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

| SCHOOL: <u>Christian County High School</u> Faculty Member(s) sponsoring trip: M. WYATT Type of Trip (check one): | |
|---|-----------|
| □ Over 300 miles | |
| DESTINATION: THE BRUCE CONVENTION CENTER | |
| Address: 303 Conference Center Hopkinsville, KY 42240 | |
| PHONE: 270-886-6328 | |
| Out of State | |
| □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 3/18/29 RETURN TIME: 9:30 A.M. on 3/18/20 | |
| PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO LISTEN TO AGRICULTURAL BUSINESS OWNERS IN CHRIS | TIAN |
| 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, 1 | ETC |
| Source of funding for trip: <u>CCHS FFA SAF</u> | |
| AMOUNT OF STUDENT FEE: <u>\$0</u> | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. | |
| BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION \Box SCHOOL COUNCIL \Box BOARD \Box OTHER | ER |
| Number of: students 4 Male Students 2 Female Students 2 | |
| Mode of Transportation: is district transportation needed? X 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/designed supervise students? X Yes □ No | e to |
| Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No | |
| How have they been notified? Code of Acceptable Behavior, Permission Slip Signature of Faculty Sponsor Date Signature of Principal Date | 15 |
| EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOA | ARD |
| APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERS | |
| Trip has been approved disapproved. Reason for disapproval | - 10 |
| 2-10-2028 | |
| 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

Page 1 of 1

| STUDENTS 09.36 AP.21 |
|---|
| School-Related Student Trip Request Form |
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. |
| SCHOOL: <u>Christian County High School</u> Faculty Member(s) sponsoring trip: <u>M. Wyatt</u> Type of Trip (check one): |
| □ Over 300 miles X Under 300 miles X Cocurricular □ Extracurricular X Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable |
| DESTINATION: <u>DOWNTOWN CITY OF HOPKINSVILLE</u> |
| Address: 198 W 9th St, Hopkinsville, KY 42240 |
| PHONE: (270)-498-1555 |
| □ Out of State □ Out of County X Within County |
| □Overnight: give name, phone number, and address of lodging |
| Not an overnight trip |
| DATE(S) OF TRIP: 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: <u>\$0</u> |
| 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 23 12 Male Students 11 Female Students |
| 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 MATTEA WYATT |
| CLASSIFIED CHAPERONES |
| Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? X Yes □ No |
| Have all students been notified of the rules and regulations regarding acceptable behavior? X Yes □ No |
| How have they been notified? Code of Acceptable Behavior, Permission Slip 1-21-25 |
| EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD |

| rip has been dapproved disapproved. Reason for disapproval | 2.102 |
|--|-----------|
| 1/1227-18 | 1-25-2018 |
| Signature of Superintendent/Designee | Date |
| Signature of Board Chair | Date |

| TUDENTS 09.36 AP. | 21 |
|---|-----------|
| School-Related Student Trip Request Form | |
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. | |
| CHOOL: CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP: J. Jamos S. K. PE OF TRIP (CHECK ONE): | |
| □ Over 300 miles Under 300 miles Cocurricular □ Extracurricular | |
| Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable Christian County A) Ex (of ESTINATION: DON CO. MAGISTRAM ADDRESS: 2850 Pembroke K) Mapking ville PHONE: 270-68 | 6-632 |
| ut of State Out of County Within County Overnight: give name, address, phone of lod ATE(S) OF TRIP: 43/7/25 DEPARTURE TIME: 8:00 RETURN TIME: 3:15 | .gmg |
| URPOSE/EDUCATIONAL VALUE: Students will be getting their Animal Sci. Industry Cu | rficifati |
| S-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, | ETC) |
| DURCE OF FUNDING FOR TRIP: <u>CCHS FFA</u> MOUNT OF STUDENT FEE: <u>\$0</u> | |
| No student shall be denied the trip because of an inability to pay. | |
| ILL TRIP EXPENSES TO: Sponsoring organization | |

CERTIFIED CHAPERONES JACOB JAWORSKI

□ CERTIFICATED COMMON CARRIER; SPECIFY

CLASSIFIED CHAPERONES NONE

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

Have all students been notified of the rules and regulations regarding acceptable behavior? How have they been notified? Permission Slip, Code of Acceptable Behavior

Yes 🗆 No

□ Private vehicle, if allowed by policy; specify driver(s)_

Date Signature of Principal

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

| p has been approved disapproved. Reason for disapproval | |
|--|--|
| Mm Turk | 7-25-2028 |
| Signature of Superintendent/Designee | Date |
| Signature of Board Chair | Date |
| For overnight and/or out-of-state trips, approval of the Superintendent an | d/or Board may be required by policy 09.36 |

STUDENTS

09.36 AP.21 School-Related Student Trip Request Form

| School-Related Student 1119 Red | uest i oim |
|---|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO | TAKING THE TRIP. |
| SCHOOL: CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSOR TYPE OF TRIP (CHECK ONE): | ING TRIP: 1. Jamots Ti |
| □ Over 300 miles □ Cocurricular | □ Extracurricular |
| □ Classroom Field Trip ✓ Organization/Club Trip □ Other (athletic | , band, if applicable |
| DESTINATION: DESCRIPTION ADDRESS: 2101 College farm | |
| 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: 2:06 |
| Purpose/Educational Value: Students will practice the What standard is being addressed by taking this trip? (Does not apply | TO ATHLETIC TRIPS.) |
| SS-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERPERSONAL COMMUN | ICATION (LISTENING, WRITTEN, ORAL, ETC) |
| Source of funding for trip: <u>CCHS FFA</u> | |
| AMOUNT OF STUDENT FEE: <u>\$0</u> | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF A | N INABILITY TO PAY. |
| BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION | |
| Number of: students 16 Male Students: 8 F | EMALE STUDENTS: 8 |
| Mode of Transportation: is district transportation needed? $\ \square$ 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 | |
| supervise students? | X Yes □ No |
| Have all students been notified of the rules and regulations regarding How have they been notified? Permission Slip, Code of Acceptable Bel | g acceptable behavior? Yes \square No |
| Signature of Faculty Sponsor Date Date Signature | ure of Principal Date |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTA APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE | NCES THAT MAKE PRIOR BOARD |
| | CE OF THE BOARD CHAIRT ERSON |
| Trip has been dapproved disapproved. Reason for disapproval | |
| DA A | |
| Signature of Superintendent/Designee | 1- 25-2028 Date |
| Signuture of Superintentiententiviesignee | 2.110 |
| Signature of Board Chair | Date |
| For overnight and/or out-of-state trips, approval of the Superintendent and/o | r Board may be required by policy 09.36. |

RELATED PROCEDURES:

Page 1 of 2

| STUDENTS | C.L. I Deleted Ctra | dont Twin Dogues | | 9.36 AP.21 |
|--|--|--|-----------------------------------|-----------------------------|
| | School-Related Stu | (4) WEEKS PRIOR TO TAKIN | n == t== | |
| SCHOOL: CHRISTIAN CO TYPE OF TRIP (CHECK ONI | . HS | * - | R(s) SPONSORING TRIP: | M. WYATT |
| □ Over 300 miles | □ Under 300 miles | □ Cocurricular | X Extracurricu | lar |
| ☐ Classroom Field Trip | X Organization/Club Tri | p 🗆 Other (athletic, band | d, if applicable | |
| DESTINATION: MURRAY S | TATE UNIVERSITY; CURRIS CEN | TER | | |
| Address: 2101 College | FARM ROAD, MURRAY, KY 4 | <u> 2071</u> | Phone: <u>27</u> | <u>0-809-6921</u> |
| □ Out of State X O | ut of County Within Co | unty | name, address, pho | one of lodging |
| DATE(S) OF TRIP: 2-7-20 | | | Тіме: 3:00 р.м. | |
| PURPOSE/EDUCATIONAL VINTERVIEWS FOR REGIONAL | ALUE: STUDENTS WILL ATT | END VARIOUS LEADERSHIP | WORKSHOPS TO PREPA | RE FOR FUTURE |
| | ADDRESSED BY TAKING THIS TE | up? (Does not apply to a | THLETIC TRIPS.) | |
| SS-AA007 DEMONSTRAT | E UNDERSTANDING OF BASIC INT | ERPERSONAL COMMUNICAT | ION (LISTENING, WRITT | EN, ORAL, ETC) |
| Source of funding for | No. CARLO STOTEMENT - ANALYSIS | | | |
| AMOUNT OF STUDEN | | | | |
| N | O STUDENT SHALL BE DENIED T | HE TRIP BECAUSE OF AN INA | BILITY TO PAY. | |
| BILL TRIP EXPENSES TO: | SPONSORING ORGANIZATION | □ SCHOOL COUNC | IL □ BOARD | □ OTHER |
| Number of: students 2 | MALE STUDENTS | FEMAL | LE STUDENTS: 2 | |
| Mode of Transportation | ON; IS DISTRICT TRANSPORTATIO | on needed? X no □ ye | es (see procedure 09. | 36 ap. 212.) |
| X CERTIFICATED COMMO | N CARRIER; SPECIFY CCHS VA | N | | |
| □ Private vehicle, if al | LOWED BY POLICY; SPECIFY DR | iver(s) | - | |
| CERTIFIED CHAPERONES | IATTEA WYATT | | | |
| CLASSIFIED CHAPERONES | None | | | mal/dagigman to |
| | ndergone the required reco | rds check and been desi | ignated by the princi | Pai/designee to □ Yes □ No |
| supervise students? | | | | □ les □ No |
| Have all students been | notified of the rules and | | | □ Yes □ No |
| How have they been not | ified? Permission Slip, Co | de of Acceptable Behavio | <u>)r</u> | |
| Signature of Faculty Sp | 1-21-29 Jonson Date | Signature o | f Principal | Date |
| EMERGENCY REOL | JESTS DUE TO UNFORES IBLE SHOULD ALSO HAY | SEEN CIRCUMSTANC /E THE SIGNATURE C | ES THAT MAKE P OF THE BOARD CH | RIOR BOARD AIRPERSON |
| Trip has been papproved | □ disapproved. Reason for di | sapproval | | |
| | April Tout | | 1-24-2 | 2025 |
| Signature of Su | perintendent/Designee | | Date | |
| Smar | POD "IKpre" | | 1-94-95 | 5 |
| Signature of Bo | ard Chair | | Date | oliov 00 36 |

