

School-Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell**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 Corbin Civic CenterADDRESS 128 Civic Center Dr. PHONE-DESTINATION 6065286657
Corbin, KY 40701

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
HOLIDAY INN EXPRESS & SUITES CORBIN 1973

CUMBERLAND FALLS HWY, CORBIN, KY 40701 +16065234000DATE(S) OF TRIP 01/24/25-01/25/25DEPARTURE TIME 6:00 PMRETURN TIME 11:00 PM

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.)
_____SOURCE OF FUNDING FOR TRIP lkjdkdjkjs

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER _____NUMBER OF: STUDENTS 20 MALE STUDENTS 20 FEMALE STUDENTS _____MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY fkjdskjs☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones DECOREUS LEAVELLClassified chaperones ANTHONY SMITH, RAYMOND WILLIAMS & JADON SONNER

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

☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parent and message via Parent Square Recoverable Signature

X 
 DeCoreus Leavell
 Faculty/Sponsor Signature

X Robert A. Burnham
 Principal Signature
 Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

X 
 Signature of Superintendent/Designee

School-Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell**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 Central High School,ADDRESS 1000 South Silver Springs
Road, Cape Girardeau, MO 63703PHONE-DESTINATION (573) 335-8228

- ☒ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
PEAR TREE BY DRURY 3248 WILLIAM STREET.
CAPE GIRARDEAU, MO 63701 (573) 334-3000

DATE(S) OF TRIP 12/20/24-12/21/24DEPARTURE TIME 11:00AMRETURN TIME 11:00 PM

START END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Competition

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

SOURCE OF FUNDING FOR TRIP Athletics

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 25MALE STUDENTS 25FEMALE STUDENTS 0MODE 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 _____

Classified chaperones DEE LEAVELL, ANTHONY SMITH, AND RAYMOND WILLIAMS

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

☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior?

☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parent, and message sent via Parent SquareDeCoreus Leavell
Faculty/Sponsor SignatureRobert A. Burnham
Principal SignatureTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

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 Eleonora Cincotti

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 Louisville ADDRESS 830 Phillips Ln. PHONE 502-367-2251

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Crowne Plaza Louisville, KY 40209

DATE(S) OF TRIP 11/23/24 - 11/26/24 DEPARTURE TIME 3:00 PM RETURN TIME 3:00 PM

PURPOSE/EDUCATIONAL VALUE Kentucky Youth Assembly

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

SOURCE OF FUNDING FOR TRIP KYA Account

AMOUNT OF STUDENT FEE: \$450.00

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 25 MALE STUDENTS 11 FEMALE STUDENTS 14

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY BUS & VAN

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

CERTIFIED CHAPERONES Eleonora Cincotti, Kortez Ivory, Shahan Fowler

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? Parent Square

E. Cincotti
Signature of Faculty Sponsor

10/31/24
Date

Doris A. Baker
Signature of Principal

11/7/24
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Chris J. [Signature]
Signature of Superintendent/Designee

11-13-2024
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

[Signature] 11/8/2024

School-Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP Decoreus Leavell**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 Lexington Kentucky ADDRESS 4089 Iron Works Parkway PHONE-DESTINATION (800) 678-8813
Lexington, Kentuc KY 40601-1921

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
BEST WESTERN PLUS GEORGETOWN 132
DARBY DRIVE, GEORGETOWN, KENTUCKY, 40324-8715 PHONE: 502/868-0055

DATE(S) OF TRIP 02/28/25-03/01/25DEPARTURE TIME 12:00 PMRETURN TIME 11:00 PM

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.)
_____SOURCE OF FUNDING FOR TRIP lkjdkdjkjs

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER _____NUMBER OF: STUDENTS 20 MALE STUDENTS 20 FEMALE STUDENTS _____MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY fkjdjskjs☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones DECOREUS LEAVELLClassified chaperones ANTHONY SMITH, ANTHONY HARRIS, JADON SONNER & RAYMOND WILLIAMSHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students?
☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parent and meassage via Parent Square Recoverable Signature Recoverable Signature**X** DeCoreus Leavell**X** Robert A. Burnham

