SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular **Extracurricular** Over 300 miles Under 300 miles Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable) **DESTINATION** Corbin Civic Center ADDRESS 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 +16065234000 DATE(S) OF TRIP 01/2425-01/25/25 **RETURN TIME 11:00 PM DEPARTURE TIME 6:00 PM** START (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 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 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 fkdjskjs PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Certified chaperones **DECOREUS LEAVELL** Classified chaperones Anthony Smith, Raymond Williams & Jaden Sonner 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? How have they been notified? Code of Conduct signed by athletes and parent and message via Parent Square Recoverable Signature X Robert A. Burnham Coreus Leavell Faculty/Sponsor Signature Principal Signature Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f Trip has been approved disapproved. Reason for disapproval

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell SCHOOL Christian Co. High TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular Over 300 miles Under 300 miles Other (athletic, band, if applicable) Classroom Field Trip Organization/Club Trip ADDRESS 1000 South Silver Springs PHONE-DESTINATION (573) 335-8228 **DESTINATION** Central High School, Road, Cape Girardeau, MO 63703 Overnight: give name, address, phone of lodging Within County Out of State Out of County PEAR TREE BY DRURY 3248 WILLIAM STREET. CAPE GIRARDEAU, MO 63701 (573) 334-3000 **RETURN TIME 11:00 PM DEPARTURE TIME 11:00AM** DATE(S) OF TRIP 12/20/24-12/21/24 (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) START END 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 FEMALE STUDENTS 0 MALE STUDENTS 25 NUMBER OF: STUDENTS 25 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO 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? X Yes ☐ No X Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? Code of Conduct signed by athletes and parent, and message sent via Parent Square Robert A. Burnham DeCoreus Leavell Faculty/Sponsor Signature Principal Signature Trip has been 🗹 approved 🔲 disapproved. Reason for disapproval _

Submit this form Four (4) Weeks prior to taking the Trip.
SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP ELEONOVA CINCOTT
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 507-367-2251
Out of State Out of County Within County Overnight: give name, address, phone of
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.) ONeymment, Civics. Source of funding for trip YA Account
AMOUNT OF STUDENT FEE: \$450-60
destroates some of the second
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 19
Mode of Transportation: is district transportation needed? 1 no ves (see procedure 09.36 ap. 212.) 1 Certificated common carrier; specify Bus 9 von
CERTIFIED CHAPERONES Eleonova (incotti, Kortez lvory, Shahan Fouler
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No Have all students been notified of the rules and regulations regarding How have they been notified? Parent Square Figure of Faculty Sponsor EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been papproved disapproved Reason for disapproval
Signature of Superintendent/Designee Date
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

ht Still 1/8/2024

SUBMIT THIS FORM TWO (2) WEERS PRIOR TO TAKING THE TRIT.			
SCHOOL Christian Co. High FACULTY 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 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 02/28/25-03/01/25 DEPARTURE TIME 12:00 PM RETURN 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 <u>lkjdkdjks</u>			
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? \(\subseteq\) NO \(\subseteq\) YES (SEE PROCEDURE 09.36 AP. 212.)			
☐ CERTIFICATED COMMON CARRIER; SPECIFY <u>fkdjskjs</u>			
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)			
Certified chaperones DECOREUS LEAVELL			
Classified chaperones Anthony Smith, Anthony Harris, Jaden sonner & 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?			
How 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 Principal Signature Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f			
Signed by, borrecorp, out of the signed by			
Trip has been approved disapproved. Reason for disapproval			
Signature of Superintendent/Designee			
Signature of Superinkenden (Designe)			
ll ,			

SUBMITTHIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIF.
SCHOOL Christian Co. High FACULTY 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 Center ADDRESS 7937 Phillips Ln. PHONE-DESTINATION +15023675000 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 <u>01/31/25-02/01/25</u> DEPARTURE TIME <u>4:00PM</u> RETURN TIME <u>11:00 PM</u>
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 <u>lkjdkdjks</u>
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 $\underline{15}$
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 DECOREUS LEAVELL
Classified 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?
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
Signature of Superintendent/Designee

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP DeCoreus Leavell SCHOOL Christian Co. High TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular Over 300 miles Under 300 miles Other (athletic, band, if applicable) Classroom Field Trip Organization/Club Trip Washington PHONE-DESTINATION 270-444-2400 DESTINATION Paducah Tilghman ADDRESS 5650 St.Paducah, KY 42003 High School Overnight: give name, address, phone of lodging Out of State Out of County ☐ Within County HOLIDAY INN EXPRESS & SUITES PADUCAH WEST 3996 HINKLEVILLE RD, PADUCAH, KY 42001 +12704428874 RETURN TIME 11:00 PM **DEPARTURE TIME 3:00PM** DATE(S) OF TRIP <u>02/21/25-02/22/25</u> (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) START END PURPOSE/EDUCATIONAL VALUE Competition WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOURCE OF FUNDING FOR TRIP Ikidkdiks NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER **FEMALE STUDENTS 0** NUMBER OF: STUDENTS 18 MALE STUDENTS 18 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 DECOREUS LEAVELL Classified 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? Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? Code of Conduct signed by athletes and parent and message via Parent Square. Recoverable Signature Recoverable Signature Robert A. Burnham DeCoreus Leavell Principal Signature Faculty/Sponsor Signature Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f Trip has been approved disapproved. Reason for disapproval