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

| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. |
|---|
| SCHOOL <u>CHRISTIAN CO. HS</u> FACULTY MEMBER(S) SPONSORING TRIP PAULA GIESEKE TYPE OF TRIP (CHECK ONE): |
| O Over 300 miles O Classroom Field Trip O Organization/Club Trip O Other (athletic, band, if applicable |
| DESTINATION HATCH SHOW PRINT |
| Address 224 Rep. John Lewis Way S, Nashville, TN 37203 |
| PHONE 615) 577-7710 |
| O Out of State O Out of County O Within County O Overnight: give name, address, phone of lodging |
| DATE(S) OF TRIP 02-21-25 DEPARTURE TIME 8:15 RETURN TIME 5PM |
| PURPOSE/EDUCATIONAL VALUETOUR 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 TRIPART CLUB |
| AMOUNT OF STUDENT FEE: 40_ |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. |
| BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER |
| NUMBER OF: STUDENTS40 MALE STUDENTS15 FEMALE STUDENTS25 |
| Mode of Transportation: Is district transportation needed? O no O yes (see procedure 09.36 ap. 212.)O Certificated common carrier; specify |
| O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) |
| CERTIFIED CHAPERONESPAULA GIESEKE AND LEA BRUMFIELD |
| CLASSIFIED CHAPERONESMONICA HOLLOWAY |
| Have all chaperones undergone the required records check and been designated by the principal/designee to supervise |
| students? O Yes O No Have all students been notified of the rules and regulations regarding |
| acceptable behavior? Q Yes Q No How have they been notified? Permission Slip |
| Signature of Faculty Sponsor Have all students been notified of the rules and regulations regarding How have they been notified? Permission Slip 2-6-25 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 of approved O disapproved. Reason for disapproval |
| 2-6-Low |
| 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:

 $09.36~\mathrm{AP.211},\,09.36~\mathrm{AP.212},\,09.36~\mathrm{AP.23}$

Review/Revised:11/21/13

| 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): |
| O Over 300 miles O Under 300 miles O Cocurricular O Extracurricular |
| O Classroom Field Trip O Organization/Club Trip O Other (athletic, band, if applicable |
| DESTINATION JOSTENS |
| Address451 International Blvd, Clarksville, TN 37040 |
| PHONE(877) 475-7027 |
| O Out of State O Out of County O Within County O Overnight: give name, address, phone of |
| lodging |
| DATE(S) OF TRIP_02-21-25 DEPARTURE TIME 8:15 RETURN TIME 3PM |
| PURPOSE/EDUCATIONAL VALUETOUR 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: O SPONSORING ORGANIZATION O SCHOOL COUNCIL O BOARD O OTHER |
| Number of: students 12 Male Students 4 Female Students 8 |
| MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? O NO O YES (SEE PROCEDURE 09.3 |
| AP. 212.)O CERTIFICATED COMMON CARRIER; SPECIFY |
| O PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) |
| CERTIFIED CHAPERONES PAULA GIESEKE AND LEA BRUMFIELD |
| |
| CLASSIFIED CHAPERONESMONICA HOLLOWAY |
| |
| Have all chaperones undergone the required records check and been designated by the principal/designee to supervision |
| students? O Yes O No Have all students been notified of the rules and regulations regarding acceptable behavior? O Yes O No How have they been notified? Permission Slip |
| acceptable behavior? Yes O No How have they been notified? Permission Slip |
| Signature of Faculty Sponsor Date Date Signature of Principal Date |
| |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOAR |
| APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO |
| Trip has been of approved O disapproved. Reason for disapproval |
| |
| 2-6-10y |
| Signature of Superintendent/Pesignee 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

| 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 X Co Curricular □ 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 X Out of County □ Within County | |
| X 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: <u>\$0</u> | |
| No student shall be denied the trip because of an inability to pay. | |
| BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHE | R |
| Number of: students 2 Male Students 4 Female Students 5 | |
| Mode of Transportation: is district transportation needed? □ no X yes (see procedure 09.36 ap. 212.) □ Certificated common carrier; specify | ĺ |
| □ 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/designer supervise students? | e to |
| Have all students been notified of the rules and regulations regarding acceptable behavior? □ Yes □ No | |
| How have they been notified? Letter & Permission Slip 1-12-25 Date Signature of Principal Date Date | 3/ |
| EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOA | RD |
| APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON | ON |
| Trip has been papproved disapproved. Reason for disapproval | |
| 0137 | |
| 1-28-2075 | |
| 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. | |
| For overlinging and/or out-or-state trips, approval of the buperintendent and of Boate may be equal to 1 | - |
| RELATED PROCEDURES: | |
| 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 | |
| Page 1 of 1 Review/Revised:11/2: 1/27/25 | 1/13 |

□ Over 300 miles

09.36 AP.21 **School-Related Student Trip Request Form** SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP: 1. Jamos ki SCHOOL: CHRISTIAN CO. HS Type of Trip (check one): Cocurricular □ Extracurricular Under 300 miles Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable Lexington Horse Facins

DESTINATION: DEST Out of State X Out of County U Within County V Overnight: give name, address, phone of lodging Clarion Hotel 1950 Newtown Pike, Lerington KV 40511

DATE(S) OF TRIP: 4/23/25-4/25/25 DEPARTURE TIME: 3 12:00 RETURN TIME: 4:00 PURPOSE/EDUCATIONAL VALUE: Students will learn and tour different operations in the equine 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. □ OTHER BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL □ BOARD FEMALE STUDENTS: 3 MALE STUDENTS: Number of: students _ YES (SEE PROCEDURE 09.36 AP. 212.) Mode of Transportation: is district transportation needed? \square no School District Van □ CERTIFICATED COMMON CARRIER; SPECIFY_ □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)_ CERTIFIED CHAPERONES JACOB JAWORSKI CLASSIFIED CHAPERONES NONE Yes
No

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? ¥ Yes □ No Permission Slip, Code of Acceptable Behavior How have they been notified?

Signature of Faculty Sponsor

Date

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

Trip has been papproved □ disapproved. Reason for disapproval 18-2025 Signature of Superintendent/Designee Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

Page 1 of 2

| 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 |
| □ 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 VALUESTUDENTS PARTICIPATING IN STATE LEVEL COMPETITIONS AND CAREER EXPO |
| What standard is being addressed by taking this trip? (Does not apply to athletic trips.) <u>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.</u> |
| BILL TRIP EXPENSES TO: X SPONSORING ORGANIZATION |
| 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 |
| Have all students been notified of the rules and regulations regarding acceptable behavior? |
| X Yes |
| How have they been notified? Permission Slip & Code of Acceptable Behavior |
| Trip has been papproved disapproved. Reason for disapproval |
| |
| Signature of Superintendent/Designee Date |
| Signature of Board Chair Date 1. Col. C. Signature of Board chair and the Popular of the Popul |
| For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36. RELATED PROCEDURES: |
| 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 |
| Page 1 of 2 |

