

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: THE BRUCE CONVENTION CENTER

ADDRESS: 303 CONFERENCE CENTER HOPKINSVILLE, KY 42240

PHONE: 270-886-6328

- 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: 3/18/2025

DEPARTURE TIME: 7:00 A.M. ON 3/18/20⁵ RETURN TIME: 9:30 A.M. ON 3/18/20⁵

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRISTIAN COUNTY AND LEARN ABOUT THE AGRIBUSINESS WITHIN OUR COMMUNITY.

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.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 4 MALE STUDENTS 2 FEMALE STUDENTS 2

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

CERTIFICATED COMMON CARRIER; SPECIFY _____

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

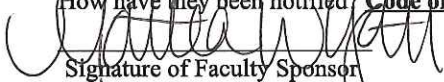
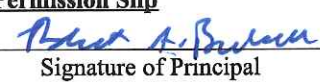
CERTIFIED CHAPERONES MATTEA WYATT

CLASSIFIED CHAPERONES _____


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

Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No

How have they been notified? Code of Acceptable Behavior, Permission Slip

 _____ 2-5-25  _____ 2/16/25
 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>2-10-2025</u>
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.2

Review/Revised:11/21/13

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP : M. WYATT

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: DOWNTOWN CITY OF HOPKINSVILLE

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

PHONE: (270)-498-1555

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

Not an overnight trip

DATE(S) OF TRIP: 4/22/2025

DEPARTURE TIME: 10:00 AM ON 4/22/2025 RETURN TIME: 2:30 P.M. ON 4/22/2025

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL GET THE OPPORTUNITY TO ASSIST THE BEAUTIFICATION OF HOPKINSVILLE DIRECTOR REMOVE WINTER PLANTS AND PLANT SUMMER ONES. THE STUDENTS WILL GET TO ASSIST THE COMMUNITY AND GIVE BACK. THEY WILL ALSO BE MEETING A HORTICULTURE BASED CAREER IN CITY GOVERNMENT.

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

SS-EK3 IDENTIFY AND SEEK VARIOUS WORK EXPERIENCE OPPORTUNITIES, E.G., VOLUNTEERISM

SS- EA1 EXPLAIN THE IMPORTANCE OF PRIDE AND CONFIDENCE ABOUT WORK AND LEARNING NEW TASKS

SOURCE OF FUNDING FOR TRIP: CCHS FFA SAF

AMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 23 12 MALE STUDENTS 11 FEMALE STUDENTS

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

- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES MATTEA WYATT

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No

How have they been notified? Code of Acceptable Behavior, Permission Slip

<u>Mattea Wyatt</u>	<u>1-21-25</u>	<u>Robert Brea</u>	<u>01/23/25</u>
Signature of Faculty Sponsor	Date	Signature of Principal	Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris Jaffe</u>	<u>1-25-2025</u>
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.

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS
TYPE OF TRIP (CHECK ONE):

FACULTY MEMBER(S) SPONSORING TRIP: J. Jaworski

Over 300 miles Under 300 miles Cocurricular Extracurricular

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

DESTINATION: Christian County Ag Expo ADDRESS: 2850 Pembroke Rd Hopkinsville KY PHONE: 270-886-6328

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

DATE(S) OF TRIP: 12/3/25 DEPARTURE TIME: 8:00 RETURN TIME: 3:15

PURPOSE/EDUCATIONAL VALUE: Students will be getting their Animal Sci. Industry certification

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

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: 27 MALE STUDENTS: 14 FEMALE STUDENTS: 13

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 JACOB JAWORSKI

CLASSIFIED CHAPERONES NONE

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 Slip, Code of Acceptable Behavior

[Signature]
Signature of Faculty Sponsor

1/21/25
Date

[Signature]
Signature of Principal

01/23/25
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>1-25-2025</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:

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS
TYPE OF TRIP (CHECK ONE):

FACULTY MEMBER(S) SPONSORING TRIP: J. Jaworski

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

DESTINATION: ~~EXDODD HIGH SCHOOL~~ Murray State Uni ADDRESS: 2101 College farm Rd Murray KY 40271 PHONE: 270-809-6921

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

DATE(S) OF TRIP: 2/21/25 DEPARTURE TIME: 7:45 RETURN TIME: 2:00

PURPOSE/EDUCATIONAL VALUE: students will practice their public speaking skills against local schools.

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

AMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF STUDENTS: 16 MALE STUDENTS: 8 FEMALE STUDENTS: 8

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) _____

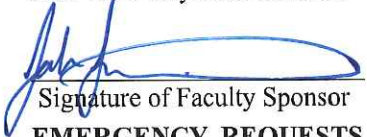
CERTIFIED CHAPERONES JACOB JAWORSKI

CLASSIFIED CHAPERONES NONE

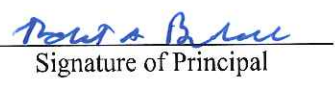
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No

How have they been notified? Permission Slip, Code of Acceptable Behavior



Signature of Faculty Sponsor

1/21/25
Date


Signature of Principal

1/23/25
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>1-25-2025</u>
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:

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS

FACULTY MEMBER(S) SPONSORING TRIP: 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: MURRAY STATE UNIVERSITY; CURRIS CENTER

ADDRESS: 2101 COLLEGE FARM ROAD, MURRAY, KY 42071

PHONE: 270-809-6921

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

DATE(S) OF TRIP: 2-7-2025 DEPARTURE TIME: 7:45 A.M. RETURN TIME: 3:00 P.M.

