work

SOURCE OF FUNDING FOR TRIP Purchase order

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 16 MALE STUDENTS 14 FEMALE STUDENTS 2

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY one harness hook-up, wheel chair lift

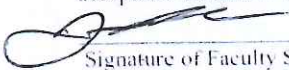
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES Deena Oliver, Emily Laforme, James Persell

CLASSIFIED CHAPERONES Meng Beal, Venessa Lewis, Melissa Drexel, Dienshig Harney, Tierra Chester

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? _____


Signature of Faculty Sponsor


09/18/24
Date


Signature of Principal

9-19-2024
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 approved disapproved Reason for disapproval _____


Signature of Superintendent Designee

9-20-2024
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