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) |
| DESTINATIONKentuckyExpositionADDRESS7937PhillipsLn,PHONE-DESTINATION+15023675000CenterLouisville, KY 40209 |
| ☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging RHOLIDAY INN LOUISVILLE AIRPORT - FAIR/EXPO |
| 447 FARMINGTON AVE, LOUISVILLE, KY 40209 +15026374500 |
| DATE(S) OF TRIP <u>01/31/25-02/01/25</u> DEPARTURE TIME <u>4:00PM</u> RETURN TIME <u>11:00 PM</u> |
| START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) |
| PURPOSE/EDUCATIONAL VALUE competition |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) |
| Source of funding for trip <u>lkjdkdjks</u> |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. |
| BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER |
| Number of: students 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' \boxtimes Yes \square No |
| Have all students been notified of the rules and regulations regarding acceptable behavior? |
| How have they been notified? Code of Conduct signed by athletes and parents and message via Parent Square |
| Recoverable Signature Recoverable Signature |
| X DeCoreus Leavell X Robert A. Burnham |
| Faculty/Sponsor Signature Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f Principal Signature Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f |
| Trip has been approved disapproved. Reason for disapproval |
| × Unizer 1-28-2015 emergency cuppround |
| Signature of Superintendent/Designee Tombull "Kna" 1-28-25 |
| V 1 St. 00 1/27/25 |

| School-Related Stud | dent Trip Request Form |
|--|--|
| SUBMIT THIS FORM FOUR | (4) WEEKS PRIOR TO TAKING THE TRIP. |
| SCHOOL: CHRISTIAN CO. HS FACULTY TYPE OF TRIP (CHECK ONE): | MEMBER(S) SPONSORING TRIP: 1. Jamos Ki |
| □ Over 300 miles Under 300 miles | □ Cocurricular □ Extracurricular |
| A-Classroom Field Trip | ip Other (athletic, band, if applicable |
| Christian County Ag Expo DESTINATION: 1000000000000000000000000000000000000 | 50 Pembroke Rd HopKinsville Ky PHONE: 270-886-63 |
| | nty Overnight: give name, address, phone of lodging |
| DATE(S) OF TRIP: 3/7/25 DEPARTUR | RE TIME: 8:00 RETURN TIME: 3:00 |
| | e taking their animal Sci. Industry cert. |
| What standard is being addressed by taking this tr | |
| | TERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETC) |
| Source of funding for trip: CCHS FFA | |
| AMOUNT OF STUDENT FEE: <u>\$0</u> | TO DIV |
| No student shall be denied th | HE TRIP BECAUSE OF AN INABILITY TO PAY. |
| BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Number of: students 27 Male Students | s: 4 Female Students: 20 |
| Mode of Transportation: is district transportatio | ON NEEDED? IN NO YES (SEE PROCEDURE 09.36 AP. 212.) |
| □ CERTIFICATED COMMON CARRIER; SPECIFY | |
| □ Private vehicle, if allowed by policy; specify dr | uver(s) |
| CERTIFIED CHAPERONES JACOB JAWORSKI | |
| CLASSIFIED CHAPERONES NONE | |
| Have all chaperones undergone the required recor | rds check and been designated by the principal/designee to |
| supervise students? | Yes □ No |
| Have all students been notified of the rules and r | |
| How have they been notified? <u>Permission Slip, Coo</u> | ode of Acceptable Behavior |
| 1/17/26 | PACEA Brilly 1/17/23 |
| Signature of Faculty Sponsor Date | Signature of Principal Date |
| EMERGENCY REQUESTS DUE TO UNFORSI APPROVAL IMPOSSIBLE SHOULD ALSO HAV | EEN CIRCUMSTANCES THAT MAKE PRIOR BOARI VE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been □ approved □ disapproved. Reason for dis | sapproval |
| | Date |
| Signature of Superintendent/Designee | Dute |
| Signature of Board Chair | Date |
| For overnight and/or out-of-state trips, approval of th | ne Superintendent and/or Board may be required by policy 09.36. |

| | SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. | | | | | | | |
|---|---|--|-------------------------------|-------------------|----------------------------------|------------------|----------------------|--|
| | CHRISTIAN CO. HS P (CHECK ONE): | 3 | FACULTY M | ember(s) s | PONSORING | TRIP: <u>J.,</u> | Jaworsk | <u>. </u> |
| □ Over 300 | 0 miles | Under 300 i | miles | □ Cocurri | cular | | Extracurricul | lar |
| | | | | | | | | 276-886-6328 |
| Out of Stat | te □ Out of C | ounty XWit | thin County | □ Overi | night: giv | e name, ad | dress, phor | ne of lodging |
| Purpose/Edi and son to What stand SS-AA007 1 | Trip: \\3\\25 UCATIONAL VALU \(\Delta\) S. AARD IS BEING ADE DEMONSTRATE UN TUNDING FOR TRIP | e: <u>Students</u> pressed by taki derstanding o | Will be ING THIS TRIP | OPPLYING (DOES NO | <u>s</u> what TAPPLY TO | they lead | in in Anin RIPS.) | nal science wit |
| | OF STUDENT F | [H [V] | | | | | | |
| | No sa | UDENT SHALL B | E DENIED THE | TRIP BECAU | SE OF AN IN | NABILITY TO I | PAY. | |
| BILL TRIP EX | KPENSES TO:X SPC | INSORING ORGA | NIZATION | □ SC | HOOL COUN | ICIL [| □ BOARD | □ OTHER |
| Number of: | STUDENTS 27 | MALI | E STUDENTS: | 7_ | FEMA | ALE STUDENT | s: <u>ZO</u> | |
| Mode of Tr | RANSPORTATION: I | S DISTRICT TRAP | NSPORTATION I | NEEDED? | NO X | YES (SEE PRO | CEDURE 09.3 | 6 AP. 212.) |
| □ CERTIFICA | ATED COMMON CAI | RRIER; SPECIFY_ | | | | | | |
| □ Private vi | EHICLE, IF ALLOW | ED BY POLICY; | SPECIFY DRIVI | ER(S) | | | | |
| CERTIFIED C | chaperones <u>Jaco</u> chaperones <u>Non</u> | B JAWORSKI | | | | | | |
| Have all ch | haperones under | gone the requ | ired records | check an | d been de | signated by | the princip | W. Control of the Con |
| supervise stu | udents? | | | | | | | X Yes □ No |
| | tudents been no hey been notified | | ules and reg on Slip, Code | | | | ehavior? | Yes 🗆 No |
| | of Faculty Sponso | | Date | N CIRCI | World See America Annual Company | of Principal | MAKE PR | /17/25 Date |
| APPROVA | L IMPOSSIBL | E SHOULD A | LSO HAVE | THE SIG | NATURE | OF THE B | OARD CH | AIRPERSON |
| Trip has been | i □ approved □ | disapproved. Re | eason for disap | proval | | | | |
| | gnature of Superin | | | | 3300 | | 1-17-20 Date | <u>n</u> |
| Sig | gnature of Board | Chair | | | | | Date | 3 |
| For ove | ernight and/or out- | of-state trips, ap | proval of the S | uperintende | nt and/or Bo | oard may be r | equired by po | licy 09.36. |

RELATED PROCEDURES:

Page 1 of 2

emergency approved

STUDENTS SchoolRelated Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRICE TO TAXING THE TRIP. SCHOOL: CHRISTIAN COLNEY HER SCHOOL PACLETY MEMBER(1) SPONSORING TRIF: ANTHONY DARRALL Type or True (CHECK GNE): Extracurricular S Over 300 miles "Under Welmiles 11 Cocumicator DESTINATION ADDRESS: WESTERN KENTICKY UNIVERSITY- 1906 COLLEGE HEIGHTS BLVD, BOWLING GREEN, KY OOut of State X Out of County G Within County GOvernight: Name, Address, Phone of Iodging: TRD Direction Time: 1:30 PM on 1:27 Review Time: 10:00 PM on 1:28 DATE(S) OF TRIF: 1/27/25 AND 1/28/25 Prepare/Educational Value What standard is being addressed by taking this edip? (Dork not apply to athletic trips.) SOURCE OF PENDANCIPOR TRIP: STUDIES Y FEE ASSUNT OF STUDENT FEET NO STRUBENT SHARE BEING DENIED THE TWEE BECARDS AN OF TWOBERTY IN THE BILL THIS EXPENSES THE O SPONSORING ORGANIZATION O server e est server in. C 2 250 F M BG 678 El evanable NUMBER OF SUPERING 24 FEMALE STREET, 15 Mary Strawnsky Mode of Transportation: is diserce examportation needed? (I no X ven (see proxidere 09.36 ap. 212.) O CERTIFICATED COMMON CARRIER, MICHAEL BUS O Private vehicle, if allowed by parket inferit delveris) CERTIFIED CHAPERONES; ANTHONY DARNALL, CALVE WARREN HI, BUNNII CROPN, NATHONIEL NOSIL CEASSIFIED CHAPPEROSSES: 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 Sagnature of Faculty Spansor EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON - Didesoproved Realow for disapprovalon Bell "Kne

Page 1 of 2

Signature of Board Chair

Amergency approved

Kr A Shell 1/15/25

For pregnight and/or ma-of-state trips, approval of the Superintendent and/or Board may be required by policy 99-16.