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL ATTEND VARIOUS LEADERSHIP WORKSHOPS TO PREPARE FOR FUTURE INTERVIEWS FOR REGIONAL AND STATE FFA OFFICES.

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

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 2 MALE STUDENTS: 0 FEMALE STUDENTS: 2

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 NONE

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 Slip, Code of Acceptable Behavior

<u>Mattea Wyatt</u>	<u>1-21-25</u>	<u>Dora B...</u>	<u>01/23/25</u>
Signature of Faculty Sponsor	Date	Signature of Principal	Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Christina...</u>	<u>1-24-2025</u>
Signature of Superintendent/Designee	Date
<u>Tom Bell</u>	<u>1-24-25</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.	

emergency approved

School-Related Student Trip Request Form

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

SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP PAULA GIESEKE

TYPE OF TRIP (CHECK ONE):

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

DESTINATION HATCH SHOW PRINT

ADDRESS 224 Rep. John Lewis Way S, Nashville, TN 37203

PHONE 615) 577-7710

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

DATE(S) OF TRIP 02-21-25 DEPARTURE TIME 8:15 RETURN TIME 5PM

PURPOSE/EDUCATIONAL VALUE TOUR OLDEST PRINTING PRESS IN US AND CREATE ART

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

SOURCE OF FUNDING FOR TRIP ART CLUB

AMOUNT OF STUDENT FEE: 40

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 15 FEMALE STUDENTS 25

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 PAULA GIESEKE AND LEA BRUMFIELD

CLASSIFIED CHAPERONES MONICA HOLLOWAY

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 Slip

Paula Gieseke 02-05-25 KE Malow 2-6-25
 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 _____

Clara J. Jorgensen 2-6-2018
 Signature of Superintendent/Designee Date

 Signature of Board Chair Date

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

RELATED PROCEDURES:

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

Review/Revised:11/21/13

School-Related Student Trip Request Form

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

SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP PAULA GIESEKE

TYPE OF TRIP (CHECK ONE):

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

DESTINATION JOSTENS

ADDRESS 451 International Blvd, Clarksville, TN 37040

PHONE (877) 475-7027

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

DATE(S) OF TRIP 02-21-25 DEPARTURE TIME 8:15 RETURN TIME 3PM

PURPOSE/EDUCATIONAL VALUE TOUR YEARBOOK PLANT AND RECEIVE TRAINING

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

SOURCE OF FUNDING FOR TRIP YEARBOOK

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 4 FEMALE STUDENTS 8

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 PAULA GIESEKE AND LEA BRUMFIELD

CLASSIFIED CHAPERONES MONICA HOLLOWAY

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 Slip

Paula Gieseke 02-05-25 KE Malone 2-6-25
 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="radio"/> approved <input type="radio"/> disapproved. Reason for disapproval _____	
<u>Chris Jantz</u> Signature of Superintendent/Designee	<u>2-6-2018</u> Date
_____ Signature of Board Chair	_____ Date

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

RELATED PROCEDURES:

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

Review/Revised:11/21/13

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI M. WYATT

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: KENTUCKY FFA LEADERSHIP TRAINING CENTER

ADDRESS: 111 FFA CAMP ROAD, HARDINSBURG, KY 40143

PHONE: 270-756-2301

- Out of State Out of County Within County
- Overnight: give name, phone number, and address of lodging
- Same as the destination name, address, and phone number above

DATE(S) OF TRIP: 6/16/2025- 6/20/2025

DEPARTURE TIME: 8:00 A.M. ON 6/16/2025 RETURN TIME: 2:30 P.M. ON 6/20/2025

PURPOSE/EDUCATIONAL VALUE: STUDENTS PARTICIPATING IN VARIOUS TEAM-BUILDING & LEADERSHIP WORKSHOPS

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: PERKINS & 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 2 MALE STUDENTS 4 FEMALE STUDENTS 5

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 JACOB JAWORSKI. MATTEA WYATT

CLASSIFIED CHAPERONES _____


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

Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No

How have they been notified? Letter & Permission Slip


1-22-25 
01/23/25
 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>1-28-2025</u>
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

 1/27/25

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS

FACULTY MEMBER(S) SPONSORING TRIP: 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: Lexington Horse Farms SCHOOL ADDRESS: 2150 Georgetown Rd Lexington KY 40511 PHONE: 859-233-0371

Out of State Out of County Within County Overnight: give name, address, phone of lodging
Clarion Hotel 1950 Newtown Pike, Lexington KY 40511

DATE(S) OF TRIP: 4/23/25 - 4/25/25 DEPARTURE TIME: 12:00 RETURN TIME: 4:00

PURPOSE/EDUCATIONAL VALUE: Students will learn and tour different operations in the equine industry.
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

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: 7 MALE STUDENTS: 4 FEMALE STUDENTS: 3