Faculty/Sponsor Signature

Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f

Principal Signature

Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____**X**

Signature of Superintendent/Designee

School-Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell**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 Kentucky Exposition ADDRESS 7937 Phillips Ln. PHONE-DESTINATION +15023675000
Center Louisville, KY 40209

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
RHOLIDAY INN LOUISVILLE AIRPORT - FAIR/EXPO
447 FARMINGTON AVE, LOUISVILLE, KY 40209 +15026374500

DATE(S) OF TRIP 01/31/25-02/01/25DEPARTURE TIME 4:00PMRETURN TIME 11:00 PM

START END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE competition

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


SOURCE OF FUNDING FOR TRIP lkjdkdjks

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 MALE STUDENTS 15 FEMALE STUDENTS 0MODE 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 DECOREUS LEAVELLClassified chaperones ANTHONY HARRIS, DISON MYERS, AND GABRIEL MARTINEZ

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 Conduct signed by athletes and parents and message via Parent Square Recoverable Signature Recoverable Signature**X** DeCoreus Leavell**X** Robert A. Burnham

Faculty/Sponsor Signature

Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f

Principal Signature

Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____**X**

Signature of Superintendent/Designee

School-Related Student Trip Request Form**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL Christian Co. HighFACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell**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 Paducah Tilghman High School ADDRESS 2400 Washington St. Paducah, KY 42003 PHONE-DESTINATION 270-444-5650

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
HOLIDAY INN EXPRESS & SUITES PADUCAH WEST
3996 HINKLEVILLE RD, PADUCAH, KY 42001 +12704428874

DATE(S) OF TRIP 02/21/25-02/22/25DEPARTURE TIME 3:00PMRETURN TIME 11:00 PM

START END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Competition

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

SOURCE OF FUNDING FOR TRIP lkjdkdiks

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 18 MALE STUDENTS 18 FEMALE STUDENTS 0MODE 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 DECOREUS LEAVELLClassified chaperones ANTHONY HARRIS, JADON SONNER, & ANTHONY SMITH

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

☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Conduct signed by athletes and parent and message via Parent Square. Recoverable Signature Recoverable Signature**X** DeCoreus Leavell**X** Robert A. Burnham

Faculty/Sponsor Signature

Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f

Principal Signature

Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____**X**

Signature of Superintendent/Designee

STUDENTS

Overnight

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL CCHS + HHS FACULTY MEMBER(S) SPONSORING TRIP Whitney Holder

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 4089 Iron Works Pkwy ADDRESS KY Horse Park PHONE 859-233-4303

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
1950 Newtown Pike Lexington, KY 40511, 859-233-0512

DATE(S) OF TRIP 11/1, 11/2 DEPARTURE TIME 9am 11/1 RETURN TIME 6pm 11/2PURPOSE/EDUCATIONAL VALUE State XC Meet.

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

N/ASOURCE OF FUNDING FOR TRIP BoardAMOUNT 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 ☐ OTHERNUMBER OF: STUDENTS 22 MALE STUDENTS 13 FEMALE STUDENTS 9MODE 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 Whitney Holder,CLASSIFIED CHAPERONES Joe Leavell, Fredrick Sowerby

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? paper copy

Signature of Faculty Sponsor Whitney HolderDate 10/28/24Signature of Principal RE MalonDate 10/28/24

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 [Signature]Date 10-29-24Signature of Board Chair Tom Blod "Kne"Date 10-29-24

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

Related Procedures:

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

Review/Revised: 11/21/13

[Signature] 10-28-24
 emergency approved

School-Related Student Trip Request Form

SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP Taylor Duke
 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 292 Alumni Ave Bowling Green KY 42101