| 1 | Suswit | THIS FORM FOUR (| 4) WEEKS PRIOR TO TAK | NG THE TRIP. | |
|--|--|-----------------------|--|--|-----------|
| SCHOOLE CHE | STIAN COUNTY HIGH SCH | OOL FACULTY MES | HER(S) SPONSORING TRIP | : ANTHONY DARNALL - Cal- | in Warre |
| EVEL OF TRUE | (CHECK ONE): | | | | -/- |
| 13 Over 30 | miles - 🗆 Und | et 300 miles | ☐ Cocurricular | ○ Extracurricular | (|
| □ Classro | m Field Inp 10 Org | mozation Clob Try | X Other (athlete, bar | no, il applicable | |
| ESTINATION | | | St, Louisville, Ky 4020 | | |
| DOut of St lodging: T | | □ Within | County X Overnig | httgive name, address, p | hone of |
| ATT(S) OF T | Rtfr: 2/5/25 frincucas 2/8 | | E TIME: 2/5/25 @8:30 AM | RETURN TIME: 2/28/25 @4 | :00 рм |
| | CATIONAL VALUE: | | 5 /P | AND ARREST TO STUDETTS | tures.) |
| WHAT STAN | DAME IN BEING ABOUT | DANCE BY TAKES | 6. THIS TRIP? (DOIS | NOT APPLY TO XDHITTIC | |
| OURCE OF F | NDING FOR TRUP: N/A | | | | |
| MOUNT OF S | FILDENT FEE: | | | | |
| | NO STUDENTS | HALL BE DENIED TH | E TRIP BECAUSE OF AN IN- | ABILITY TO PAY. | |
| HLL TROP EX | PENSES TO: D SPONSORIN | G ORGANIZATION | ☐ SCHOOL COUN | CIL U BOARD U | OTHER |
| Danier of s | TUDESTS: 2 | MALE STUDENTS | 2 FEMAL | E STUDENTS: 0 | |
| tons or Tx | ASSPORTATION: IS DISTRO | CT TRASSPORTATION | STEDEN? DAG XALS | SEE PROCESSER 09.36 AV. 21 | 2.) |
| 2 Certifica | TEB COMMON CARRIER; 5 | PECIFY: SCHOOL A | ND DISTRICT VANS | | |
| | D PRIVATE VEHICLE, OF A | LLOWED BY POLICY | ; SPECIFY DRIVER(S) | | - |
| DERTIFIED C | LAPERONEST | | | | |
| | | | | | |
| LASSIFIED C | HAPERONES: ANTHONY I | JARNALL, CALVIN Y | WARREN III, BONNIE CRO | ISS, NATHASIEL NASH | |
| | | ne required recon | ds check and been des | ignated by the principal/de | signee to |
| ipervise sti | dents? X Yes 🗆 No | | | | |
| ave off stud | lents been notified of th | e rules and regular | ions regarding acceptabl | le behavior? X Yes 🗆 No | |
| 1 1 | ey been notified? Stude Faculty Sponsor | nt Handbook and s | Code of Conduct Permis Signature of | sion Form | 25 |
| PPROVAL | IMPOSSIBLE SHOU | JLD ALSO HAV | E THE SIGNATURE O | ES THAT MAKE PRIOR OF THE BOARD CHAIR | BOARD |
| rip has been | Supproved 🗆 disappto | wed Romon for dis- | approval | | |
| | Mari | Jak | | 1-14-6 | ny |
| Sien | ature of Sucommendeal | Dalighee | | 1-16 · 12 | |
| | tom Be | Or "Home | Υ | Date 12 | 25 |
| | ature of Board Chair nicht and/or out-of-state t | rips, approval of the | Superintendera and or Bo | and may be required by policy | 00,16, |
| 51 July 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The state of the s | | | | |

Page 1 of 1

hr A Still 1/16/25

| School-Related Student Trip Request Form |
|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKEN |
| 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 |
| Out of State Out of County Within County Overnight: give name, address phone of County |
| DATE(S) OF TRIP 1/31/25 - 2/2/25 DEPARTURE TIME 1:00 om RETURN TIME TBA PURPOSE/EDUCATIONAL VALUE 8th grade boys basketball state tournament WHAT STANDARD IS BEING ADDRESSED BY TAKING THE TOURNAMENT |
| 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 Basket hall 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 TROADS |
| NUMBER OF: STUDENTS 19 MALE STUDENTS 12 FEMALE STUDENTS 2 |
| Mode of Transportation: is district transportation needed? \(\boxed{D}\) no \(\boxed{D}\) Yes (see procedure 09.36 ap. 212.) \(\boxed{D}\) Certificated common carrier; specify |
| PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) |
| CLASSIFIED CHAPERONES CJ Briwer, Frank Bland, Mike Green |
| Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No Have all students been notified of the rules and regulations regarding How have they been notified? About Content C |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| rip has been papproved disapproved. Reason for disapproval |
| Christers 1-70 2020 |
| Signature of Superintendent/Designee 1-28-2025 |
| Signature of Board Chair |
| For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36. |
| elated Procedures: |

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

Review/Revised:11/21/13

anergency approved

Page 1 of 1

| SCHOOL TYPE OF TRIP | SUBMIT THIS FORM FOUR (4) WE | EEKS PRIOR TO TAKING THE TRIP. |
|---|--|--|
| ☐ Over 300 miles ☐ Classroom Field DESTINATION WKU | ADDRESS Basing Cyc | Cocurricular Other (athletic, band, if applicable Pen, KY 420 HONE 270) 881-8235 (Armour Cell) |
| □ Out of State lodging HATPI | 12 Out of County Within C | ounty Overnight: give name, address, phone of |
| DATE(S) OF TRIP 1/27 | 1/25-1/28/25 DEPARTURE TIME? | OOPMU21RETURN TIME 9:30 PM(1/28) |
| WHAT STANDARD IS | B BEING ADDRESSED BY TAKING TO | at Band Students HIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) |
| SOURCE OF FUNDING | FOR TRIP | |
| AMOUNT OF STUDENT | FEE: \$ 35.00 | |
| BILL TRIP EXPENSES NUMBER OF: STUDEN MODE OF TRANSPORT 212.) CERTIFICA | TATION: IS DISTRICT TRANSPORTATIO ATED COMMON CARRIER; SPECIFY | □ SCHOOL COUNCIL □ BOARD □ OTHER FEMALE STUDENTS _3 N NEEDED? □ NO □ YES (SEE PROCEDURE 09.36 AP. (WATA CCHS) |
| CERTIFIED CHAPERO BOWN 18. CVOS CLASSIFIED CHAPERO | | SPECIFY DRIVER(S) |
| acceptable behavior? MMULL MAM Signature of Faculty EMERGENCY REC | ✓ Yes □ No Have all stud ✓ Yes □ No How have they ✓ Yes □ No How have they ✓ Yes □ No Have all stud How have all stud Yes □ No Have all stud How have they Date | eck and been designated by the principal/designee to ents been notified of the rules and regulations regarding been notified? Sent howe on prymissing 1.2/.25 Signature of Principal Date CIRCUMSTANCES THAT MAKE PRIOR BOARD SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been papprov | ved | oval |
| 1-14- | Pt. D. | 1 0/1 2027 |
| Signature of | Superintendent/Designee | 7- 29-2025 Date |
| | BPIL "Kme" | 1-24-05 |
| Signature of | Board Chair | Date |
| For overnight and | d/or out-of-state trips, approval of the Supe | erintendent and/or Board may be required by policy 09.36. |
| RELATED PROCED | URES: | |
| 09.36 AP.211 | 1, 09.36 AP.212, 09.36 AP.23 | |
| | | Review/Revised:11/21/13 |
| ٠, | | |
| ball | | |
| 1-94-92 | Vehicle Red | quest Form |
| oball 1-24-25 Cuppronuc School via | Faculty Member(s |) sponsoring trip |
| | | |

Umergency approved

| School-Related Student Trip Request Form |
|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. |
| SCHOOL Thristian County Middle FACULTY MEMBER(S) SPONSORING TRIP C.J. Bruner 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 (854) 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 1:00 PM RETURN TIME TBA |
| DATE(S) OF TRIP 1/24/25 - 1/26/25 DEPARTURE TIME 1:00 pm RETURN TIME TBA PURPOSE/EDUCATIONAL VALUE 7th grade loops basketball state tournament |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) |
| Source of Funding for Trip CCM5 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 DOARD OTHER |
| Number of: 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 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 Have all students been notified of the rules and regulations regarding How have they been notified? Signature of Faculty Sponsor Date 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 |
| 1-21-wy |
| Signature of Superintendent Designee Date |
| Tom Bell "Kme" 1-21-25 |
| 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