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

CERTIFICATED COMMON CARRIER; SPECIFY _____

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

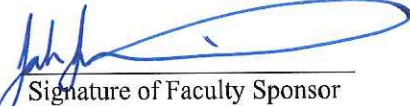
CERTIFIED CHAPERONES JACOB JAWORSKI

CLASSIFIED CHAPERONES NONE


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 Slip, Code of Acceptable Behavior

	<u>4/21/25</u> Date	<u>Burt A. Breen</u> Signature of Principal	<u>04/23/25</u> Date
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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>1-28-2025</u> Date
<u>Signature of Board Chair</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:
Page 1 of 2
K. A. Stull
1/27/25

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: VICTORIA GROVES/JACOB JAWORSKI
TYPE OF TRIP (CHECK ONE):

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

DESTINATION RUPP ARENA

ADDRESS RUPP ARENA, LEXINGTON, KY. 430 W VINE ST, LEXINGTON, KY 40507

PHONE (502) 564-3472

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

Hilton Lexington Downtown, 369 W Vine Street, Lexington, KY 40507

DATE(S) OF TRIP: 6/10/2025 - 6/12/2025 DEPARTURE TIME: 4:00 PM RETURN TIME: 4:00 PM

PURPOSE/EDUCATIONAL VALUE STUDENTS PARTICIPATING IN STATE LEVEL COMPETITIONS AND CAREER EXPO

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) EF3 DEMONSTRATE EFFECTIVE TEAM SKILLS AND EVALUATE THEIR IMPORTANCE IN THE WORKPLACE (E.G., SETTING GOALS, LISTENING, FOLLOWING DIRECTIONS, QUESTIONING, DIVIDING WORK)

SOURCE OF FUNDING FOR TRIP: CCHS FFA

AMOUNT OF STUDENT FEE: No student fee required to attend NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

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

NUMBER OF: STUDENTS: 18 MALE STUDENTS: 7 FEMALE STUDENTS: 11

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: VICTORIA GROVES & JACOB JAWORSKI

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? Permission Slip & Code of Acceptable Behavior

Signature of Faculty Sponsor 1/21/25 Signature of Principal 01/23/25 Date

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

Form with fields for Trip approval (approved/disapproved), Superintendent/Designee signature and date (1-28-2025), and Board Chair signature and date. Includes note: 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

Handwritten signature and date: K. A. Stahl 1/27/25

School-Related Student Trip Request Form

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):

- 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, Louisville, KY 40209 PHONE-DESTINATION +15023675000

- 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 01/31/25-02/01/25 DEPARTURE TIME 4:00PM RETURN 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 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 15 MALE STUDENTS 15 FEMALE STUDENTS 0

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? 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 Chris Jay 1-28-2025 *Emergency approved*

Signature of Superintendent/Designee
Tambell "Kma" 1-28-25

by A Still 1/27/25

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS
TYPE OF TRIP (CHECK ONE):

FACULTY MEMBER(S) SPONSORING TRIP: J. Jaworski

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

DESTINATION: ~~Christian County Ag Expo~~ Christian county Ag Expo ADDRESS: 2850 Pembroke Rd Hopkinsville KY PHONE: 270-886-6328

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

DATE(S) OF TRIP: 3/7/25 DEPARTURE TIME: 8:00 RETURN TIME: 3:00

PURPOSE/EDUCATIONAL VALUE: Students will be taking their animal Sci. Industry cert.

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

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 27 MALE STUDENTS: 7 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) _____

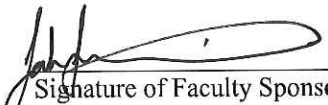
CERTIFIED CHAPERONES JACOB JAWORSKI

CLASSIFIED CHAPERONES NONE

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 Slip, Code of Acceptable Behavior


Signature of Faculty Sponsor

1/17/25
Date


Signature of Principal

1/17/25
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 type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____ <i>Signature of Superintendent/Designee</i>	_____ <i>Date</i>
_____ <i>Signature of Board Chair</i>	_____ <i>Date</i>
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS
TYPE OF TRIP (CHECK ONE):

FACULTY MEMBER(S) SPONSORING TRIP: J. Jaworski

Over 300 miles Under 300 miles Cocurricular Extracurricular

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

DESTINATION: ~~Go to the Zoo~~ Christian County Ag Expo ADDRESS: 2850 Pembroke Rd Hopkinsville PHONE: 270-886-6328

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

DATE(S) OF TRIP: 1/31/25 DEPARTURE TIME: 8:00 RETURN TIME: 3:00

PURPOSE/EDUCATIONAL VALUE: Students will be applying what they learn in Animal Science with hands on labs.

