School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP Samantha Cruz Marvin Harress SCHOOL * Christian Co. High TYPE OF TRIP (CHECK ALL THAT APPLY): Over 300 miles X Under 300 miles X Co curricular Extracurricular Organization/Club Trip Other (athletic, band, if applicable) Classroom Field Trip PHONE-DESTINATION 270809 3505 DESTINATION MUNICIPALITY STATE UNIVERSITY CHESTLES STATE CHESTLES Out of State DATE(S) OF TRIP 02 24 25 -OZ 24 25 DEPARTURE TIME 4300M RETURN TIME 5:00 PM (SELECT AM OR PM) FROM DROPDOWN) (SELECT AM OR PM) FROM DROPDOWN) PURPOSE/EDUCATIONAL VALUE FBLA Leadership Conference | competition. WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) EA, EB, EC, ED, EE, EF etc. SOURCE OF FUNDING FOR TRIP ___ QUEC NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL DOTHER OTHER NUMBER OF: STUDENTS 1030 MALE STUDENTS | FEMALE STUDENTS 18 MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO UYES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Certified chaperones Samountha Cruz, marvin Harries 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? Verbal, Permission forms Faculty/Sponsor Signature Principal Signature Trip has been approved disapproved. Reason for disapproval For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

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

Review/Revised:11/21/13

by A Stell

emergency approved

SchoolRelated Student Trip Request Form

CLHS
SCHOOL 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 (Ariothm Address 450 W. Reynolds Rd. PHONE ☐ 1993 - 5700
Out of State Out of County Within County Overnight: give name, address, phone of lodging TBD
DATE(S) OF TRIP 12/21/24 12/29/24 DEPARTURE TIME 1:30 pm RETURN TIME 10:00 pm
PURPOSE/EDUCATIONAL VALUE VACATOR BASKettan GAMES WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP Boys Basketball SAF
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 /2 FEMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN OF YES (SEE PROCEDURE 09.36 AP. 212.) I CERTIFICATED COMMON CARRIER; SPECIFY School / Orstrict Vans
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Dior Curtis, Korter Ivory, Dee Wilford
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? Distributed, Signat, Ictured to Control (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 12-7-2019 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
Vehicle Request Form
SchoolFaculty Member(s) sponsoring trip

SchoolRelated Student Trip Request Form

CCHS	
SCHOOL SUBMIT THIS FO	PRM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
Over 300 miles Under 300 i	on/Club Trip Tother (athletic, band, if applicable 489 viking Dr.
Out of State Out of County lodging Ampter In Smites SM DATE(S) OF TRIP 12/20 - 12/21/24 DEPAI PURPOSE/EDUCATIONAL VALUE Varsity	□ Within County □ Overnight: give name, address, phone of Nonether Way, Marchend, My 40351, 606-780-0601 RTURE TIME 1:00 Am RETURN TIME 9:00 pm
SOURCE OF FUNDING FOR TRIP BOYS BA	SKETONII SAF
AMOUNT OF STUDENT FEE: N/A	
BILL TRIP EXPENSES TO: SPONSORING OR NUMBER OF: STUDENTS MALE MODE OF TRANSPORTATION: IS DISTRICT TO 212.) CERTIFICATED COMMON CARRIE	STUDENTS <u>/2</u> FEMALE STUDENTS <u>2</u> RANSPORTATION NEEDED? □ NO BYES (SEE PROCEDURE 09.36 AP. ER; SPECIFY <u>School</u> Bus
	ED BY POLICY; SPECIFY DRIVER(S)
CENTIFIED CHAIRENCE STORY CONTROL	, while will find the second second
CLASSIFIED CHAPERONES	
supervise students? Yes No acceptable behavior? Yes No Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO U	INFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD
	O HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Re	ason for disapproval
Signature of Superintendent Designed	Date
Tom Bell ikne	
Signature of Board Chair	roval of the Superintendent and/or Board may be required by policy 09.36.
50 SW 00 100 SW	10var of the Buperintendent allower Board may be required by perior of the second
RELATED PROCEDURES:	26 AD 22
09.36 AP.211, 09.36 AP.212, 09	124 Review/Revised:11/21/13
Pili	personal abbund
	ehicle Request Form
Sahaal Fac	ulty Member(s) snonsoring trin