L+ 800 1/21/25

Review/Revised:11/21/13

meyery approve

| School-Related Student Trip Request Form |
|---|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. |
| SCHOOL <u>Christian County Middle</u> Faculty Member(s) sponsoring trip <u>CS Brunev</u> 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 Ruceio 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 1:00 pm RETURN TIME TBA PURPOSE/EDUCATIONAL VALUE 8th grade boys basketball state tournament |
| 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 <u>Boys Basket ball funds</u> 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 Deauma 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 \(\subseteq \) No Have all students been notified of the rules and regulations regarding How have they been notified? How have they been notified? |
| Signature of Faculty Sponsor Date Signature of Principal Date |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been approved disapproved. Reason for disapproval |
| I may 1-21-un |
| Signature of Superintendent/Designee Date |
| Tom Bell "Kme" 1-21-25 |
| 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

hA Stell 1/24/25

Review/Revised:11/21/13

emergency approved

| School-Related Student Trip Request Form |
|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. |
| SCHOOL Elementary Students FACULTY MEMBER(S) SPONSORING TRIP Tracay Leath |
| Type of Trip (check one): |
| ☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable |
| DESTINATION <u>UK EKTONION OFFICA</u> DDRESS <u>2850 Pembrolo Rd</u> PHONE <u>270 886-6328</u> |
| ☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging |
| DATE(S) OF TRIP 4-7-25 DEPARTURE TIME 9:00 am RETURN TIME 12:30 D |
| 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 Transporting out of 15 WK -EL Brown 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 /80 Male Students _ 30 Female Students _ 50 |
| MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.3 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY |
| ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) |
| So Anne Brance Ting mulling |
| CLASSIFIED CHAPERONES VICKEC PENY |
| 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 BOAR APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO |
| 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

| 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 X Under 300 miles □ Cocurricular □ Extracurricular |
| □ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable |
| DESTINATIONLOUISVILLE, KY ADDRESS _280 W Jefferson St. Louisville, KY |
| _PHONE |
| Out of State X Out of County |
| with the state of |
| Source of funding for trip SAT UND 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: students15 Male Students13 Female Students2 |
| 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 chaperonesBen Smith, Penny Knight |
| CLASSIFIED CHAPERONES |
| Have all chaperones undergone the required records check and been designated by the principal/designee to |
| supervise students? X Yes □ No Have all students been notified of the rules and regulations regarding |
| acceptable behavior? X Yes \(\text{No} \) How have they been notified? \(\text{Letter home} \) |
| 35/25 Venny Knur 1) 2-5-25 |
| 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 thapproved disapproved. Reason for disapproval |
| |
| Signature of Superintendent Designee Date |
| Signature of Board Chair Date |
| For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36. |

RELATED PROCEDURES:

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

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 Faculty Member(s) sponsoring trip: John Richards Type of Trip (check one): |
| □ Over 300 miles X Under 300 miles □ Cocurricular X 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 X 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 7 Male Students 3 Female Students 4 |
| Mode of Transportation: is district transportation needed? |
| 212.) CERTIFICATED COMMON CARRIER; SPECIFY DISTRICT UCNS |
| □ Private vehicle, if allowed by policy; specify driver(s) |
| PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES JOHN RICLERY Crystal RILLERY |
| Classified chaperones |
| Have all chaperones undergone the required records check and been designated by the principal/designee |
| supervise students? Yes no Have all students been notified of the rules and regulations regarding |
| acceptable behavior? Yes - No How have they been no ified?) Memo |
| Jenny Knijhu 2-4-25 |
| Signature of Faculty Sponsor Date Signature of Principal Date |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOAR APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been papproved disapproved. Reason for disapproval |
| 2179 |
| Signature of Superintendent/Designee 7-5-2525 Date |
| Tom Bell ikperi |
| Signature of Board Chair Date |

A SDU 2/5/25

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. Cauther |
| TYPE OF TRIP (CHECK ONE): Over 300 miles Under 300 miles Cocurricular Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable DESTINATION Musical State University Directs 1375 Chestical St. Musicy Physic 800-272-46 |
| ☐ 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 PV PURPOSE/EDUCATIONAL VALUE LEADERS hip & employment skill S |
| 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 Reactivess |
| SOURCE OF FUNDING FOR TRIP LAVEC 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 21 MALE STUDENTS 10 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 DEBOTED COUTHER, Matthew Handly |
| CLASSIFIED CHAPERONES |
| Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? DYes \(\text{No} \) Have all students been notified of the rules and regulations regarding acceptable behavior? \(\text{Yes} \) No How have they been rotified? \(\text{Ver} \) How have they been rotified? |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARI APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been approved disapproved. Reason for disapproval 1-24-2011 |
| Signature of Superintendent/Designee Date |
| Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36. |

Related Procedures:

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

Review/Revised:11/21/13

| School-Related Student Trip Request For | m |
|---|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING TH | E TRIP. |
| SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRUE | Lean Thomas |
| TYPE OF TRIP (CHECK ONE): | □ Extracurricular |
| Classroom Field Trip | plicable |
| DESTINATION EXtension Office Address 2850 Pembroke Rol.P | HONE (270) 860-05-8 |
| Out of State Out of County Within County Overnight: give | |
| DATE(S) OF TRIP 3 7 2025 DEPARTURE TIME 8:00 am RE | TURN TIME 3:15 pm |
| PURPOSE/EDUCATIONAL VALUE BOCA Industry Certification | ion Training |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT A 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 INABILLY | _/ |
| BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL | BOARD DOTHER |
| NUMBER OF: STUDENTS 35 MALE STUDENTS +bd FEMALE STU | |
| MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY | YES (SEE PROCEDURE 09.36 |
| PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) | |
| CLASSIFIED CHAPERONES | |
| Have all chaperones undergone the required records check and been designated by the students? If Yes I No Have all students been notified of the receptable behavior? If Yes I No How have they been reptified? CCPS How have they been reptified? CCPS Signature of Faculty Sponsor Date Signature of Prince | Code of Conduct 101 102 103 104 105 105 106 107 108 108 108 108 108 108 108 |
| APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF TH | E BOARD CHAIRPERSON |
| Trip has been approved disapproved. Reason for disapproval | |
| Signature of Superintendent/Designee | 2-16-2028 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 04,50, |
| Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 | Review/Revised:11/21/13 |

Page I of I





| Cabaal Dalated Ctudent Twin Dequest Fo | Mana |
|--|---|
| School-Related Student Trip Request Fo Submit this form Four (4) Weeks prior to taking to | |
| | A |
| CHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP | 624105 |
| □ Over 300 miles □ Cocurricular | ☐ Extracurricular |
| ☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other (athletic, band, if a | pplicable |
| DESTINATION HOPKINSVILLE JADDRESS 720 North Drive | PHONE |
| DESTINATION Hopkinsville ADDRESS 720 North Drive Community College. Out of State Out of County Within County Overnight: give | re name, address, phone of |
| lodging | |
| DATE(S) OF TRIP 03.07.25 DEPARTURE TIME 8:45 R | ETURN TIME 12.70 |
| PURPOSE/EDUCATIONAL VALUE TOUTING HOPKINSVILLE | |
| VHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT | APPLY TO ATHLETIC TRIPS.) |
| OURCE OF FUNDING FOR TRIP | |
| AMOUNT OF STUDENT FEE: | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABIL. | TY TO PAY. |
| BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL | BOARD OTHER |
| SUMBER OF: STUDENTS AMALE STUDENTS FEMALE STU | DENTS |
| TODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ P. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY | VES (SEE PROCEDURE 09.36 |
| PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES KOTIC Hamilton, IDOMOS CSSICO TILL, MOTHOW HANDY CLASSIFIED CHAPERONES AND COLUMN AND CLASSIFIED CHAPERONES AND COLUMN AND COLUM | Wise, |
| lave all chaperones undergone the required records cheek and been designated by the | principal/designee to supervise |
| students? □ Yes □ No Have all students been potified of the lego(htable behavior? □ Yes □ No How have they been notified? | ules and regulations regarding |
| B- XGO Q 2.12.25 hand | 2112/3 |
| Signature of Faculty Sponsor Date Signature of Prince | ipal Date |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES TH APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF TR | AT MAKE PRIOR BOARD IE BOARD CHAIRPERSON |
| rip has been 🗆 approved 🗆 disapproved. Reason for disapproval | |
| Clara Parts | 2-13-6328 |
| Signature of Superinterflant/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 | |
| WILLIAM THE CAN WILLIAM THE CAME WILLIAM THE CAME | Review Revised:11/21/1 |