STUDENTS

Overnight

09.36 AP.21

STUDENTS
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 WITHOUT HOLDEN TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION 4089 From Works PKWY ADDRESS KY HOUSE POINK PHONE 859-233-4303
Out of State Out of County Within County Overnight: give name, address, phone of lodging 1950 Newtown Pike Lexington, KY 40571, 859-233-0512
DATE(S) OF TRIP 11/2 DEPARTURE TIME 9AM 11/1 RETURN TIME 6pm 1/2
PURPOSE/EDUCATIONAL VALUE State XC Meet.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Board
AMOUNT OF STUDENT FEE: N/A
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: Sponsoring organization School council Board Other
NUMBER OF: STUDENTS 22 MALE STUDENTS 13 FEMALE STUDENTS 9
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY
CERTIFIED CHAPERONES WITHOUT HOLDEN,
CLASSIFIED CHAPERONES JOE LEQUELL, FredVICK Sowenby
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? A yes \(\text{No} \) Have all students been notified of the rules and regulations regarding acceptable behavior? A yes \(\text{No} \) How have they been notified? \(\text{No} \) How have they been notified? \(\text{No} \) Signature of Faculty Sponsor Date Total and Total an
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
0/- 0
Signature of Superintendent/Designed Tom BLOL "Kine" Signature of Board Chair Date Date
Tom 8102 "Kpe"
Signature of Doura Chair
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
Related Procedures:

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

Review/Revised:11/21/13

Page 1 of 1

american approved

SCHOOL <u>CHRISTIAN CO. HS</u> FACULTY MEMBER(S) SPONSORING TRIP TAYOV DUVE 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 WEV 292 Alumni Ave Bowling Green FY 42101
ADDRESS_ PHONE 970 745 - 2551 Out of State POut of County Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP 11/1/24 DEPARTURE TIME 8:20 RETURN TIME 2 PM
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 VIDGET 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 40 MALE STUDENTS 20 FEMALE STUDENTS 20 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO SYES (SEE PROCEDURE 09.36 AP. 212.) PCERTIFICATED COMMON CARRIER; SPECIFY BOS PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES NAME OF THE PRIVATE VEHICLE OF THE
CLASSIFIED CHAPERONES TAYLOY DUKE, Shawng Johnson, Taylor Gyreen Field
Have all chaperones undergone the required records check and b SUBMIT THIS FORM FOUR (4) WEEKS PE Supervise students? Yes No Have all students been notified of the rules and regulations regarding How have they been notified? Yes No
Trip has been approved disapproved. Reason for disapproval
Signature of Superintendent/Designee Date Tom & Olivery Signature of Board Chair Date

RELATED PROCEDURES:

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

Review/Revised:11/21/13

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

09.36 AP.21 **STUDENTS** 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): □ Extracurricular X Under 300 miles X Cocurricular □ Over 300 miles X Organization/Club Trip □ Other (athletic, band, if applicable □ Classroom Field Trip DESTINATION: MURRAY STATE UNIVERSITY EXPOSITION CENTER Address: 2101 College Farm Rd, Murray, KY 42071 PHONE: (270) 809-3125 □ Within County □ Out of State X Out of County X Overnight: give name, phone number, and address of lodging DATE(S) OF TRIP: 11/4/2024- 11/15/2024 DEPARTURE TIME: 4:00 PM on 11/14/2024 RETURN TIME: 4:00 PM on 11/15/2024 PURPOSE/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 SAF AMOUNT OF STUDENT FEE: \$0 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. □ OTHER □ BOARD □ SCHOOL COUNCIL BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION FEMALE STUDENTS 4 Number of: students 8 MALE STUDENTS 4 Mode of Transportation: is district transportation needed? \Box no X 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? Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No How have they been notified? Code of Acceptable Behavior, Permission Slip 10/17/24 Signature of Principal Signature of Faculty Sponsor Date EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON □ disapproved. Reason for disapproval Trip has been

approved 017254

RELATED PROCEDURES:

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

Signature of Superintendent/Designee

Signature of Board Chair

Page 1 of 2

messeny approved

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

Date

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
CHOOL CCHS/HHS FACULTY MEMBER(S) SPONSORING TRIP: CHRIS BENTZEL, SUPERINTENDENT TYPE OF TRIP (CHECK ONE):	•
☐ Over 300 miles X 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	l
☐ Out of State X Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging	f
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: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL X BOARD \square OTHER	
NUMBER OF: STUDENTS: 36 MALE STUDENTS: 8 FEMALE STUDENTS: 28	
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? \square NO X YES (SEE PROCEDURE 09.3 AP. 212.) \square CERTIFICATED COMMON CARRIER; SPECIFY	6
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	Šī.
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 supervisitudents? X Yes □ No Have all students been notified of the rules and regulations regarding How have they been notified? Supt. Advisory Meetings/Code of Acceptions Behavior 11-6-2024	g
Signature of Faculty Sponsor Date Signature of Principal Date	-
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOAR APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON	D D
Frip has been ☑ approved ☐ disapproved. Reason for disapproval	
Signature of Superintendent/Designee Date Too Bell 'Kne' 11-6-24	
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