ADDRESS _____

PHONE 270-745-2551

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

DATE(S) OF TRIP 11/1/24 DEPARTURE TIME 8:20 RETURN TIME 2pm

PURPOSE/EDUCATIONAL VALUE College visit

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

SOURCE OF FUNDING FOR TRIP CEC budget

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 BUS

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

CERTIFIED CHAPERONES Natalie Riggs

CLASSIFIED CHAPERONES Taylor Duke, Shawna Johnson, Taylor Greenfield

Have all chaperones undergone the required records check and b
 supervise students? ☒ Yes ☐ No
 acceptable behavior? ☒ Yes ☐ No

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR

Have all students been notified of the rules and regulations regarding
 How have they been notified? email & in-person

Taylor Duke
 Signature of Faculty Sponsor

10/22/24
 Date

LE Malone
 Signature of Principal

11-1-24
 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
 Signature of Superintendent/Designee

10-25-24
 Date

Tom Bell "KW"
 Signature of Board Chair

10-25-24
 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: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP : 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: MURRAY STATE UNIVERSITY EXPOSITION CENTERADDRESS: 2101 COLLEGE FARM RD. MURRAY, KY 42071PHONE: (270) 809-3125

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

DATE(S) OF TRIP: 11/4/2024- 11/15/2024DEPARTURE TIME: 4:00 PM ON 11/14/2024 RETURN TIME: 4:00 PM ON 11/15/2024PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN THE PENNYRILE REGIONAL VET SCIENCE AND STATE HORSE JUDGING 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 SAFAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 8 MALE STUDENTS 4 FEMALE STUDENTS 4MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES VICTORIA GROVES, JACOB JAWORSKI

CLASSIFIED CHAPERONES _____

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

Signature of Faculty Sponsor [Signature] Date 10/17/24 Signature of Principal [Signature] Date 10/17/24

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

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>10-17-2024</u> Date
<u>[Signature]</u> Signature of Board Chair	<u>10-17-24</u> Date

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

RELATED PROCEDURES:

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

Page 1 of 2

Emergency approved

School-Related Student Trip Request Form

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

SCHOOL CCHS/HHS

FACULTY MEMBER(S) SPONSORING TRIP: CHRIS BENTZEL, SUPERINTENDENT

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: WESTERN KY UNIVERSITY ADDRESS: 1906 COLLEGE HEIGHTS BLVD, BOWLING GREEN, KY
 PHONE 270-745-0111

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

DATE(S) OF TRIP: 11-15-2024 DEPARTURE TIME: 8:30 AM RETURN TIME: 2:00 PM

PURPOSE/EDUCATIONAL VALUE: COLLEGE VISIT – STUDENT SUPERINTENDENT ADVISORY COUNCIL

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

SOURCE OF FUNDING FOR TRIP: SUPERINTENDENT'S BUDGET

AMOUNT OF STUDENT FEE: NONE

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ X BOARD ☐ OTHER

NUMBER OF STUDENTS: 36 MALE STUDENTS: 8 FEMALE STUDENTS: 28

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ X YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES: CHRIS BENTZEL, KADI RALSTON, SANDRA HANCOCK

CLASSIFIED CHAPERONES: NONE

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes ☐ Noacceptable behavior? X Yes ☐ NoHave all students been notified of the rules and regulations regarding
How have they been notified? Supt. Advisory Meetings/Code of Accept.
Behavior

 Signature of Faculty Sponsor
11-6-2024
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
11-6-2024
Date

 Signature of Board Chair
11-6-24
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: 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: CHRISTIAN COUNTY FARM BUREAUADDRESS: 250 BURLEY AVENUE, HOPKINSVILLE, KY 42240PHONE: (270)-885-3276

- ☐ 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: 11/4/2024DEPARTURE TIME: 6:40 AM ON 11/4/2024 RETURN TIME: 9:15 A.M. ON 11/4/2024PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO MEET WITH KENTUCKY LEGISLATORS AT THE LOCAL AND STATE LEVEL ABOUT AGRICULTURE ISSUES AND EVENTS.