Page 1 of 1



E-MAILED 2/12/25 K. Edwards

| School-Related Student Trip Request Fo | rm |
|--|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING T | The state of the s |
| SCHOOL HTS FACULTY MEMBER(S) SPONSORING TRIP | Katie Hamilton |
| TYPE OF TRIP (CHECK ONE): | <u> </u> |
| ☐ Over 300 miles | ☐ Extracurricular |
| DESTINATION HELD THE DOGRAM ADDRESS 120 Nov The DAVE | |
| | re name, address, phone of |
| DATE(S) OF TRIP 3 11 25 DEPARTURE TIME 8:30 R | ETURN TIME 17:30 |
| PURPOSE/EDUCATIONAL VALUE MOHUY SEASE | |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT A THING AND A CONTROL OF THE PROPERTY OF THE P | APPLY TO ATHLETIC TRIPS.) |
| SOURCE OF FUNDING FOR TRIP | times - |
| AMOUNT OF STUDENT FEE: () | |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN (NABIL | TY TO PAY, |
| BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL | □ BOARD □ OTHER |
| NUMBER OF: STUDENTS 10 MALE STUDENTS 10 FEMALE STU | DENTS 90 |
| Mode of Transportation; is district transportation needed? □ no ☑ ap. 212.)□ Certificated common carrier; specify | VES (SEE PROCEDURE 09.36 |
| □ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) | · · · · · · · · · · · · · · · · · · · |
| CERTIFIED CHAPERONES KIND HOMES WISC, JESSICA HILL | Julie Gillian |
| CLASSIFIED CHAPERONES | |
| and the second s | The second secon |
| Have all chaperones undergone the required records check and been designated by the students? ₩ Yes □ No Have all students been notified of the i | |
| acceptable behavior? Yes No How have they been notified? | I de de de la company |
| Signature of Faculty Sponsor Date Signature of Prince | MUN 11 Del 15 (ipal Bate |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES TH APPROVAL IMPÓSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF TH | AT MAKE PRIOR BOARD IE BOARD CHAIRPERSON |
| Trip has been approved disapproved. Reason for disapproval | |
| Clanify Q | 1-28-204 |
| Signature of Superintenaeth/Designee | Date |
| Signature of Board Chair For overnight and or out-of-state trips, approval of the Superintendent and or Board may | Date be required by policy 09.36. |
| Related Procedures: | |
| 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 | Paulau Paulas I 11/21/12 |
| | Review/Revised:11/21/13 |

| WIC . | | | |
|--|--|--|--|
| SCHOOL SUBMITTHIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. | | | |
| Over 300 miles Under 300 miles Cocurricular Extracurricular Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable | | | |
| DESTINATION GOVERNMENT Within County Descripting give name, address, phone of | | | |
| lodging Hott Place Boyling Green KY DATE(S) OF TRIP //27-1/08 DEPARTURE TIME 2.30pm RETURN TIME 10:00pm | | | |
| DATE(S) OF TRIP 1/A/-1/08 DEPARTURE TIME ALLEGATION | | | |
| PURPOSE/EDUCATIONAL VALUE | | | |
| 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: D SPONSORING ORGANIZATION | | | |
| TO STATE OF THE PARTY OF THE PA | | | |
| TO THE PROPERTY TION, IS DISTRICT TRANSPORTATION NEEDED! | | | |
| D CERTIFICATED COMMON CONTROL BY POLICY: SPECIFY DRIVER(S) | | | |
| A Gimm B Micking | | | |
| CERTIFIED CHAPERONES N. Joint, A. Gimm, B. 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 How have they been notified? | | | |
| Signature of Faculty Sponsor Date Signature of Principal Date | | | |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON | | | |
| Trip has been approved disapproved. Reason for disapproval | | | |
| 1170 | | | |
| 1.27.26 | | | |
| Signature of Superintendent/Designed () | | | |
| Tom BPll "Kme" 1-27-25 | | | |
| Signature of Board Chair Date | | | |
| Programming analysis content-state trips, approval of the Superintendent analysis 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

hy A Stell received today 10:49 AM

STUDENTS

School-Related Student Trip Request Form

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

| FACULTY MEMBER(S) SPONSORING TRIP Kenneth A Hord | Under 300 miles | SOURCE OF FUNDING FOR TRIP Peta Funds AMOUNT OF STUDENT REE: & C NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. NO STUDENT SHORD STUDENTS O MALE STUDENTS O MALE STUDENTS O MALE STUDENTS O APP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY DRIVER(S) CERTIFIED CHAPERONES Kenneya by Policy; Specify Driver(S) CERTIFIED CHAPERONES Kenneya O CLASSIFIED CHAPERONES C CLASSIFIED CHAPERONES O CLASS | Have all chapezones undergone the required records check and been designated by the principal/designee to supervise students? Effect No Have all students been notified of the rules and regulations regarding have all students been notified of the rules and regulations regarding how have they been notified? How have they been notified of the rules and regulations regarding how have they been notified of the rules and regulations regarding how have they been notified of the rules and regulations regarding. Local Signature of Faculty Sponsor Approved Impossible Should Date Signature of Superintendent Designee Signature of Superintendent Designee Signature of Superintendent Designee Signature of Board Chair Date Signature of Superintendent Designee Signature of Superintendent Designee |
|--|---|--|--|
| SCHOOL HHS | TYPE OF TRIP (CHECK ONE): Over 300 miles Classroom Field Trip DESTINATION Out of State Out of County lodging The Campbell Howse, DATE(S) OF TRIP Feb. 10-14, 2025 PURPOSE/EDUCATIONAL VALUE RHAT STANDARD IS BEING ADDRESSED | SOURCE OF FUNDING FOR TRIP AMOUNT OF STUDENT FEE: BILL TRIP EXPENSES TO: ESPONSORING ORGANIZATION NUMBER OF: STUDENTS MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTAT AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY CERTIFIED CHAPERONES Kenneth Allowed By Policy CLASSIFIED CHAPERONES | Have all chaperones undergone the required restriction acceptable behavior? EYes DNo acceptable behavior? EYes DNo Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO UAPPROVAL IMPOSSIBLE SHOULD ALSO Trip has been paproved disapproved. Reastrip has been paproved disapproved. |

parandono con proving

LASKA 1/22/25

Related Procedures:

| School-Related Student Trip Request Form | | |
|---|--|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. | | |
| SCHOOL W5 - CC#5 FACULTY MEMBER(S) SPONSORING TRIP VICKY MINES Type of Trip (Check one): | | |
| Over 300 miles Under 300 miles Cocurricular Extracurricular Organization/Club Trip Other (athletic, band, if applicable | | |
| DESTINATION ADDRESS 601 474 S. Marile Tal PHONE 615 - 843 - 4001 | | |
| ☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging | | |
| DATE(S) OF TRIP 3-03-2025 DEPARTURE TIME 7: 10 RETURN TIME 3: 90 PM | | |
| PURPOSE/EDUCATIONAL VALUE CUHUIAL DU [1955 | | |
| 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 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 ☐ ☐ YES | | |
| ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) | | |
| CERTIFIED CHAPERONES VICKY Barnes & Ainny burenquer | | |
| CLASSIFIED CHAPERONES Trageid Macacio | | |
| Have all chaperones undergone the required records check and been designated by the principal/designee to supervis students? \(\sigma\) Yes \(\sigma\) No Have all students been notified of the rules and regulations regarding acceptable behavior? \(\sigma\) Yes \(\sigma\) No How have they been notified? | | |
| Signature of Faculty Sponsor Date Signature of Principal Date | | |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON | | |
| Trip has been approved disapproved. Reason for disapproval | | |
| Mrs 194 2-4-2025 | | |
| 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

| School-Related Student Trip Request Form |
|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRUP. |
| HOOL HOPKINSVILL High Charles Court IN MEMBER(S) SPONSORING TRIP MATTHEW HANDY / BOLL |
| Over 300 miles Under 300 miles Cocumicular DE stracturicular Classroom Field Trip Organization Club Trip DOther (albletic, band, if applicable STEN VION Fennesse State Original Suppositions 3500 John A Menifferione 615-963-500 L |
| Out of State Out of State Within County Overnight give name, address phone of todaing |
| THIS OF TRIP Friday, March 14th DEPARTURE TIME 6:30 AM, RETURN TIME 4:00PM |
| RPOSE/EDICATIONAL VALLE The purpose is to engage Students and Sport interest in a |
| RPOSE/EDUCATIONAL VALUE The purpose is to engage Students and Sport introb in a |
| MOENT OF STEDENT FEE: WAR Family Resource Contro |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. |
| TH TRIP EXPENSES TO: \square Sponsoring organization \square school council \square board \square other umber of: students 25 male Students \square Female Students |
| ODE OF TRANSPORTATION; IS DISTRICT TRANSPORTATION NEEDED? INO III YES (SEE PROCEDURE 09.36 2.212.) CERTIFICATED COMMON CARRIER; SPECIFY |
| ERHERD CHAPERONES Matthew Hardy (Advisor), Alendria Banks Co-Advisor |
| LASSIFIED CHAPERONES |
| ave all chaperones undergone the required records check and been designated by the principal designee to supervise udents? If Yes No |
| MERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD PPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| rip has been Dapproved. Cl disapproved Reason for disapproval |
| Signature of Superindent Designer Date |
| Signature of Board Chair Date |
| For averaght and or out of state trips, approval of the Superimendent and or Board may be required by policy 10-36 |
| Related Procedures: |