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): □ Extracurricular X Cocurricular □ Over 300 miles X Under 300 miles □ Organization/Club Trip □ Other (athletic, band, if applicable X Classroom Field Trip DESTINATION: CHRISTIAN COUNTY FARM BUREAU Address: 250 Burley Avenue, Hopkinsville, KY 42240 PHONE: (270)-885-3276 X Within County □ Out of State □ Out of County □Overnight: give name, phone number, and address of lodging Not an overnight trip DATE(S) OF TRIP: 11/4/2024 DEPARTURE TIME: 6:40 AM on 11/4/2024 RETURN TIME: 9:15 A.M. on 11/4/2024 PURPOSE/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 PRESENTATIONS EC3 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. □ OTHER □ SCHOOL COUNCIL BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION MALE STUDENTS 0 FEMALE STUDENTS 2 Number of: students 2 X YES (SEE PROCEDURE 09.36 AP. 212.) Mode of Transportation: is district transportation needed? □ no X 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 X Yes D No supervise students? Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No How have they been notified? Code of Acceptable Behavior, Permission Slip Signature of Principal Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON □ disapproved. Reason for disapproval Trip has been □ approved V17-2524 Date Signature of Superintendent/Designed Bull Ball "I Musey Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: M. WYATT
Type of Trip (check one):
□ Over 300 miles X Under 300 miles X Cocurricular □ Extracurricular
X Classroom Field Trip
DESTINATION: RURAL KING
Address: 1141 Fort Campbell Blvd, Hopkinsville, KY 42240
PHONE: (931)-542-0051
□ Out of State □ Out of County X Within County
□Overnight: give name, phone number, and address of lodging
Not an overnight trip
DATE(S) OF TRIP: <u>11/1/2024</u>
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 PRESENTATIONS
EC3 DEMONSTRATE POLITE AND RESPECTFUL BEHAVIOR TOWARD OTHERS
Source of funding for trip: <u>CCHS FFA SAF</u>
AMOUNT OF STUDENT FEE: <u>\$0</u>
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION
Number of: students 6 Male Students 2 Female Students 4
Mode of Transportation: is district transportation needed? □ no X yes (see procedure 09.36 ap. 212.) X Certificated common carrier; specify <u>CCHS Van</u>
□ 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? X Yes □ No
Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No
How have they been notified? Code of Acceptable Behavior, Permission Slip
10 100 1 1017/202 Polit 1 Sum 10/17/202
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval
0. 7
1017-2011
Signature of Superintendent Designee Date
Simulture of Roard Chair
Signature of Board Chair Por overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by poney 07.50.

RELATED PROCEDURES:

Tuesaled orberong

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL DISTRICT HAS CAS FACULTY MEMBER(S) SPONSORING TRIP Barnes - Begingu
Type of Trip (CHECK ONE): ☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION Trail of Tears Part Address 100 Trail of Tears Pr. 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 530 AM RETURN TIME 11:00 AM
PURPOSE/EDUCATIONAL VALUE American History
What standard is being addressed by taking this trip? (Does not apply to athletic trips.) Domain Ay - cultural Hentagl.
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 Male Students 5 Female Students 10
Mode of Transportation: is district transportation needed? ☐ no ☐ yes (see procedure 09.36 ap. 212.)☐ Certificated common carrier; specify
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES YICKY Barnes
Ainry Berenguer
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{No} \) Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? 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 dapproved disapproved. Reason for disapproval
11.11
Signature of Superintendent/Dasignee Date
Signature of Superintendent/Dds)gnee Date
Signature of Board Chair Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

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

SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP Taylor Dute
□ 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 270 145 2586
□ Out of State ✓ Out of County □ Within County □ Overnight: give name, address, phone of lodging
DATE(S) OF TRIPINAL 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.)
SOURCE OF FUNDING FOR TRIP Cyperience
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 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 PIGOS
CLASSIFIED CHAPERONES TAYLOY Duke, Shawna Johnson Have all chaperones undergone the required records check and b SUBMIT THIS FORM FOUR (4) WEEKS PRI
CLASSIFIED CHAPERONES Taylor Duke, Shawna Johnson
CLASSIFIED CHAPERONES TAYLOY Duke, Shawna Johnson Have all chaperones undergone the required records check and b SUBMIT THIS FORM FOUR (4) WEEKS PRI Supervise students? Yes In No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes In No How have they been notified? In person - email
CLASSIFIED CHAPERONES TAYLOY Duke, Shawna Johnson Have all chaperones undergone the required records check and b SUBMIT THIS FORM FOUR (4) WEEKS PRI supervise students? Yes In No Have all students been notified of the rules and regulations regarding
CLASSIFIED CHAPERONES TAYLOY Duke, Shawna Johnson Have all chaperones undergone the required records check and b SUBMIT THIS FORM FOUR (4) WEEKS PRI Supervise students? Yes In No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes In No How have they been notified? In person - email
CLASSIFIED CHAPERONES TAYLOY Duke, Shawna Johnson Have all chaperones undergone the required records check and b submit this form four (4) weeks provided the required records check and b submit this form four (4) weeks provided the required records check and b submit this form four (4) weeks provided the rules and regulations regarding acceptable behavior? Yes no submit the required records check and b submit this form four (4) weeks provided the rules and regulations regarding acceptable behavior? Yes no submit this form four (4) weeks provided the rules and regulations regarding acceptable behavior? Yes no submit the required records check and b submit this form four (4) weeks provided the rules and regulations regarding acceptable behavior? Yes no submit the required records check and b submit this form four (4) weeks provided the rules and regulations regarding acceptable behavior? Yes no submit the required records check and b submit this form four (4) weeks provided the rules and regulations regarding acceptable behavior? Yes no submit this form four (4) weeks provided the rules and regulations regarding acceptable behavior? Yes no submit the required records check and b submit this form four (4) weeks provided the rules and regulations regarding acceptable behavior? Yes no submit the required records check and b submit the rules and regulations regarding acceptable to the rules and regulations regarding a
Have all chaperones undergone the required records check and b submit this form four (4) weeks presupervise students? Yes no how have they been notified of the rules and regulations regarding acceptable behavior? Yes No how have they been notified? In person - email how have they have how how have they been notified? In person - email how have they have how have they have how have they have how have they have how have how have how have how have
CLASSIFIED CHAPERONES TAYLOY Duke, Shawna Johnson Have all chaperones undergone the required records check and b SUBMIT THIS FORM FOUR (4) WEEKS PRI 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 person - email Signature of Faculty Sponsor 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
CLASSIFIED CHAPERONES TAYON Duke, Shawna Johnson Have all chaperones undergone the required records check and b submit this form four (4) weeks provided and supervise students? Yes no supervise students? Yes no have all students been notified of the rules and regulations regarding how have they been notified? In person - email how have they been notif
CLASSIFIED CHAPERONES TAYOF Duke, Shawn Johnson Have all chaperones undergone the required records check and b submit this form four (4) weeks provided the required records check and b 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 person - email No How have they been notified? In pe
CLASSIFIED CHAPERONES TAYON Duke, Shawna Johnson Have all chaperones undergone the required records check and b submit this form four (4) weeks provided and supervise students? Yes no supervise students? Yes no have all students been notified of the rules and regulations regarding how have they been notified? In person - email how have they been notif