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

AA2 PARTICIPATE IN CONVERSATION, DISCUSSION AND GROUP PRESENTATIONSEC3 DEMONSTRATE POLITE AND RESPECTFUL BEHAVIOR TOWARD OTHERSSOURCE OF FUNDING FOR TRIP: CCHS FFA SAFAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 2 MALE STUDENTS 0 FEMALE STUDENTS 2MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY CCHS VAN☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES MATEA WYATT

CLASSIFIED CHAPERONES _____

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

<u>Matea Wyatt</u>	<u>10-16-24</u>	<u>Robert Bell</u>	<u>10/17/24</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 type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris</u>	<u>10-17-2024</u>
Signature of Superintendent/Designee	Date
<u>Tam Bell "Mama"</u>	<u>10-17-24</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 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: RURAL KING**ADDRESS:** 1141 FORT CAMPBELL BLVD, HOPKINSVILLE, KY 42240**PHONE:** (931)-542-0051

- ☐ 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: 11/1/2024**DEPARTURE TIME:** 9:15 AM ON 11/1/2024 **RETURN TIME:** 11:50 A.M. ON 11/1/2024**PURPOSE/EDUCATIONAL VALUE:** STUDENTS WILL GET THE OPPORTUNITY TO HELP WELCOME A NEW AGRIBUSINESS IN TO THE COMMUNITY.**WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)**AA2 PARTICIPATE IN CONVERSATION, DISCUSSION AND GROUP PRESENTATIONSEC3 DEMONSTRATE POLITE AND RESPECTFUL BEHAVIOR TOWARD OTHERS**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 6 MALE STUDENTS 2 FEMALE STUDENTS 4**MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?** ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY CCHS VAN☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)**CERTIFIED CHAPERONES** MATTEA WYATT**CLASSIFIED CHAPERONES** _____Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Acceptable Behavior, Permission Slip

Mattea Wyatt 10-16-24 Robert A. Bunn 10/17/2024
 Signature of Faculty Sponsor Date Signature of Principal Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris</u> Signature of Superintendent/Designee	<u>10-17-24</u> Date
<u>Tom Ball "mom"</u> Signature of Board Chair	<u>10-17-24</u> Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

RELATED PROCEDURES:Emergency approved

School-Related Student Trip Request Form

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

SCHOOL District HHS-CCAS FACULTY MEMBER(S) SPONSORING TRIP Barnes-Berenguer

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 Trail of Tears Park ADDRESS 100 Trail of Tears Dr. PHONE _____

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

DATE(S) OF TRIP 11-22-24 DEPARTURE TIME 8:30 Am RETURN TIME 11:00 AmPURPOSE/EDUCATIONAL VALUE American History

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

Domain 1 A4 - cultural heritage.

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 ☐ OTHERNUMBER OF: STUDENTS 18 MALE STUDENTS 8 FEMALE STUDENTS 10MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Xicky BarnesAinny Berenguer

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? School rules

Barnes
 Signature of Faculty Sponsor

10-14-24
 Date

Darcy Smith
 Signature of Principal

10/15/24
 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

10-17-2024
 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 CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP Taylor Duke
 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 292 Alumni Ave, Bowling Green, KY 42101

ADDRESS _____

PHONE 270 745 2586

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

DATE(S) OF TRIP 11/1/24 DEPARTURE TIME 8:30 RETURN TIME 1:30

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 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 Natalie Riggs

CLASSIFIED CHAPERONES Taylor Duke, Shawna Johnson

Have all chaperones undergone the required records check and b
 supervise students? ☒ Yes ☐ No
 acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding
 How have they been notified? in person - email

Taylor Duke
 Signature of Faculty Sponsor

10/18/2024
 Date

Paula Belcher
 Signature of Principal

10/18/2024
 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 Zung</u> Signature of Superintendent/Designee	<u>10-17-24</u> Date
<u>Tom Bell "Kne"</u> Signature of Board Chair	<u>10-17-24</u> Date