School-Related	Student	Trip	Request	Form
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		SUBMIT THIS FORM FOUR	(4) WEEKS PRIOR TO TAKING THE TRIP.	
SCHOOL_	GAEWAY ACADEM	AYFACUI	TY MEMBER(S) SPONSORING TRIPBE	NJAMIN SMITH
TYPE OF T	RIP (CHECK ONE):			
				acurricular
□ Classr	room Field Trip	X Organization/Club Trij	□ Other (athletic, band, if applicable	•
DESTINATIO	ON <u>Covington</u>	Catholic High School App	ress <u>1600 Dixie Highway Park Hills, I</u>	Kentucky 41011
_PHONE		₩		
□ Out of	f State X Out	of County Within	County X Overnight: give name	, address, phone o
lodging:	_Holiday Inn Exp	ress 200 Crescent Avenue	, Covington, Kentucky 41011 888 465	4329
			TIME <u>4 PM 01/10/25</u> RETURN TIME _	
			ETITION	
WHAT ST.	ANDARD IS BEIN	G ADDRESSED BY TAKIN	G THIS TRIP? (DOES NOT APPLY	
Source of	FUNDING FOR TRIP	_ROBOTICS SAF_	9110	
AMOUNT OF	F STUDENT FEE: _	\$50	· · · · · · · · · · · · · · · · · · ·	
	No st	UDENT SHALL BE DENIED TH	E TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP E	EXPENSES TO: SPO	NSORING ORGANIZATION	□ SCHOOL COUNCIL □ BO	ARD OTHER
Number of	f: students18_	MALE STUDENTS	17 FEMALE STUDENTS	_1
Mode of T	TRANSPORTATION: 1	S DISTRICT TRANSPORTATION	NEEDED?□ NO X YES (SEE PROCEDI	TRE 09.36 AP. 212.)
□ Certific	CATED COMMON CAL	RRIER; SPECIFY		
			SPECIFY DRIVER(S)	
CERTIFIED			SICA WILLETTS	
Have all	chaperones under	gone the required record	s check and been designated by the	principal/designee t
supervise s	students? X Yes 🗆 1	No Have all s	students been notified of the rules and	regulations regardin
acceptable	behavior? X-Yes t	No How have	they been notified? Letter home	
	3/5	< 11/26/20		11-26-24
	of Faculty Sponso	Date	Signature of Principal	Date
EMERGEN APPROVA	NCY REQUESTS L IMPOSSIBLE	S DUE TO UNFORESE SHOULD ALSO HAVE T	EN CIRCUMSTANCES THAT MA HE SIGNATURE OF THE BOARD C	KE PRIOR BOARI HAIRPERSON
Trip has bee	en papproved 🗆	disapproved. Reason for disag	pproval	
_	01			
	(h	nyw		1-20rg
Si	gnature of Superint	endent/Designee	1	Date
	gnature of Board C			Date
For ov	vernight and/or out-o	f-state trips, approval of the	Superintendent and/or Board may be require	d by policy 09.36.

RELATED PROCEDURES:

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

School-Related	I Stude	nt Trip	Request Form

	SUBMIT THIS FORM FOUR	(4) WEEKS PRIOR TO TAKING	G THE TRIP.
SCHOOLGAEWAY AC	CADEMYFACU	LTY MEMBER(S) SPONSORING	TRIPBENJAMIN SMITH
Type of Trip (check o	NE):		
□ Over 300 miles	X Under 300 miles	□ Cocurricular	□ Extracurricular
☐ Classroom Field Tr	rip X Organization/Club Tri	p 🗆 Other (athletic, band,	if applicable
DESTINATIONCoving	gton Catholic High School And	ress <u>1600 Díxie Highway</u>	Park Hills, Kentucky 41011
_PHONE			
			give name, address, phone
	n Express 200 Crescent Avenue		
	VALUEVEX ROBOTICS COM		
			OT APPLY TO ATHLETIC TRIPS
Source of funding for	TRIPROBOTICS SAF		WE-F-
Amount of Student Fi	EE:\$50		
1	No student shall be denied ti	HE TRIP BECAUSE OF AN INABI	ILITY TO PAY.
BILL TRIP EXPENSES TO:	☐ SPONSORING ORGANIZATION	□ SCHOOL COUNCIL	□ BOARD □ OTHER
Number of: students _	18 MALE STUDENTS	17 Female :	STUDENTS1
			(SEE PROCEDURE 09.36 AP. 212.)
	n carrier; specify		ŕ
			-
□ Private v	VEHICLE, IF ALLOWED BY POLICY	; specify driver(s)	
CERTIFIED CHAPERONES	BEN SMITH, ROBERT LEE, JE	SSICA WILLETTS	
		_	nated by the principal/designee
supervise students? X Y	es □ No Have all	students been notified of t	the rules and regulations regarding
acceptable behavior? X	Yes □ No How have	e they been notified? Let	tter home
	<u> </u>	9 Penny oku	W/W 11-26-24
Signature of Faculty Si		Signature of P	
EMERGENCY REQU APPROVAL IMPOSSI	ESTS DUE TO UNFORES BLE SHOULD ALSO HAVE	EEN CIRCUMSTANCES THE SIGNATURE OF THE	THAT MAKE PRIOR BOAR BOARD CHAIRPERSON
Trip has beented approved	□ disapproved. Reason for disa	approval	
_			
	In The		12-5-6029
Signature of Su	perintendent Designee		Date
i	ξ)		
Signature of Bo	ard Chair		Date