RELATED PROCEDURES:

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

STUDENTS

School-Related Student Trip Request Form
Subjut 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 X Under 300 miles □ Cocurricular □ Extracurricular □ Classroom Field Trip □ Organization/Club Trip X Other (athletic, band, if applicable)
DESTINATION: MURRAY STATE UNIVERSITY ADDRESS: 1375 CHESTNUT STREET, MURRAY, KY PHONE: 800-272-4678
Out of State X Out of County Within County X Overnight: give name, address, phone of lodging Best Western Murray, 1503 N 12th St, Murray Ky 420
DATE(S) OF TRIP: NOVEMBER 3-4, 2024 DEPARTURE TIME: 2 PM (11/3/2024) RETURN TIME: 8:30 PM (11/4/2024) 276
Purpose/Educational Value: Students participating in MSU's Quad State Honors Choir 605-7
What standard is being addressed by taking this trip? MU:Pr5.3.E - Rehearse, Evaluate, & Refine; 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: X SPONSORING ORGANIZATION \Box SCHOOL COUNCIL \Box BOARD \Box OTHER
Number of: students - 7 Male Students - 4 Female Students - 3
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: 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? X Yes \square No acceptable behavior? X Yes \square No Have all students been notified of the rules and regulations regarding How have they been notified? - Permission form, informational letter D 2029
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
1, 19
10-17-101
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

Imergency appround

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP taylor Duke, Jessica Hobson SCHOOL* TYPE OF TRIP (CHECK ALL THAT APPLY): Co curricular Extracurricular Under 300 miles Over 300 miles Other (athletic, band, if applicable) Organization/Club Trip Classroom Field Trip ADDRESS 3500 John A McCoff Blv PHONE-DESTINATION ______
Nashvine, TN 372 09

Within County Overnight: give name, address, phone of DESTINATION JSU Overnight: give name, address, phone of lodging Out of State Out of County DATE(S) OF TRIP 10-23-24

START END

DEPARTURE TIME 5:30 * A.M. RETURN TIME 1:00* P. M.

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN) Purpose/Educational Value vibrant learning experience: college vist 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 ____ FEMALE STUDENTS 20 NUMBER OF: STUDENTS 40_ MALE 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 1855)ca Habson Classified chaperones Trylor Duke, Shawna Johnson, Charlotte Perkins 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 person, email X There where Principal Signature Faculty/Sponsor Signature Trip has been approved disapproved. Reason for disapproval_ Tom Bell "Kne" 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

	SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL * CCHS	FACULTY MEMBER(S) SPONSORING TRIP JESSICA HODSON AND THAT APPLY): Black Student Union CBSU
TYPE OF TRIP (CHECK ALI	THAT APPLY):
	Under 300 miles
Classroom Field Trip	Organization/Club Trip Other (athletic, band, if applicable) ADDRESS 22 So 4th St. Lau'sville, My 40202 PHONE-DESTINATION 1270 498-7808
Out of State	ut of County Within County Overnight: give name, address, phone of lodging
	4 to 11-14-24 DEPARTURE TIME 4:00 * P.M. RETURN TIME 6:00 * P.M. [1-14-24] [1-14-24] [SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL V	alue Vibrant Learning Experience and college preparation.
WHAT STANDARD IS BEING COLLEGE EXPOSURE	ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) CON & CONTROL POR POR ONLY.
SOURCE OF FUNDING FOR T	RIP BSU account
No	STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: V	SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
Number of: students 2	
Mode of Transportation	ON: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.)
	COMMON CARRIER; SPECIFY CCPS School DUS
PRIVATE VEHIC	CLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones 2	Jessica Hobson, Janala Radford
Classified chaperones 5	Charlotte Perlins, Shawna Johnson, Vice Hillebrew
	one the required records check and been designated by the principal/designee to supervise students? Yes No
Have all students been notif	ied of the rules and regulations regarding acceptable behavior? Ves No
How have they been notified	19 BSU meeting and parent square.
X Jossia On	Olsa X Dod & Burn
Faculty/Sponsor Signature	Principal Signature
Trip has been approved	disapproved. Reason for disapproval
	Toon Bell "Kine"
	Tom Beed "xme"
l .	inc. 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. FACULTY MEMBER(S) SPONSORING TRIP John McWoH7 SCHOOL (Schema) Academ' Type of Trip (check one): □ Cocurricular **★**Extracurricular Under 300 miles □ Over 300 miles □ Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable DESTINATION CONKING CO CORRECT TECH ADDRESS 1106 FOST MAIN, FRONKSON, KY PHONE Out of State MOut of County Within County M Overnight: give name, address, phone of lodging Holiday Im Express, 1000 yandday Orice, Frankfork Ky, 40601 DATE(S) OF TRIP Nov 14-15 2024 DEPARTURE TIME 0800 Nov 14th RETURN TIME 1500 Nov 15th PURPOSE/EDUCATIONAL VALUE Welding Competition abressing Skills obtained per Curriculum WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SMAW Greeneles - 480528 - Weld SMAU grown week 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. □ SCHOOL COUNCIL □ OTHER BILL TRIP EXPENSES TO: □ SPONSORING ORGANIZATION FEMALE STUDENTS NA NUMBER OF: STUDENTS 3 MALE STUDENTS □ NO □ YES (SEE PROCEDURE 09.36 AP. Mode of Transportation: is district transportation needed? □ CERTIFICATED COMMON CARRIER; SPECIFY □ Private vehicle, if allowed by policy; specify driver(s)____ CERTIFIED CHAPERONES John McWulty CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to Have all students been notified of the rules and regulations regarding supervise students?