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

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: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: JENNIFER ADAM

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: 1375 CHESTNUT STREET, MURRAY, KY PHONE: 800-272-4678

☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of
lodging Best Western Murray, 1503 N 12th St, Murray Ky 42071

DATE(S) OF TRIP: NOVEMBER 3-4, 2024 DEPARTURE TIME: 2 PM (11/3/2024) RETURN TIME: 8:30 PM (11/4/2024) 270-

PURPOSE/EDUCATIONAL VALUE: STUDENTS PARTICIPATING IN MSU'S QUAD STATE HONORS CHOIR

605-7089

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? MU:Pr5.3.E - REHEARSE, EVALUATE, & REFINES;
MU:Pr6.1.E - PRESENT

SOURCE OF FUNDING FOR TRIP: STUDENT ACTIVITIES FUND, STUDENT FEES

AMOUNT OF STUDENT FEE: \$40 plus housing

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 - 7 MALE STUDENTS - 4 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: JENNIFER ADAM (CCHS), TRACY BEAN (HHS)

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 form, informational letter

Signature of Faculty Sponsor

Date

Signature of Principal

Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
Signature of Superintendent/Designee	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

Emergency approved

School-Related Student Trip Request Form

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

SCHOOL *

FACULTY MEMBER(S) SPONSORING TRIP taylor Duke, Jessica Hobson

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 JSUADDRESS 3500 John A. Merritt Blvd
Nashville, TN 37209

PHONE-DESTINATION _____

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

DATE(S) OF TRIP 10-23-24DEPARTURE TIME 8:30 *A.M.RETURN TIME 1:00 *P.M.

START END

(SELECT AM OR PM FROM DROPDOWN)(SELECT AM OR PM FROM DROPDOWN)PURPOSE/EDUCATIONAL VALUE vibrant learning experience: college visit

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

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 40 MALE STUDENTS 20 FEMALE STUDENTS 20MODE 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 Jessica HobsonClassified chaperones Taylor Duke, Shawna Johnson, Charlotte Perkins

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

☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? in person, email

X

Taylor Duke

Faculty/Sponsor Signature

X

Tom Bell

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Christy 10-16-24

Tom Bell "Xme" 10-16-24

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 TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL * CCHS

FACULTY MEMBER(S) SPONSORING TRIP

Jessica Hobson and the Black Student Union (BSU)

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 Louisville, KYADDRESS 221 So 4th St. Louisville, KY 40202PHONE-DESTINATION (270) 498-7808

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

DATE(S) OF TRIP 11-13-24 to 11-14-24DEPARTURE TIME 4:00 * P.M.RETURN TIME 10:00 * P.M.

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Vibrant Learning Experience and college preparation.

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

College exposure and college preparation.SOURCE OF FUNDING FOR TRIP BSU account

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 26MALE STUDENTS 4FEMALE STUDENTS 22MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY CCPS School bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones 2 Jessica Hobson, Janelle RadfordClassified chaperones 3 Charlotte Perkins, Shawna Johnson, Vice Willebrew

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

☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? BSU meeting and parent square.X Jessica Hobson

Faculty/Sponsor Signature

X Robert Bunn

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Christina 10-16-24Tom Bled "time" 10-16-24

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

Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Gateway Academy FACULTY MEMBER(S) SPONSORING TRIP John McHally

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 Franklin Co Career Tech ADDRESS 1106 East Main, Frankfort, Ky PHONE _____

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
Holiday Inn Express, 1000 Vandavey Drive, Frankfort KY, 40601

DATE(S) OF TRIP Nov 14-15 2024 DEPARTURE TIME 0800 Nov 14th RETURN TIME 1500 Nov 15thPURPOSE/EDUCATIONAL VALUE Welding Competition addressing Skills obtained per Curriculum