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

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: 27 MALE STUDENTS: 7 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 JACOB JAWORSKI

CLASSIFIED CHAPERONES NONE

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 Slip, Code of Acceptable Behavior

[Signature] 1/17/25 [Signature] 1/17/25
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 _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>1-17-2025</u> Date
<u>Tom Beale "Kme"</u> Signature of Board Chair	<u>1-17-25</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

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: ANTHONY DARNALL
TYPE OF TRIP (CHECK ONE):

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

DESTINATION ADDRESS: WESTERN KENTUCKY UNIVERSITY- 1906 COLLEGE HEIGHTS BLVD, BOWLING GREEN, KY 42101

Out of State Out of County Within County Overnight: Name, Address, Phone of lodging: TBD

DATE(S) OF TRIP: 1/27/25 AND 1/28/25 DEPARTURE TIME: 1:30 PM ON 1/27 RETURN TIME: 10:00 PM ON 1/28
PURPOSE/EDUCATIONAL VALUE:

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

SOURCE OF FUNDING FOR TRIP: STUDENT FEE

AMOUNT OF STUDENT FEE:

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF STUDENTS: 24 MALE STUDENTS: 9 FEMALE STUDENTS: 15

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: ANTHONY DARNALL, CALVIN WARREN III, BONNIE CROSS, NATHANIEL NASH

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? Student Handbook and Code of Conduct Permission Form

Anthony Darnall
Signature of Faculty Sponsor

1/13/25
Date

KE Malen
Signature of Principal

1/13/25
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 Jewell
Signature of Superintendent/Designee
Tom Bell
Signature of Board Chair

1-15-25
Date

1-15-24
Date

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

Emergency approved
K.A. Shell 1/15/25

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: ANTHONY DARNALL - Calvin Warren TC

TYPE OF TRIP (CHECK ONE):

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

DESTINATION ADDRESS: GALT HOUSE HOTEL - 140 N 4TH ST, LOUISVILLE, KY 40202

Out of State, Out of County, Within County, Overnight (give name, address, phone of lodging: TBD)

DATE(S) OF TRIP: 2/5/25 THROUGH 2/8/25 DEPARTURE TIME: 2/5/25 @ 8:30 AM RETURN TIME: 2/8/25 @ 4:00 PM

PURPOSE/EDUCATIONAL VALUE:

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

SOURCE OF FUNDING FOR TRIP: N/A

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: 2 MALE STUDENTS: 2 FEMALE STUDENTS: 0

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? No Yes (SEE PROCEDURE 09.36 AP.21.1)

CERTIFICATED COMMON CARRIER: SPECIFY: SCHOOL AND DISTRICT VANS

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

CERTIFIED CHAPERONES:

CLASSIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III, BONNIE CROSS, NATHANIEL NASH

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? Student Handbook and Code of Conduct Permission Form

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

Form with signature lines for Superintendent/Designee and Board Chair, with dates 1-16-25 and 1-16-25.

RELATED PROCEDURES 09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Page 1 of 1

Handwritten signatures and notes: Ky A Still, emergency approved, 1/16/25

School-Related Student Trip Request Form

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

SCHOOL Christian County Middle FACULTY MEMBER(S) SPONSORING TRIP C.S Brewer

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 Lexington, KY ADDRESS 273 Ruccio Way PHONE (859) 303 4079

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

DATE(S) OF TRIP 1/31/25 - 2/2/25 DEPARTURE TIME 1:00pm RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE 8th grade boys basketball state tournament

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

SOURCE OF FUNDING FOR TRIP Boys Basketball 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 _____

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

CERTIFIED CHAPERONES Deanna Thomas (8th grade teacher)

CLASSIFIED CHAPERONES C.S Brewer, Frank Bland, Mike Green

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? Document

C.S Brewer
Signature of Faculty Sponsor

1-27-25
Date

[Signature]
Signature of Principal

1-27-25
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]
Signature of Superintendent/Designee

1-28-2025
Date

Tom B P.O. "Kme"
Signature of Board Chair

1-28-25
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.A. Still
1/28/25

emergency approved

School Related Student Trip Request Form

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

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

DESTINATION WKU ADDRESS Bowling Green, KY 42304 PHONE (270) 881-8235 (Armour Cell)

Out of State Out of County Within County Overnight: give name, address, phone of lodging Hyatt Place 1347 Center St. Bowling Green, KY 42101

DATE(S) OF TRIP 1/27/25-1/28/25 DEPARTURE TIME 2:00PM (1/27) RETURN TIME 9:30 PM (1/28)

PURPOSE/EDUCATIONAL VALUE Enrichment for GT Band Students

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

SOURCE OF FUNDING FOR TRIP _____
AMOUNT OF STUDENT FEE: \$ 35.00

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 8 MALE STUDENTS 5 FEMALE STUDENTS 3

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

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

CERTIFIED CHAPERONES Andrea Armour, Anthony Damall, Calvin Warren, Bonnie Cross, Nathaniel Nash

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
 How have they been notified? Sent home on permission slip

Andrea Armour 1/21/25 [Signature] 1-21-25
 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 _____

Clay Bannay 1-24-2025
 Signature of Superintendent/Designee Date

Tom Bell "Kme" 1-24-25
 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

*Kerry Stoball
1-24-25
approved*

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

emergency approved

School-Related Student Trip Request Form

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

SCHOOL Christian County Middle FACULTY MEMBER(S) SPONSORING TRIP C.J Brewer
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 Lexington, KY ADDRESS 273 Ruccio Way PHONE (859) 303 4079
 Out of State Out of County Within County Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 1/24/25 - 1/26/25 DEPARTURE TIME 1:00pm RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE 7th grade boys basketball state tournament

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

SOURCE OF FUNDING FOR TRIP CCMS boys basketball 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 10 MALE STUDENTS 10 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 C.J Brewer, Frank Bland, Mike Green