Yes □ No How have they been notified? permssion from Compositions
16/24 (Mistina Runell 10/16/24 regulations acceptable behavior? rayes □ No Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been papproved ☐ disapproved. Reason for disapproval Signature of Superintendent/Designee

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

RELATED PROCEDURES:

Signature of Board Chair

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

by + Sull received 10/17/24

Review/Revised:11/21/13

benergency approved

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): X Over 300 miles □ Under 300 miles □ Cocurricular □ Extracurricular □ Classroom Field Trip DESTINATION Saint Henry District High School Address 3755 Scheben Drive Erlanger, Kentucky 41018 _PHONE ____8595258217___ □ Out of State 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 __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 __7____ Male Students __6_ Female Students __1_ 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 BEN SMITH, JESSICA WILLETTS_____ CLASSIFIED CHAPERONES Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes □ No Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes \(\text{No} \) How have they been notified? Letter home

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 papproved disapproved. Reason for disapproval

Signature of Superintendent/Designee Date

Signature of Board Chair

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

RELATED PROCEDURES:

Ly A Stall 10/15/24

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09.36 AP.21

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STUDENTS Sc	hool-Related Studer	t Trip Request Form	
S	LEMIT THIS FORM FOUR (4) V	VEEKS PRIOR TO TAKING THE T	RIP.
	F. courty Mr.	MBER(S) SPONSORING TRIP	illiam Thomas
SCHOOL HAS		MBER(3) 31 O'CAAR III III	
TYPE OF TRIP (CHECK ONE) Over 300 miles Classroom Field Trip	1	Cocurricular UI Other (athletic, band, itapy); Barn hart Bld, Рно	Extracurricular
DESTINATION U.K.	ADDRESSOLD	Day True Told	ama arbboss phone of
Ladring Haliday In	A TOUGH A POITU	unty Evernight: give n E. Lexington KY 40	
0.1.1	7 000/4 Deminstrate	TIME RETURN	RN HME
- Parameter V	med and on A hesp. Il	15titule Tol MIMI	miles in as
WHAT STANDARD IS BETT	applied of	THIS TRIP? (DOES NOT APPL OLN OD) ON SLOSLO	you attend
SOURCE OF FUNDING FOR			
AMOUNT OF STUDENT FEE			
No stu	DENT SHALL BE DENIED THE I	TRIP BECAUSE OF AN INABILITY	
BILL TRIP EXPENSES TO: [SPONSORING ORGANIZATIO	A Dischool coche	
No and an amount of	1-20 MALE STUDENTS	TISU FEMALE STUDE	
MODE OF TRANSPORTATI	ON: IS DISTRICT TRANSPORTA COMMON CARRIER; SPECIFY	ATION NEEDED? INO IN VE	
□ PDIVATE V	FHICLE, IF ALLOWED BY POLI	CV; SPECIFY DRIVER(S)	
CENTRED CHAPERONES	Sillian Thos	nas	
CERTIFIED CHAILANNING	V= MCV		
CLASSIFIED CHAPERONES	na		
Have all chap rones under students? ■ Yes □ No	Have all Si	ek and been designated by the pri- udents been notified of the rule	
acceptable behavior	es 🗆 No How have	they been notified? Whateg	10120120
Jelli Billa	m [0]29]	Signature of Principa	
		EN CIRCUMSTANCES THAT E THE SIGNATURE OF THE	F MAKE PRIOR BOARD BOARD CHAIRPERSON
Trip has been approved	disapproved. Reason for disa		
-)		10-30-Way
Signature of Sup	erintendena Designee		Date
Signature of Boa	rd Chair		Date
For overnight and or	out-of-state trips, approval of the	Superintendent and or Board may b	e required by policy 09.36.
Elizabeth of the Fall of the F			

Related Procedures:

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

SCHOOLHOPKINSVILLE High School ACLITY MEMBER(S) SPONSORING IRIP James Persell: Emily Laforms Over 300 miles
Over 300 miles Under 300 miles Cocurricular Extracurricular Classroom Field Trip Organization/Club Trip Other (athleric, 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 3:30 pm PURPOSE/EDUCATIONAL VALUE Team Building Activity WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOCIAL IN TERRETION IN The COMMUNITY
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
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 in teraction in the Community
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOCIAL IN TERACTION IN THE COMMUNITY
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) SOCIAL IN TERACTION IN THE COMMUNITY
Social interaction in the community
Source of Funding For Trip CB 1 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 FOTHER NUMBER OF: STUDENTS 14 MALE STUDENTS 12 FEMALE STUDENTS 2
Mode of Transportation: is district transportation needed? In Pyes (see procedure 09.36 ap. 212.) Certificated common carrier; specify Lift, & Harness hook - 49
CERTIFIED CHAPERONES Emily La forme, James Persell
CLASSIFIED CHAPERONES Melissa Drexel, Mona Beal, Venessa Lewi
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? D'es \ No Have all students been notified of the rules and regulations regarding acceptable behavior? D'es \ No How have they been notified? 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29 1-12-29
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/Hesigned 11-13. 1127 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