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

SMW Grade Lab - 480528: Weld SMW grade welds in all positions

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 ☐ OTHERNUMBER OF: STUDENTS 3 MALE STUDENTS 3 FEMALE STUDENTS N/AMODE 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 John McHally

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? permission form / Competitions regulations

Signature of Faculty Sponsor [Signature]Date 10/16/24Signature of Principal Christina RussellDate 10/16/24

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 10-17-2024Signature of Board Chair [Signature]Date 10-17-24

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

by + still received 10/17/24Emergency 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 Saint Henry District High School ADDRESS 3755 Scheben Drive Erlanger, Kentucky 41018

PHONE 8595258217

- ☐ 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 Nov 8-9 DEPARTURE TIME 4 PM 11/8/24 RETURN TIME 9 PM 11/9/24

PURPOSE/EDUCATIONAL VALUE VEY 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 7 MALE STUDENTS 6 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 BEN SMITH, JESSICA WILLETS

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] 10/14 [Signature] 10-14-24
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>[Signature]</u> Signature of Superintendent/Designee	<u>10-16-2024</u> Date
<u>[Signature]</u> Signature of Board Chair	<u>10-16-24</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:

[Signature] 10/15/24

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 Gillian/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 U.K. ADDRESS 305 Barnhart Bld, Lexington KY PHONE 859-218-4880

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Holiday Inn 1000 Export St. Lexington KY 40504

DATE(S) OF TRIP Dec. 6-7, 2024 DEPARTURE TIME 8 AM RETURN TIME 7 PM

PURPOSE/EDUCATIONAL VALUE Leadership Institute for minorities in ag

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
all could be applied, depends on sessions you attend

SOURCE OF FUNDING FOR TRIP Lavee

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 12-20 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 Gillian/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

Signature of Faculty Sponsor Gillian/Thomas

Date 10/29/24

Signature of Principal Andy Cyprien

Date 10/29/24

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 10-30-24

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

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 Hopkinsville High School FACULTY MEMBER(S) SPONSORING TRIP James Persell ; Emily Laforme

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 Southern Lane ADDRESS 3001 Canton Ln PHONE 270-874-2265

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

DATE(S) OF TRIP 12-03-24 DEPARTURE TIME 12 pm RETURN TIME 2:30 pm

PURPOSE/EDUCATIONAL VALUE Team Building Activity

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Social interaction in the community

SOURCE OF FUNDING FOR TRIP CBI Funds

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 14 MALE STUDENTS 12 FEMALE STUDENTS 2

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY Lift, & Harness hook - up

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

CERTIFIED CHAPERONES Emily Laforme, James Persell

CLASSIFIED CHAPERONES Melissa Drexel, Mona Beal, Venessa Lewis
Kathryn Bywaters, Courtney Henderson, Gwendolyn Cooper

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
How have they been notified?

[Signature]
Signature of Faculty Sponsor

11-12-24
Date

[Signature] 11-12-24
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>[Signature]</u> Signature of Superintendent/Designee	<u>11-13-24</u> Date
<u>[Signature]</u> Signature of Board Chair	<u> </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

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 Nissan Stadium ADDRESS Titan 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 Jan 5th 2025 DEPARTURE TIME 9:00 AM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE Sports & Entertainment Marketing

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

Promotion, Advertising, Customer Service, Fan experience & social Responsibility

SOURCE OF FUNDING FOR TRIP FBLA

AMOUNT OF STUDENT FEE: \$25

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) Anthony Holloway

CERTIFIED CHAPERONES Deborah Cauthen Whitney Frost

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

Deborah Cauthen
Signature of Faculty Sponsor

11/14/24
Date

Anthony Holloway
Signature of Principal

11-14-2024
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Chris Jones
Signature of Superintendent Designee