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? Document

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 _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>1-21-25</u> Date
<u>Tom Bode "Kme"</u> Signature of Board Chair	<u>1-21-25</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

[Signature] 1/21/25

emergency approved

School-Related Student Trip Request Form

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

SCHOOL Christian County Middle FACULTY MEMBER(S) SPONSORING TRIP CJ Brewer
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 Lexington, KY ADDRESS 273 Ruccio Way PHONE (859) 303 4079
 Out of State Out of County Within County Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 1/31/25 - 2/2/25 DEPARTURE TIME 1:00pm RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE 8th grade boys basketball state tournament

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

SOURCE OF FUNDING FOR TRIP Boys Basketball 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 _____

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

CERTIFIED CHAPERONES Deanna Thomas (8th grade teacher)

CLASSIFIED CHAPERONES CJ Brewer, Frank Bland, Mike Green

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? Document

CJ Brewer _____ Date _____
Signature of Faculty Sponsor Signature of Principal

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>Tommy Jay</u> Signature of Superintendent/Designee	<u>1-21-25</u> Date
<u>Tom Bell "kme"</u> Signature of Board Chair	<u>1-21-25</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

K A Still 1/21/25

emergency approved

School-Related Student Trip Request Form

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

SCHOOL EL Elementary Students - District Wide FACULTY MEMBER(S) SPONSORING TRIP Tracy Leath

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 UK Extension Office ADDRESS 2850 Pembroke Rd PHONE 770 886-6328

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

DATE(S) OF TRIP 4-17-25 DEPARTURE TIME 9:00 am RETURN TIME 12:30 pm

PURPOSE/EDUCATIONAL VALUE Test-taking skills

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

SOURCE OF FUNDING FOR TRIP Transportation out of 15 WK - EL Grant
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 100 MALE STUDENTS 50 FEMALE STUDENTS 50

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 Mary Calhoun, Lindsay Christopher, JoAnne Brando, Tina Mullins

CLASSIFIED CHAPERONES Vickie Perry

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? In class

Tracy Leath 2/4/25
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 _____	
<u>Chris Zing</u> Signature of Superintendent/Designee	<u>2-4-2025</u> 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 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 Louisville, KY ADDRESS 280 W. Jefferson St. Louisville, KY

PHONE _____

Out of State Out of County Within County Overnight: give name, address, phone of lodging: Hyatt Regency Louisville 320 West Jefferson Street Louisville, KY 502 581 1234

DATE(S) OF TRIP MARCH 23-26 DEPARTURE TIME 12 PM 3/23 RETURN TIME 4 PM 3/26

PURPOSE/EDUCATIONAL VALUE TSA STATE COMPETITION

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

SOURCE OF FUNDING FOR TRIP ~~SAT~~ LAVEC

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 15 MALE STUDENTS 13 FEMALE STUDENTS 2

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, PENNY KNIGHT

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding

acceptable behavior? Yes No

How have they been notified? Letter home

[Signature]
Signature of Faculty Sponsor

2/5/25
Date

[Signature]
Signature of Principal

2-5-25
Date

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

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee 2-6-25
Date

[Signature]
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

[Signature] 2/6/25

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
TYPE OF TRIP (CHECK ONE):

FACULTY MEMBER(S) SPONSORING TRIP: JOHN RICHARDS

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

DESTINATION CTE SHOWCASE ADDRESS 140 N. FOURTH ST. LOUISVILLE, KY 40202 PHONE 502-589-5200

- Out of State Out of County Within County Overnight: give name, address, phone of lodging Galt House - 140 N. FOURTH ST. LOUISVILLE, KY 40202

DATE(S) OF TRIP: FEB 20-21 2025 DEPARTURE TIME 3:00 PM RETURN TIME 9:30 PM

PURPOSE/EDUCATIONAL VALUE: SHOWCASE CTE PATHWAY TO THOSE ATTENDING THE KB

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

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 2 MALE STUDENTS 3 FEMALE STUDENTS 4

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

212.) CERTIFICATED COMMON CARRIER; SPECIFY District vans

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

CERTIFIED CHAPERONES John Richberg Crystal Richberg

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? Memo

Signature of Faculty Sponsor _____

Date _____

Signature of Principal Penny Kniffle

Date 2-4-25

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 Bell

Date 2-5-25

Signature of Board Chair _____

Date 2-5-25

Ky A Stal 2/5/25

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 D. 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 Murray State University ADDRESS 1375 Chestnut St Murray KY PHONE 800-272-4678

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

DATE(S) OF TRIP Feb 24, 2025 DEPARTURE TIME 6:00 AM RETURN TIME 5:00 PM

PURPOSE/EDUCATIONAL VALUE Leadership & employment skills

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Employment Skills, leadership, Career Readiness

SOURCE OF FUNDING FOR TRIP LAVEC

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 21 MALE STUDENTS 10 FEMALE STUDENTS 11

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 Deborah Cauthen, Matthew Handly

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

Daryl Cox
Signature of Faculty Sponsor

1/23/25
Date

Andy [Signature]
Signature of Principal

1/23/25
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] 1-24-2025
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

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 Leah 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 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 N/A