STUDENTS

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HHS FACTITY MEMBER(S) SPONSORING TRIP. O. Cauther
☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION NISSAM StadioMADDRESS THAN WAY NASHVILLEPHONE 615-565-4286
□ Out of State
DATE(S) OF TRIP JOA 544 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.) From oficial, Add vertising 1 Co Stoner Securice, Fan experience of social Res
SOURCE OF FUNDING FOR TRIP F BLA
AMOUNT OF STUDENT FEE: \$ 95
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 Deborch Cauthen Whitney-Frost
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Pyes No Have all students been obtified of the rules and regulations regarding acceptable behavior? Pyes No How have they been politically box if the No Hill No How have they been politically box if the No Hill No Hi
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 Superintendom 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

Refated Procedures:

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

THS
SCHOOL SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
Over 300 miles O'Under 300 miles Occurrioular Extracurricular Chestroom Field Trip Organization/Club Trip Other (athletic, band, if applicable DESTRIATION MAISON IN ADDRESS TO Prafit On PHONE (502) 212-582
Out of State County Q Within County Overnight, give name, sources, poose of
PURPOSE/BUCATIONAL VALUE KYA
WHAT STANDING IS BEING ADDRESSED BY TAKING THIS TRIP! (DOES NOT APPLY TO ATHLETIC TRIPS)
AMOUNT OF STUDENT FEE: \$350
NO STUDENT SHALL BE BENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: BYSONSORING ORGANIZATION DISCHOOL COUNCIL DROADD DOTHER HIDRER OF: STUDENTS ON MALE STUDENTS FEMALE STUDENTS HOUSE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED! DNO YES SEE PROCEDURE WAS AF. 2121 DICERTIFICATED COMMON CARRIER: SPECIFY NAC OF S. USING CONSTRUCTORY DIPRIVATE VEHICLE, IF ALLOWED BY POLICY: SPECIFY BRIVERIS) CERTIFIED CRAPERONES KIEY, BOX 15
CLISSETED CHAPERONES PLYA LEGACE BUCKNER
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Offes D No Have all students been notified of the rules and regulations regarding them have they been notified? Yes D W VMCA II V 201 Shamoure of Faculty Sponsor Date Signature of Friculty Sponsor 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. C disapproved. Reason for disapproval
Christ 115. long
TONBELL "Kine" 11-16-24
RELATED PROCEDURES:

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

Review/Revised:11/21/13

School HHS Faculty Member(s) sponsoring trip Kim Batts

Vehicle Request Form

Ly 18th 11/4/24 Unergency approved

5	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 ON	E):
Over 300 miles	Under 300 miles Cocurricular Extracurricular
Classroom Field Trip	Dorganization Club Trip Other (athletic, band, if applicable
DESTINATION NEW YO	orle City ADDRESS NEW JERSUBURD HOTE PHONE 1130
Todging see a	Out of County Within County Devernight: give name, address, phone of Howhed, planned by UR Towns and wents 4-00017 DEPARTURE TIME RETURN TIME
DATE(S) OF TRIPLEPUL	Colore
PURPOSE/EDUCATIONAL	VALLE See attached agenda (too many to list)
WHAT STANDARD IS BE Leaduship, Co	and addressed by taking this trip? (Does not apply to athletic trips.)
SOURCE OF FUNDING FOR	EE: approximately 91500 00
	UDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	SPONSORING ORGANIZATION
	15-20 MALE STUDENTS 78D FEMALE STUDENTS 18D
MODE OF TRANSPORTAT	TION: IS DISTRICT TRANSPORTATION NEEDED? IN NO IN YES (SEE PROCEDURE 09.36 ED COMMON CARRIER; SPECIFY
□ PRIVATE Y	VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES	Silliam Bean
CLASSIFIED CHAPERONE	s
Have all chaperones unde	ergone the required records check and been designated by the principal/designee to supervise. Have all students been notified of the rules and regulations regarding.
students? Yes No acceptable behavior?	
	am 10/31/24 / halr Ceapler 11-8-2009
EMERCENCY REOL	ESTS DUE TO UNFORSEEN CIRCUMS ANCES THAT MAKE PRIOR BOARD IBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved	☐ disapproved. Reason for disapproval
Signature of Sup	perintendent/Designee 11-7-2029 Date
Signature of Boo	ard Chair Date
For overnight and or	out-of-state trips, approval of the Superintendent and or Board may be required by policy 09.36.

Related Procedures:

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

Review/Revised:11/21/13

Page 1 of 1

1 X Sheb 11/12/21

WED NOU Zoth and THUR NOU 23 no if Possibu. Thank you!