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23 Ly A Stell 12/4/24

		School-Rel	lated Student	Trip Request	<u>Form</u>		
				EEKS PRIOR TO TAKIN			
БСНООL	HHS		FACULTY MEM	BER(S) SPONSORING T	RIP Ke	nneth Alt	ord
CYPE OF TRI	IP (CHECK ON	E):					
Over 30	0 miles	Under 3	00 miles	Cocurricular	☐ Extr	acurricular	
☐ Classroo	om Field Trip	Organiza	ation/Club Trip	Other (athletic, band,	if applicabl	e b= 0 - 122	2-11-1
DESTINATIO	n Central	Bank Cer	HADDRESS LEXU	ngton, KY	PHONE.	854-655	2 430
□ Out of S lodging	State BO	of County	□ Within Coun	ty P Overnight:	give name 859 - 3	e, address, phon 155-4281	e of
DATE(S) OF	TRIP Tan	12-15, 2029	5 DEPARTURE T	IME 12 noon	RETURN	CIME 6 PM	3
PURPOSE/ED	DUCATIONAL '	VALUE BE	to Conven	tion + Com	pehiti	on	
				HS TRIP? (DOES NO			IPS.)
SOURCE OF I	FUNDING FOR	TRIP Bel	ta (HHS)	Funds			
		E: \$		4			
	No stu	JDENT SHALL F	BE DENIED THE TRI	P BECAUSE OF AN INA	BILITY TO P	PAY.	
BILL TRIP E	XPENSES TO:	SPONSORING	G ORGANIZATION	☐ SCHOOL COUNC		OARD OT	HER
NUMBER OF	: STUDENTS_	11 M.	ALE STUDENTS	5 FEMALE	STUDENTS	6	
MODE OF T	RANSPORTAT	ION: IS DISTRIC	CT TRANSPORTATION	ON NEEDED? INO	YES (S	EE PROCEDURE	09.36 -
**************************************	T DDIVATE V	ENICLE IEAL	LOWED BY POLICY	; SPECIFY DRIVER(S)_			
CERTIFIED	CHAPERONES	_Ken	neth Al	ford, Tan	mmy,	Allender	
CLASSIFIED	CHAPERONE	s	-				
Have all cha	anarones unde	rgone the requi	ired records check a	nd been designated by	the princip	al/designee to sup	ervise
ctudente?	Vec T No		Have all stude	nts been notified of t	he rules an	d regulations rega	aramg
acceptable b	pehavior?	es □ No	How have they	been potified?	INSA F	ermission	HOLV
Vennet	L Kan	adout	11/22/24	Intell and	yeur -	12-2-2	4
Of the second	of Faculty 8po	and the same of th	Date	Signature of P	rincipal	Date	
EMERGEN APPROVA	NCY REQUI	ESTS DUE TO BLE SHOUL!	O UNFORSEEN (D ALSO HAVE TI	CIRCUMSTANCES HE SIGNATURE OF	THAT MARKET THE BOA	AKE PRIOR BO ARD CHAIRPER	RSON
Trip has beer	n Dapproved	☐ disapproved	d. Reason for disappro	oval			
		1/1/2	Tarl	The state of the s		12-4-6ry	
Sig	gnature of Sup	erintendent/Des	ignee /			Date	
C:	gnature of Boa	rd Chair				Date	
For ou	pernight and or	out-of-state trins	s approval of the Sun	erintendent and/or Board	may be reau		5.
10100	wingin androi	out-or-state trips	, approval of the Supe				

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23 MA Stell 12/3/24

Review/Revised:11/21/13