DATE(S) OF TRIP 3/7/2025 DEPARTURE TIME 8:00 am RETURN TIME 3:15 pm

PURPOSE/EDUCATIONAL VALUE BQCA Industry Certification Training

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
DAS: Agricultural practices ensuring safe food (Beef Quality)

SOURCE OF FUNDING FOR TRIP CTE Supplemental Funds

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 35 MALE STUDENTS tbid FEMALE STUDENTS tbid

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 Leah Thomas

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? CCPS Code of Conduct

Leah Thomas
Signature of Faculty Sponsor

2/6/25
Date

Andy Ayler
Signature of Principal

2-7-25
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>Clayton Jones</u> Signature of Superintendent/Designee	<u>2-10-2025</u> 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



E-MAILED
2/7/25
K. Edwards

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 Copulos

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 Hopkinsville Community College ADDRESS 720 North Drive PHONE _____

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

DATE(S) OF TRIP 03-07-25 DEPARTURE TIME 8:45 RETURN TIME 12:45

PURPOSE/EDUCATIONAL VALUE Touring Hopkinsville Community College

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

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 130 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 Katie Hamilton, Thomas Wise, Jessica Hill, Matthew Handy

CLASSIFIED CHAPERONES Christine Copulos

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
acceptable behavior? Yes No
How have they been notified? _____

Bruce Gault 2-12-25 Andy Gault 2/12/25
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 _____	
<u>Christine Copulos</u> Signature of Superintendent/Designee	<u>2-12-25</u> 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

 **E-MAILED**
2/12/25
K. Edwards
LJ

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 Katie Hamilton

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 HCC ADDRESS 720 North Drive PHONE 866-534-2224

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

DATE(S) OF TRIP 3/11/25 DEPARTURE TIME 8:30 RETURN TIME 12:30

PURPOSE/EDUCATIONAL VALUE Money sense

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

Financial Literacy

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 180 MALE STUDENTS 90 FEMALE STUDENTS 90

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 Katie Hamilton, Chrissy Copulus, Matthew Hardy, Thomas Wise, Jessica Hill, Julie Williams

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? _____

Signature of Faculty Sponsor Kate Slatten Date 1/28/25 Signature of Principal Shawn Addison Date 1/28/25

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>Christy</u> Signature of Superintendent/Designee	<u>1-28-25</u> 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 HHS SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

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

DESTINATION Bowling Green, KY ADDRESS College Hts. Bldg PHONE _____

Out of State Out of County Within County Overnight: give name, address, phone of lodging Hyatt Place Bowling Green, KY

DATE(S) OF TRIP 1/27-1/28 DEPARTURE TIME 2:30pm RETURN TIME 10:00pm

PURPOSE/EDUCATIONAL VALUE _____

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

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 22 MALE STUDENTS 12 FEMALE STUDENTS 10

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 N. Jones, A. Gimm, B. 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 No

Have all students been notified of the rules and regulations regarding How have they been notified? _____

Signature of Faculty Sponsor _____ Date 1/27/25
 Signature of Principal _____ Date 1/27/25

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 Bell "xme" Date 1-27-25
 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 Stoll
 Received today 10:49 AM

emergency approved

School-Related Student Trip Request Form

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

SCHOOL: HHS FACULTY MEMBER(S) SPONSORING TRIP: Kenneth Alford, Tammy Allender

TYPE OF TRIP (CHECK ONE):
Over 300 miles
Classroom Field Trip
Organization/Club Trip
Other (athletic, band, if applicable)

DESTINATION: Central Bank Center, Lexington, KY
ADDRESS: Lexington, KY
PHONE: (859) 233-4567
Out of State
Within County
Overnight: give name, address, phone of lodging: The Campbell House, Lexington, KY (859) 255-4281

DATE(S) OF TRIP: Feb. 10-14, 2025 DEPARTURE TIME: 12:30 pm RETURN TIME: 5 pm

PURPOSE/EDUCATIONAL VALUE: Beta Convention & Competition
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

SOURCE OF FUNDING FOR TRIP: Beta Funds
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: 11 Male Students, 5 Female Students

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?
Private Vehicle, if allowed by policy; specify driver(s)

CERTIFIED CHAPERONES: Kenneth Alford, Tammy Allender

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?

Signature of Faculty Sponsor: Kenneth Alford
Date: 1-22-25
Signature of Principal: Andy Campbell
Date: 1-22-25

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: Tammy Allender
Signature of Board Chair: Kenneth Alford
Date: 1-23-25

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

Disapproved

Handwritten signature and date: 1/22/25

School-Related Student Trip Request Form

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

SCHOOL HHS - CCHS FACULTY MEMBER(S) SPONSORING TRIP VICKY BARNES

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 ROCKTOWN ADDRESS 601 4TH AV. S. NASHVILLE, TN PHONE 615-843-4001

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

DATE(S) OF TRIP 03-03-2025 DEPARTURE TIME 8:10 RETURN TIME 3:00 PM

PURPOSE/EDUCATIONAL VALUE Cultural Awareness

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
STANDARDS: HS.G.HE.1 and DA: R.7.1

SOURCE OF FUNDING FOR TRIP _____

AMOUNT OF STUDENT FEE: \$20.00

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 42 MALE STUDENTS 22 FEMALE STUDENTS 25