11-15-2024
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

STUDENTS

09.36 AP.21

School Related Student Trip Request FormSCHOOL
TYPE OF TRIP

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

HHS
☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☒ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
 DESTINATION Louisville, KY ADDRESS 330 Philip Lane PHONE (502) 242-5821
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight, give name, address, phone of
 lodging Crown Plaza Louisville, KY 40201
 DATES OF TRIP 11/21-23/24 DEPARTURE TIME 7:30AM RETURN TIME 2PM
 PURPOSE/EDUCATIONAL VALUE KYA
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS)
HS.C.P.R.1, HS.C.P.R.2, HS.C.I.U.R.2, HS.C.I.C.C.2
 SOURCE OF FUNDING FOR TRIP KYA-HHS
 AMOUNT OF STUDENT FEE: \$350

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 3 FEMALE STUDENTS 7
 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP.21.1)
☐ CERTIFICATED COMMON CARRIER: SPECIFY We are using CCS Vans
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY: SPECIFY DRIVER(S) _____
 CERTIFIED CHAPERONES Kim Batts

CLASSIFIED CHAPERONES

N/A Lester Buchner
Nora Snyder

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

Kim Batts
 Signature of Faculty Sponsor

10/31/24
 Date

Cindy Campbell
 Signature of Principal

11-4-2024
 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 _____

Kim Batts
 Signature of Superintendent/Designee

11-5-24
 Date

11-6-24
 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

Vehicle Request Form

School

HHS

Faculty Member(s) sponsoring trip

Kim Batts

11/4/24

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 William

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 New York City ADDRESS New Jersey suburb hotel PHONE TBD

- ☒ Out of State ☒ Out of County ☐ Within County ☒ Overnight; give name, address, phone of lodging see attached, planned by UR Tours and events

DATE(S) OF TRIP April 4 - April 7 DEPARTURE TIME _____ RETURN TIME _____PURPOSE/EDUCATIONAL VALUE See attached agenda (too many to list)

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

leadership, communication, horticulture, floriculture, agbusinessSOURCE OF FUNDING FOR TRIP Various (hopefully) SAFE, CTE, BeanAMOUNT OF STUDENT FEE: approximately \$1500

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF STUDENTS 15-20 MALE STUDENTS TBD FEMALE STUDENTS TBDMODE 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 / Bean

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding

How have they been notified? writtenSignature of Faculty Sponsor Julu WilliamDate 10/31/24Signature of Principal Andy CampbellDate 11-8-2024

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
Signature of Superintendent/Designee <u>Chris Jung</u>	Date <u>11-7-2024</u>
Signature of Board Chair _____	Date _____
For overnight and or out-of-state trips, approval of the Superintendent and or Board may be required by policy 09.36.	

Related Procedures:

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

Review/Revised: 11/21/13

Ky A. Shub 11/12/24

WED NOV 20th and THUR NOV 23rd
if possible - Thank you!

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 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 Hopkinton Library ADDRESS 1101 Bethel St PHONE 270-887-4262

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

DATE(S) OF TRIP Nov 20 + Nov 21 DEPARTURE TIME 8:40 am RETURN TIME 10 am

PURPOSE/EDUCATIONAL VALUE Dual Credit (Eng 101) Research & Library Card

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
research, library skills, Drafting of final essay

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 18/23 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 _____

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? _____

Brant Weiss
Signature of Faculty Sponsor

11-15-24
Date

Brant Weiss
Signature of Principal

11-15-2024
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 _____

Chris Jank
Signature of Superintendent/Designee

11-18-2024
Date

Tom Bell "Kne"
Signature of Board Chair

11-18-24
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

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 World Headquarters 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: 8 AM RETURN TIME: 3 PM

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/Local/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

Julie William
Signature of Faculty Sponsor

9/5/24
Date

Signature of Principal

Date

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

Trip has been ☒ approved ☐ disapproved Reason for disapproval _____

Chris Fugate
Signature of Superintendent/Designee

10-24-24
Date

Tom Bell "Kme"
Signature of Board Chair

10-24-24
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

K. ASH

Emergency approved

SCHOOL HHSFACULTY MEMBER(S) SPONSORING TRIP NICHOLAS JONES

TYPE OF TRIP (CHECK ONE):