| | School-Related Student Trip Request For | m |
|---------------|--|--|
| | SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING TO | IE TRIP, |
| | SCHOOL HOPKINSVILLE High Sch. FACTETY MEMBER(S) SPONSORING TRIP | Matthew Handy |
| | Classroom Field Trip Organization Club Trip Other (athletic, band, if apprentices University of Lansville address 2301 S. 3rd Str. 1 | opticable 1002-852-5555 |
| | Out of State Out of County Within County Overnight giv | |
| | DATE(S) OF TRIP 03-03-2025 DEPARTURE TIME 5:00 AM RIPERPOSE FOR CATIONAL VALUE Students will tom the University of | it laisville compor |
| | WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT This trip is described to per engage I spork inkert in Consoler of FLADING FOR TRIP HIS FORMY DESOURCE CONSOLES | lege and explore ophies is |
| | AMOUNT OF STUDENT FEE! | |
| | NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABIL. | ITY FO PAY. |
| | BILL TRIP EXPENSES TO: DSPONSORING ORGANIZATION | □ BOARD □ OTHER |
| | NUMBER OF: STUDENTS 25 MALE STUDENTS FEMALE STU | |
| | Mode of Transportation: is district transportation needed? ☐ no ☐ ap. 212.)☐ Certificated common carrier; specify | YES (SEE PROCEDURE 197.30 |
| | CERTIFIED CHAPERONES Matthew Handy (Advisor), Alart | in Banks (Co-Monson) |
| | CLASSIFIED CHAPERONES | |
| | Have all chaperones undergone the required records check and been distinguished by the students? Yes No Have all students been plotified of the acceptable below for? I V 100 100 100 100 100 100 100 100 100 1 | e principal designee to supervise rules and regulations regarding 11 24-35 |
| l | Signature of Faculty Sponsor EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES TO APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF T | TAT MAKE PRIOR BOARD HE BOARD CHAIRPERSON |
| | Imp has been approved | and the second of the second o |
| | Signature of Superintendent besigned | 2.4-2025 Date |
| | Signature of Board Chair For overnight and or out-of-state trips, approval of the Superintendent and/or Board in | Date ay be required by policy 09 36. |
| | | and the second of the second o |
| | Related Procedures: | |
| Tr. | Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 | |
| To the second | Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 | Koview Kevised (1721) |
| | 사이를 하여 하다가 하는 것이 되었다. 그는 사람들이 그는 사람들이 살아 있는 것이 없는 것이었다면 없는 것이 없는 것이었다면 없는 것이 없는 것이 없는 것이었다면 없어요. 되었다면 없는 것이었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없 | Keyew Keyised (1721) (5 |

of Normally Share w/ Country but too crowded & pressed for time.

STUDENTS

09.36 AP.21

SchoolRelated Student Trip Request Form

| HHS | | |
|--|---|---|
| SCHOOL | SUBMIT THIS FORM FOUR (4) WEEKS PRIOR | R TO TAKING THE TRIP. |
| ☐ Over 300 miles ☐ Classroom Field Tri DESTINATION MSU | DUnder 300 miles Cocurricu p Organization/Club Trip Other (ath ADDRESS CANTON | eletic, band, if applicable Speaking Cont |
| ☐ Out of State ☐ lodging | Out of County Within County | ☐ Overnight: give name, address, phone of |
| DATE(S) OF TRIP 3/14 | 1125 peparture time 7:30 | RETURN TIME 4 PM |
| PURPOSE/EDUCATIONAL | | |
| Madushy | 1 | (DOES NOT APPLY, TO ATHLETIC TRIPS.) |
| SOURCE OF FUNDING FOR | | |
| AMOUNT OF STUDENT FE | | |
| | TUDENT SHALL BE DENIED THE TRIP BECAUSE | OF AN INABILITY TO PAY. OL COUNCIL DOARD DOTHER |
| NUMBER OF: STUDENTS | | FEMALE STUDENTS TOD |
| and the second | ION: IS DISTRICT TRANSPORTATION NEEDED | |
| | D COMMON CARRIER; SPECIFY | |
| 보다. 나는 그리고 가득하면서 하다를 하다 | TEHICLE, IF ALLOWED BY POLICY; SPECIFY DI | RIVER(S) |
| CERTIFIED CHAPERONES | - Conscion filling | |
| CLASSIFIED CHAPERONE | S . | |
| supervise students? acceptable behavior? fignature of Faculty Sport EMERGENCY REQUE APPROVAL IMPOSSIE | Yes □ No How have they been hetification in the How hetification in the | notified of the rules and regulations regarding id? CC & CC |
| Trip has been approved | ☐ disapproved. Reason for disapproval | |
| | n, | |
| | / fundant | 2-4-1028 |
| Signature of Sup | erintendent/Designee | Date |
| Signature of Boa | rd Chair | Date |
| For overnight and/or | out-of-state trips, approval of the Superintendent ar | nd/or Board may be required by policy 09.36. |
| RELATED PROCEDURI | čS: | |
| | 9.36 AP.212, 09.36 AP.23 | |
| 09.30 AI .211, 0 | 7.30 At .212, 07.30 At .23 | Review/Revised:11/21/13 |
| | Vehicle Request Fo | <u>rm</u> |
| School | Faculty Member(s) sponsoring | r trip |
| | | Continues and the supplementary of the second |

| School-Related Student 1rip Request Form |
|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. |
| SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP WILLIAM THEMS |
| THE OF THE (CHECK O'SE). |
| ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Figld Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable |
| DESTINATION State Capital Address 100 Capital Ave PHONE 502-564-3449 |
| ☐ Out of State Dout of County ☐ Within County ☐ Overnight: give name, address, phone of lodging |
| DATE(S) OF TRIP F26 19 DEPARTURE TIME 6:30 HM RETURN TIME 7PM |
| PURPOSE/EDUCATIONAL VALUE State Capital VISIT Member Selected as |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) |
| Source of funding for trip CTE Supplemental |
| 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 SOTHER |
| NUMBER OF: STUDENTS FEMALE STUDENTS FEMALE STUDENTS |
| Mode of Transportation: is district transportation needed? Ino I ves (see procedure 09.36 ap. 212.) Certificated common carrier; specify Common of the procedure of the procedur |
| ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) |
| CERTIFIED CHAPERONES CHILLEAM Thomas |
| CLASSIFIED CHAPERONES |
| Have all chargerones undergone the required records check and been designated by the principal/designee to supervise |
| students? Wes No Have all students been notified of the rules and regulations regarding |
| Acceptable behavior? The No How have they been hoffled? Class Dehamor Cl |
| Signature of Faculty Sponsor Date Signature of Faculty Sponsor Date |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been ☑ approved ☐ disapproved. Reason for disapproval |
| 1-10 22V |
| Signature of Superinterdent Designee 2-4-228 Date |
| Tiem Bellerkner 2-4-35 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

anengency approved

2/4/25 GJ Kenen

School-Related Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP __ HHS SCHOOL TYPE OF TRIP (CHECK ONE): ☐ Extracurricular ☐ Under 300 miles ☐ Cocurricular ☐ Over 300 miles ☐ Organization/Club Trip ☑ Other (athletic, band, if applicable ☐ Classroom Field Trip ADDRESS 140 N 4th St Louisville, KY PHONE 5025895200 DESTINATION Galt House Overnight: give name, address, phone of □ Within County ☐ Out of County ☐ Out of State lodging Galt House 130 N 4th St. Louisville KY RETURN TIME 5pm 8am DATE(S) OF TRIP 2/5-2/8 DEPARTURE TIME 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 Have all students been notified of the rules and regulations regarding students? A Yes D No How have they been notified? Yes, written and verbal acceptable bahavior?