		11 10-			
TUDENTS				09.36	AP.21
TOBLINIS	School-Re	lated Student T	rip Request For	m	
	SUBMIT THIS	FORM FOUR (4) WEEK	S PRIOR TO TAKING TI	HE TRIP.	
1111	c	EXCLUTY MEMBER	R(S) SPONSORING TRIP	Bront W	<u>eiss</u>
CHOOL HH YPE OF TRIP (CI	TECT ONE)				
☐ Over 300 mi ☐ Classroom F	les Under i	ADDRESS 1101 E	her (athletic, band, if ap Sethol StP	HONE & 10 - 22	7 -4262
☐ Out of State	☐ Out of County	Within County	Overnight: giv	e name, address,	phone or
	NINI ZA L ALAU	21 DEPARTURE TIM	E 8:40 am RE	ETURN TIME 10 0	am_
PURPOSE/EDUCA	TIONAL VALUE DU	a Credit (E	in 101) lacurch	& Library Con	3
WHAT STANDAR	RD IS BEING ADDRES	SED BY TAKING THIS	TRIP? (DOES NOT A	APPLY TO ATHLET	TC TRIPS.)
SOURCE OF FUNI	DING FOR TRIP				
AMOUNT OF STU	JDENT FEE:				
	NO STUDENT SHALL	BE DENIED THE TRIP E	BECAUSE OF AN INABILI	ITY TO PAY.	
BILL TRIP EXPE	NSES TO: SPONSORI	NG ORGANIZATION	☐ SCHOOL COUNCIL	□ BOARD	OTHER
N		MALE STUDENTS	FEMALE STU	UDENTS	
Mode of Tran	SPORTATION: IS DISTR TIFICATED COMMON O	RICT TRANSPORTATION CARRIER; SPECIFY	NEEDED? NO M	YES (SEE PROCEI	OURE 09.36
□ F	PRIVATE VEHICLE, IF	ALLOWED BY POLICY; S	SPECIFY DRIVER(S)		
CERTIFIED CHA	PERONES				
CLASSIFIED CH	APERONES				
students? Ve acceptable beha	s No avior? Yes No	How have they b	d been designated by the its been notified of the been notified?	7 Ripal	15-20 Date
	Y REQUESTS DUE IMPOSSIBLE SHOU	TO UNFORSEEN C LD ALSO HAVE TH	IRCUMSTANCES TI E SIGNATURE OF T	HAT MAKE PRI	OR BOARD IRPERSON
Trip has been	approved ☐ disappro	ved. Reason for disapprov	al		
	11.1	1/		11-19-25	7
	ture of Superintendent/L	Designee		11-18-257 Date	
Signa	^	"HIK"		11-18-01	Ч
101	MILL	INN		Date	

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

Related Procedures:

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

SCHOOL: HHS FACULTY MEMBER SPONSORING TRIP: CHILLIAM Thomas
SCHOOL: FACULTY MEMBER STO SOME WITH THE PROPERTY ON THE PROPERTY OF THE PROPE
Type of Trip (Check One). O Linda 200 miles
O Over 300 miles O Under 300 miles O Classroom Field Trip O Organization/Club Trip O Other (athletic, band, if applicable) Jestination/Johnnal FFA Contraction of the Contraction o
O Classroom Field Trip Goldania Classification Classroom Field Trip Goldania Polis Indiana Ind
DESTINATION / /OTTOLOU FFH COM CADDRESS FFH Week
Out of State O Out of County O Within County Overnight: give name. address, phone of
lodging TBD based on acialabetity
DATE(S) OF TRIP OCH 23-34 DEPARTURE TIME 8 AM RETURN TIME 3 PM
PURPOSE/EDUCATIONAL VALUE A LAULI WATER IL LE LE LE
TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of Funding For TRIP (Enchination) Turking Kave PAF
SOURCE OF FLYDING FOR TRIP
AMOUNT OF STUDENT FEE: \$
Asjourt of a second
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. O SCHOOL COUNCIL O BOARD OTHER
THE THE EVER TO PEPONSORING ORGANIZATION USCHOOL COURTE
NUMBER OF: STUDENTS 12 MALE STUDENTS TBD FEMALE STUDENTS TBD
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO O YES (SEE PROCEDURE 09.36 AP. 212.)
O CERTIFICATED COMMON CARRIER; SPECIFY
CERTIFIED CHAPERONES GULL USILLIAM JOLAN Thomas
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Ves O No Have all students been notified of the rules and regulations regarding acceptable behavior? Ves O No How have they been notified?
Date Signature of Principal Date
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 Papproved O disapproved Reason for disapproval
10-2-1/-22h
Signature of Superintendent/Designee
Trom 8 118 "Kone" 10-24-24
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.
E VI DEFINE WHEN SEE SEE SEE

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Page 1 of 1

American approved

₩ Overnight: give name, address, phone of Have all students been notified of the rules and regulations regarding EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD Have all chaperones undergone the required records check and been designated by the principal/designee to supervise WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO F VES (SEE PROCEDURE 09.36 AP. OOTHER DESTINATION ELIZABETHTOWN HIGH SCHOOL ADDRESS 620 N MILLBERRY ST, ELIZABETHTOWN, KY 42701 For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36. APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON 10-62-6229 CERTIFIED CHAPERONES NICHOLAS JONES, ADDISSON GRIMM, DEAVEN KNOWLES, BRANDON MCKINLEY How have they been notified. In person and via letter home NO-00-01 FACULTY MEMBER(S) SPONSORING TRIP NICHOLAS JONES O Extracurricular PURPOSE/EDUCATIONAL VALUE KMEA STATE MARCHING BAND STATE SEMIFINALS AND FINALS # BOARD NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. FEMALE STUDENTS 40 O Organization/Club Trip X Other (athletic, band, if applicable O Out of State O Out of County O Within County & Overnight: give name lodging Hampton Inn Brooks 180 Willabrook Drive, Brooks KY 40109 502-957-5050 Signature of Principal DATE(S) OF TRIP 10/25/24-10/27/24 DEPARTURE TIME 4PM RETURN TIME 12PM O SCHOOL COUNCIL O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION MALE STUDENTS 30 O CERTIFICATED COMMON CARRIER; SPECIFY O Under 300 miles SOURCE OF FUNDING FOR TRIP SCHOOL BOARD Signature of Superinterlatent Designer Bell "Kine" acceptable behavior? & Yes O No Signature of Board Chair AMOUNT OF STUDENT FEE: \$0 Signature of Faculty Sponsor IVPE OF TRIP (CHECK ONE): NUMBER OF: STUDENTS 70 O Classroom Field Trip CLASSIFIED CHAPERONES students? & Yes O No PHONE 270-769-3381 O Over 300 miles SCHOOL HHS 25