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

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

CERTIFIED CHAPERONES Vicky Barnes + Ainy Berenguer

CLASSIFIED CHAPERONES Ingrid Marario

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? _____

Vicky Barnes
Signature of Faculty Sponsor

2-3-25
Date

Macyleeth
Signature of Principal

2/4/25
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>Christy</u> Signature of Superintendent/Designee	<u>2-4-2025</u> 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 Form

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

SCHOOL Hopkinsville High School FACULTY MEMBER(S) SPONSORING TRIP Matthew Hardy / BSO

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 Tennessee State University ADDRESS 3500 John A. Merritt Blvd. PHONE 615-963-5000
 Out of State Out of County Within County Overnight (give name, address, phone of lodging) N/A

DATE(S) OF TRIP Friday, March 14th DEPARTURE TIME 6:30 AM RETURN TIME 4:00 PM

PURPOSE/EDUCATIONAL VALUE The purpose is to engage students and spark interest in college options.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

SOURCE OF FUNDING FOR TRIP HHS Family Resource Center
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 25 MALE STUDENTS _____ FEMALE STUDENTS _____

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP.21.)
 CERTIFICATED COMMON CARRIER; SPECIFY _____
 PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES Matthew Hardy (Advisor), Alenxia Banks (Co-Advisor)

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

Signature of Faculty Sponsor [Signature] Date 2/3/2005
Signature of Principal Cindy Carter Date 2-4-25
Handouts provided.

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>[Signature]</u>	Date <u>2-4-2005</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

School-Related Student Trip Request Form

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

SCHOOL Hopkinsville High Sch. FACULTY MEMBER(S) SPONSORING TRIP Matthew Handy

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 University of Louisville ADDRESS 2301 S. 3rd Str. PHONE 502-852-5555

Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 03-03-2025 DEPARTURE TIME 5:00 AM RETURN TIME 6:00 PM

PURPOSE/EDUCATIONAL VALUE Students will tour the University of Louisville Campus

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
This trip is designed to ~~put~~ engage/spark interest in college and explore options with it.

SOURCE OF FUNDING FOR TRIP His Family Resource Center

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 25 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 Matthew Handy (Advisor), Alanna Parks (Co-Advisor)

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
Signature of Faculty Sponsor _____ Date 2/3/2025
Have all students been notified of the rules and regulations regarding this trip? Yes No
Signature of Principal _____ Date 2-4-25

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 <u>2-4-2025</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

* Normally share w/ country but too crowded + pressed for time.

STUDENTS

09.36 AP.21

School Related Student Trip Request Form

HHS

SCHOOL TYPE OF TRIP HHS 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 Speaking Contest)

DESTINATION MSU ADDRESS Curris Center PHONE 800-272-4078

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

DATE(S) OF TRIP 3/14/25 DEPARTURE TIME 7:30 RETURN TIME 4 PM

PURPOSE/EDUCATIONAL VALUE Pennsylv Regional Speaking

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Leadership / all pathways (speeches are pathway content)

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 35 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 William 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 acceptable code
How have they been notified? CCPS acceptable code

Julia Miller
Signature of Faculty Sponsor

2/3/25
Date

Emily Galle
Signature of Principal 2-4-25
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 2-4-2025
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

School _____ Faculty Member(s) sponsoring trip _____

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 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 State Capitol ADDRESS 100 Capital Ave PHONE 502-564-3449

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

DATE(S) OF TRIP Feb 19 DEPARTURE TIME 6:30 AM RETURN TIME 7 PM

PURPOSE/EDUCATIONAL VALUE State Capital Visit / Member selected as

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

Legislative Page

SOURCE OF FUNDING FOR TRIP CTE Supplemental

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 _____ FEMALE STUDENTS _____

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY William or Thomas

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

CERTIFIED CHAPERONES William 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 acceptable behavior? Yes No

How have they been notified? a knowledge

Julia Gillicam
Signature of Faculty Sponsor

Date

Andy Gilu
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 _____

Christina
Signature of Superintendent Designee 2-4-25
Date

Tim Bell
Signature of Board Chair 2-4-25
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

2/4/25 GT

Karen Edwards

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 N. Jones

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 Galt House ADDRESS 140 N 4th St Louisville, KY PHONE 5025895200

- Out of State Out of County Within County Overnight: give name, address, phone of lodging Galt House 130 N 4th St. Louisville KY

DATE(S) OF TRIP 2/5-2/8 DEPARTURE TIME 8am RETURN TIME 5pm

PURPOSE/EDUCATIONAL VALUE Kentucky All State Band

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: \$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 3 MALE STUDENTS 3 FEMALE STUDENTS 0

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY District Van already reserved

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

CERTIFIED CHAPERONES Nicholas Jones, Addisson Grimm, Ross Pendleton, Deaven Knowles

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? Yes, written and verbal

Signature of Faculty Sponsor [Signature] Date _____ Signature of Principal [Signature] Date 1/30/25

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 1-31-25

Signature of Board Chair [Signature] Date 1-31-25

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

[Handwritten in green: Ky A Stueb 1/30/25]

[Handwritten in black: emergency approved]