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

DESTINATION ELIZABETHTOWN HIGH SCHOOL ADDRESS 620 N MULBERRY ST, ELIZABETHTOWN, KY 42701PHONE 270-769-3381

☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Hampton Inn Brooks 180 Willabrook Drive, Brooks KY 40109 502-957-5050

DATE(S) OF TRIP 10/25/24-10/27/24 DEPARTURE TIME 4PM RETURN TIME 12PMPURPOSE/EDUCATIONAL VALUE KMEA STATE MARCHING BAND STATE SEMIFINALS AND FINALS

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

SOURCE OF FUNDING FOR TRIP SCHOOL BOARDAMOUNT 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 70 MALE STUDENTS 30 FEMALE STUDENTS 40

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 NICHOLAS JONES, ADDISSON GRIMM, DEAVEN KNOWLES, BRANDON MCKINLEY

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 ☐ NoHow have they been notified? In person and via letter home

Signature of Faculty Sponsor _____

Date 10/16/24

Signature of Principal _____

Date 10/16/24

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 10-22-24

Signature of Board Chair _____

Date 10-22-24

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

Related Procedures:

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

by John received 10/21/24

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 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 Hixson 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

Deborah Cauthen
Signature of Faculty Sponsor

8-14-2024
Date

Indy Taylor
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 _____

Chris Taylor
Signature of Superintendent/Designee

10-18-2024
Date

TOM BELL "Kne"
Signature of Board Chair

10-18-24
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

E-MAILED
8/15/24
1/1/24

STUDENTS

School Related Student Trip Request Form

09.36 AP.21

101
@
to Stou

SCHOOL

TYPE OF TRIP

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

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

DESTINATION Louisville Ky ADDRESS 830 Phillips Ln. PHONE 502-367-2251

- ☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight; give name, address, phone of lodging Crown Plaza Louisville Airport 830 Phillips Ln. Louisville Ky 40209

DATE(S) OF TRIP Nov. 10-12 DEPARTURE TIME 9:00 am RETURN TIME 2:30 pm

PURPOSE/EDUCATIONAL VALUE KYA

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

SOURCE OF FUNDING FOR TRIP KYA

AMOUNT OF STUDENT FEE: \$400.00

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 4 MALE STUDENTS _____ FEMALE STUDENTS _____

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

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

CERTIFIED CHAPERONES Brittney Canaler

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? meeting

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

Tom Beale "Knee"

Signature of Board Chair

Date

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

HMS

Faculty Member(s) sponsoring trip

Brittney Canaler

Vehicle Request Form

emergency
approved

School-Related Student Trip Request Form

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

SCHOOL Pembroke, Freedom, Sinking Fork FACULTY MEMBER(S) SPONSORING TRIP Mary Calhoun & Lindsay Christopher

TYPE OF TRIP (CHECK ONE): South Chautau & Crofton

☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular

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

DESTINATION Extension Office ADDRESS 2850 Pembroke Rd PHONE (270) 886-6328

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

DATE(S) OF TRIP 11/25/24 DEPARTURE TIME 8:30 AM RETURN TIME 1:30 PM

PURPOSE/EDUCATIONAL VALUE Science Guy's demonstration

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

SOURCE OF FUNDING FOR TRIP Title III 345K

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 50 MALE STUDENTS 25 FEMALE STUDENTS 25

(split between 3 schools)

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY Buses with undercarriages?

(1 - Pembroke & 1 - Freedom/Sinking Fork)

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

CERTIFIED CHAPERONES Mary Calhoun, Lindsay Christopher

CLASSIFIED CHAPERONES Michelle Perry

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 slips

Signature of Faculty Sponsor _____ Date 10/15/24 Signature of Principal Tracey Little Date 10/15/24

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 10-17-2024

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