Related Procedures:

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

Imeryency approved

A A The received 10/21/24

TUDENTS	School-Related Student Trip Request Form
	GUENNIE THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
L.	- Course Dolars h (GUTHE!)
☐ Over 300 ☐ Classroom ☐ Classroom ☐ Classroom ☐ Out of St	P(CHECK ONE): O miles
)ATE(S) OF T	DUCATIONAL VALUE See Attached
WHAT STAN	NDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF F	FUNDING FOR TRIP
AMOUNT OF	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
Number of Mode of Ti ap. 212.)	EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD FOR THE CALL OF THE
CLASSIFIED	D CHAPERONES
acceptable l	happerenes undergone the required records check and been designated by the principal/designee to supervise Have all students been notified of the rules and regulations regarding How have they been notified? S-14-2634 Date Signature of Frincipal ENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD AL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
	en 🗹 approved 🗆 disapproved. Reason for disapproval
, 70	Signature of Superintendent/Designate Date Date Date Date Date Date Down and Chair Overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

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

Review/Revised:11/21/13

Page 1 of 1

Omergency approved



STUDENTS

SchoolRelated Student Trip Request Form

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		@
09.36 AP.21	10	Stock

TYPE OF TRIE	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING T	THE TRIP.
M Over 300 miles	☐ Under 300 miles	□ Cocurricular	☐ Extracurricular
Classroom Field Trip	Organization/Club Trip ADDRESS 830 PM	Other (athletic, band, if	applicable
DESTINATION LOUISU III	ADDRESS 830 F	THOSE DO	738 1-8721
Out of State lodging Crown P	Out of County Within 12a Louisville Aufor	n County Phillips Ly.	give name, address, phone of Louisville 14 40209
DATE(S) OF TRIP NOU . 10-	DEPARTURE TIME	ENOO COM RETURN TIN	Trocoures
PURPOSE/RDUCATIONAL V	WALLE VALL	C THE THIO MARS MAY	APPLY TO ATHLETIC TRIPS.)
WHAT STANDARD IS BEI	NG ADDRESSED BY TAKIN	G 1885 IMIT: (DOES HOT	A S A S A S A S A S A A A A A A A A A A
SOURCE OF FUNDING FOR	TRIP KUA	the state of the s	the state of the s
AMOUNT OF STUDENT FEE	:\$400.00	Lating and the state of the sta	
NO STU	DENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABIL	ITY TO PAY.
BILL TRIP EXPENSES TO: D	SPONSORING ORGANIZATIO	N DISCHOOL COUNCIL	□ BOARD □ OTHER
NUMBER OF: STUDENTS	4 MALE STUDENTS	FEMALE STO	UDGATS
212.) DI CERTIFICATED	COMMON CARRIER; SPECIFY		YES (SEE PROCEDURE 09.36 AP.
C PRIVATE VE	WICLE, IF ALLOWED BY POLI	CY; SPECIFY DRIVER(S)	
CERTIFIED CHAPERONES_	Britiney Cansle	25	Annual London Control Control
	A principle of the second seco		despirations (Investigation)
CLASSIFIED CHAPERONES			And the state of t
supervise students? O Ye acceptable behavior? O Y	SO No Have all ses O No How have	students been potified of the they been notified? Meganithm of Princes Signature of Princes	d by the principal/designee to rules and regulations regarding by the principal by the prin
EMEDGENCY RECITES			HAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBL	E SHOULD ALSO HAVE T	THE SIGNATURE OF THE I	BOARD CHAIRPERSON
Trip has been [approved	🖸 disapproved. Reason for disa	pproval	
	for post of the former	ar medistrik syndar sinda en sindrak dan dan sindikan sindika sindrak sindrak sindrak dan sindrak sindrak sind	11-1 2324
Dentilla printer and the second secon	amfull		11-1-2025 Date
Signature of Super	rintendent/Designef		11-1-24
Signature of Board	where will have been addressed as the state of the state	of cally areas has	Dute
Signature of board	ur-of-state trips, approved of the .	Superimendent and/or board ma	y be required by policy 09:50.
RELATED PROCEDURE			
09.36 AP.211, 09).36 AP.212, 09.36 AP.2	3	n : :
1/10/11	1 11/1/24	0	Review/Revised:11/21/13
ky # Hell	(11/1/27	approud	
1 1 10		approma	
	Vehicle F	Request Form	pha.
School HMS		er(s) sponsoring trip Bo	Hney Canoler
- Laboration	Martines grounds agreement of Agricum and Agricum.	and was also a second to the s	

School-Related	Student Trip	Request Fori	n

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CHOOK TOOK FACULTY MEMBER(S) SPONSORING TRIP WAY CANALLY TYPE OF TRIP (CHECK ONE): South Chouchan & Crofton widsay Chistophe
☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION SAME ADDRESS 2850 POMONIE RIPHONE 270) 886-636
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 125 2 DEPARTURE TIME 30 PM RETURN TIME 130 PM
PURPOSE/EDUCATIONAL VALUE SCIENCE GUIS COMPOSITION
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:
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 STUDENT
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Way Calbaum Locasay Chapter
CLASSIFIED CHAPERONES MCCUE 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?
Signature of Faculty Sponsor Date Signature of Phincipal 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
10-12-way
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