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 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 Farm Machinery Show KY State Fair PHONE 502-367-5000

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

DATE(S) OF TRIP Feb. 13th DEPARTURE TIME 7AM RETURN TIME 7PM

PURPOSE/EDUCATIONAL VALUE all upcoming equipment technology, career options

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) ag power, leadership, business, career exploration

SOURCE OF FUNDING FOR TRIP Supplemental CTE

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 30 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 (Sharing BUS w/ CCHS)

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

CERTIFIED CHAPERONES William and/or Thomas

CCHS agriculture teachers

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? verbal

Signature of Faculty Sponsor Julius William

Date

Signature of Principal Andy Cayler

Signature of Principal

Date 1-21-25

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

Form box containing Superintendent/Designee signature (Chris Zing) dated 1-21-25 and Board Chair signature (Tom Bell "Kme") dated 1-21-25. Includes text: 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 HHS FACULTY MEMBER(S) SPONSORING TRIP Sarah Addison

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 Holiday World ADDRESS 452 E. Christmas Blvd Santa Claus, TN PHONE 877-463-2645

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

DATE(S) OF TRIP MAY 16, 2025 DEPARTURE TIME 8 AM RETURN TIME 5 PM

PURPOSE/EDUCATIONAL VALUE Senior Post-Secondary Readiness Trip

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

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 220 MALE STUDENTS 110 FEMALE STUDENTS 110

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 Sarah Addison, Katie Hamilton, Thomas Wise, Chrissy Copulos, Jessica Hill, Whitney Frost, Julie Gilliam, Shelley Ladd

CLASSIFIED CHAPERONES Wayne Holloway

Brant Weiss

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

Have all students been notified of the permission form and how they have been notified? Yes No

Signature of Faculty Sponsor Sarah Addison Date 1/16/25

Signature of Principal Andy Copple Date 1-17-2025

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 Chris Jones Date 1-17-2025

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

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 COACH ANTHONY BABB

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 EVANSVILLE IN ADDRESS 220 KIRKWOOD DRIVE PHONE 812-303-0050

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

DATE(S) OF TRIP JANUARY 17-18, 2025 DEPARTURE TIME 2:00PM RETURN TIME 4:00PM

PURPOSE/EDUCATIONAL VALUE BASKETBALL TOURNAMENT

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

SOURCE OF FUNDING FOR TRIP STUDENT ACCOUNT

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 16 MALE STUDENTS 16 FEMALE STUDENTS 0

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY CHRISTIAN COUNTY SCHOOL VAN

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

CERTIFIED CHAPERONES

CLASSIFIED CHAPERONES ANTHONY BABB, DARIUS KNOTT, JORDAN MAJORS, MIKE MUMFORD

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? SIGNED DOCUMENTS

Anthony Babb 12/18/24 Andy Campbell 1/9/25
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 1-13-2025
Date

Signature of Board Chair 1-16-2025
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
Anthony Babb 1/9/25

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Hopkinsville FACILITY MEMBER(S) SPONSORING TRIP Robert Bussell

TYPE OF TRIP (CHECK ONE):
 Over 300 miles Under 300 miles Co-curricular Extracurricular
 Classroom Field Trip Organization/Club Trip Other (athletic) and, if applicable

DESTINATION Expo Center ADDRESS 937 Phillips Ln PHONE _____
 Out of State Out of County Within County Overnight (give name, address, phone of lodging) Holiday Inn Express, Louisville, KY 1921 Bishop Ln 502-456-4411

DATE(S) OF TRIP 1-31-25 - 02-02-25 DEPARTURE TIME 12am RETURN TIME 10am

PURPOSE/EDUCATIONAL VALUE _____

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

SOURCE OF FUNDING FOR TRIP District
AMOUNT OF STUDENT FEE: \$35

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 _____

CLASSIFIED CHAPERONES Robert Bussell Cameron DeCormond

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 Form _____
How have they been notified? _____

Signature of Faculty Sponsor Mark Bruce Date 1-27-25 Signature of Principal Andrew Bo Date 1/27/25

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 Chris [Signature] Date 1-28-25
Signature of Board Chair Tom Bell "Knew" Date 1-28-25

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
K.A. Stull 1/28/25 Review Revised 11/2/15
emergency approved

School-Related Student Trip Request Form

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

SCHOOL HMS FACULTY MEMBER(S) SPONSORING TRIP McKinley

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 Bowling Green ADDRESS 2355 Nashville Rd PHONE 270-745-1908

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

DATE(S) OF TRIP Jan. 27-28, 2025 DEPARTURE TIME 2:30 pm RETURN TIME 9:30 pm

PURPOSE/EDUCATIONAL VALUE All District Honor Band Event

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

SOURCE OF FUNDING FOR TRIP District, student fees, HHS Band Boosters

AMOUNT OF STUDENT FEE: \$30

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

BILL TRIP EXPENSES TO: Sponsoring Organization, School Council, Board, Other

NUMBER OF: STUDENTS 10 MALE STUDENTS 5 FEMALE STUDENTS 5

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 Brandon McKinley

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? 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

Approval box with Superintendent and Board Chair signatures and dates.

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Handwritten initials and date 1/21/25

Handwritten note: emergency approved