Yes

No NIM Signature of Principal Signature of Faculty Sponsor Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval Signature of Superintendent/Designer pmBILL "KM

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

Related Procedures:

Signature of Board Chair

09 36 AP 211 09 36 AP 212 09 36 AP 23

ly A Stul 1/30/25

energency appround

| School-Related Student Trip Request Form |
|---|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. |
| SCHOOL HHS FACILITY MEMBER(S) SPONSORING TRIP Billiam Thoma |
| TYPE OF TRIP (CHECK ONE): |
| □ Over 300 miles □ Cocurricular □ Extracurricular |
| Classroom Field Trip Organization Club Trip Other (athletic, band, if applicable |
| DESTINATION National Farm Marlinewy Show Ky State tair PHONE 502-367-500 |
| ☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight; give name, address, phone of lodging Ma |
| DATE(S) OF TRIP Feb. 13th DEPARTURE TIME 7 AM RETURN TIME 7 PM |
| PURPOSE/EDUCATIONAL VALUE all upcoming equipment technology, career |
| PURPOSE/EDICATIONAL VALUE all upcoming equipment technology, career WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO APPLETIC TRIPS.) ag power, leadership, busings, 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 THER |
| Number of: students 30 Male Students TBD Female Students TBD |
| Mode of Transportation: is district transportation needed? Ino I ves (see procedure 09.36 ap. 212.) Certificated common carrier; specify Sharing BUS W COHS |
| ☐ PRIVATE VEHICLE, IE ALLOWED BY POLICY; SPECIFY DRIVER(S) |
| CERTIFIED CHAPERONES William and/or Thomas |
| CCHS agriculture togethers |
| CLASSIFIED CHAPERONES |
| CLASSII II.0 CIAI LAO(31.5) |
| Have all chaperones undergone the required records check and been designated by the principal/designee to supervise |
| students? Te \(\text{Y} \) es \(\text{No} \) Have all students been notified of the rules and regulations regarding |
| acceptable behavior? Pyes \ No How have they been notified? worther |
| Julius Illam (ma) age 1-21-25 |
| Signature of Faculty Sponsor Date Signature of Prindipal 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 papproved disapproved Reason for disapproval |
| Class 7: 19 |
| Signature of Superintendent Designee Date Tion Bell "Kne" 1-01-35 |
| Trom B102 "Kme" 1-01-25 |
| 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

Imergency approved

e (1 m. n. 171) 1 m. – Paris Johnson St. – Paris Johnson Berlingson (1 m. 171)

| School-Related Student Trip Request Form |
|--|
| SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. |
| SCHOOL HHS FACLLTY MEMBER(S) SPONSORING TRIP SOLVAN AD CLISON |
| Over 300 miles Cocurrentar Description Field Trip Operation Clob Frip Other tathletic, band, if applicable Description Holl and World Appress 452 E. Christmas Brains 877-463-2645 Out of State Over County Willin County Overnight give hand address, phone of todging |
| DATE(S) OF TRIPMON 161 2025 DEPARTURE TIME SAM RETURN TIME 5 PM. |
| PERPOSE/EDUCYHOSAI VALLE SENIOR POST-Secondary Readiness June |
| WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRUP? (DOES NOT APPLY TO ATHLETIC TRUPS.) |
| 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: DSPONSORING ORGANIZATION DSCHOOL COUNCIL DBOARD DOTHER NUMBER OF; STUDENTS 220 MALE STUDENTS 110 FEMALE STUDENTS 110 MODE OF TRANSPORTATION; IS DISTRICT TRANSPORTATION NEEDED? DNO D VEN (SEE PROCEDURE 09.36) |
| AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY |
| CERTIFIED CHAPERONES SAYAN Adusm, Kaye Hamy Iton, Thomas Wise, Chrissy Copulos, Jessica Hill, Whitney Frost, Julie Gilliam, Chassified Chaperones Shelley Lade |
| Have all chaperones undergone the required ecords check and been designated by the principal designee to supervise students. If yes to be that all students been notified of the fules and regulations regarding flow have they been notified? Principal to the fully students been notified? Principal to the fully specified to be for the fully specified to be fully specified to be for the fully specified to be fully specified to be for the fully specified to be ful |
| EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been Deproved. El disapproved Reason for disapproval. |
| Signature of Superkundent Designye 1-17-2025 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 (9.36) |
| Daluard Proper Junear |

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

Brant Weiss

| SUBMIT THIS FORM FOUR (4) V | VEEKS PRIOR TO TAKING THE TRIP. |
|---|--|
| SCHOOL HHS FACULTY MEMBER(S) TYPE OF TRIP (CHECK ONE): | SPONSORING TRIP COACH ANTHONY BABB |
| ☐ Over 300 miles ☐ Under 300 miles ☐ Classroom Field Trip ☐ Organization/Club Trip ■ | |
| DESTINATION <u>EVANSVILLE IN</u> ADDRESS <u>220 KIRKWOOD</u> ☐ Out of State ☐ Out of County ☐ Within Coulodging | |
| DATE(S) OF TRIP JANUARY 17-18, 2025 DEPARTURE TI | ME 2:00PM RETURN TIME 4:00PM |
| PURPOSE/EDUCATIONAL VALUE <u>BASKETBALL TOURNAM</u> WHAT STANDARD IS BEING ADDRESSED BY TAKING T | <u>1ENT</u> |
| Source of funding for Trip Student account | |
| AMOUNT OF STUDENT FEE: N/A | |
| NO STUDENT SHALL BE DENIED THE TR | |
| BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION | |
| Number of: students 16 Male Students 1 | MONEY |
| Mode of Transportation: is district transportat ap. 212.) Certificated common carrier; specify \underline{C} | CHRISITIAN COUNTY SCHOOL VAN |
| ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY | y; specify driver(s) |
| CERTIFIED CHAPERONES | |
| CLASSIFIED CHAPERONES ANTHONY BABB, DARIUS | KNOTT, JORDAN MAJORS, MIKE MUMFORD |
| students? Yes No acceptable behavior? Yes No Signature of Faculty Sponsor Have all stud How have the | and been designated by the principal/designee to supervise lents been notified of the rules and regulations regarding been notified? SIGNED DOCUMENTS Signature of Principal Date CIRCUMSTANCES THAT MAKE PRIOR BOARD E SIGNATURE OF THE BOARD CHAIRPERSON |
| Trip has been papproved disapproved. Reason for disapproved. | roval |
| Signature of Superintendent/Designee | - 3-2525 Date |
| Signature of Superturentent Designee | 1-16-2025 |
| Signature of Board Chair For overnight and/or out-of-state trips, approval of the Sup | Date perintendent 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 |

Grand 1/9/25

energenery approved

| NE): EX Under | FACULTY ME | WEEKS PRIOR TO TAKE MBER(S) SPONSORING | | BUSSEll |
|---|--|--|--|--|
| NEJ: □⊠(Under n □ □ Organi | 300 miles 1 | | IRIN Robert | BUSSEll |
| centa | ADDRESS 9 | ST Philips, Lr | PHONE | ricular |
| On of County | Within Con | 7 19 21 Bishop | in Soh | dress phone of |
| Je- 97-01 | DEPARTURE | LOIE 17 gray | RETURN TIME | to 4M |
| Vitrué | | And the second sections are also as the second section of the sec | Andrew Control of the | |
| EISC ADDRES | SED BY TAKING | THIS TRIP? (DOES N | OF APPLY TO A | CHILETIC VRIPS.) |
| | | | | |
| The second second | | | | |
| SPOSSORI | NG ORGANIZATION | b FEMALE | | |
| TION: IS DISTR ED,COMMON O VÉJUÇTE, IFA | UCT TRANSPORTA TARRIER; SPECITY | HON MEEDED? NO | D VES (SEE) | PROCEDURE 09.36 |
| n Rok | | | | |
| Yes D No consor DESTS DUE | How have the House To UNFORSEE. | nicats been notified of the property of the second of the | Principal S THAT MAKE | Date E PRIOR BOARD |
| | | to and the second second second second | er terbeldhall an droug an ann an A | AND THE PERSON NAMED IN COLUMN TWO |
| apokinishirini to Bell pard Chair | in front | 2 | 170 | -28-2011 180 28 05 110 150 policy 100 36 |
| | ALLUE SENG ADDRES RETRIE DE SENG ADDRES RETRIE DE SENGE SE | DEPARTURE NAME DISTING RETAIN DISTING TO DENT SHALL BE DENIED THE TEST DISTING MALE STUDIENTS DISTINGTOR TANNER POLICY TO DESTRUCT FOR ALLOWED BY POLICY THE TOTAL DESTRICT TRANSPORTA FOR THE TOTAL OWED BY POLICY THE TOTAL DESTRICT TO UNFORSEES SHELF SHOULD ALSO HAVE THE DESTRUCTOR DESIGNATE THE TOTAL DESIGNATE T | NALUE ELNG ADDRESSED BY TAKING THIS TRIP? (DOES NOT THE DISTRICT HAS PRESENTED BECAUSE OF AN INTERPRETATION OF THE PROPERTY O | RETURN TIME NALUE SELIC ADDRESSED BY FAKING THIS TRIP? (DOES NOT APPLY TO A RETURN TIME OF THE DISTRICT FURTHER DISTRICT FURTHER DISTRICT FURTHER STUDENTS MALE STUDENTS MALE STUDENTS MALE STUDENTS FEMALE STUDENTS FEMLE STUDENTS FEMALE STUDENTS FEM |

Page Lori I

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

| | School-Related | Student Trip Request Form |
|----------------------------|--|--|
| | | Four (4) Weeks prior to taking the trip. |
| | HMS FACE | LTY MEMBER(S) SPONSORING TRIP MCKINLEY |
| Over 3 Classro Destination | oom Field Trip Organization/Clu | Description Descri |
| lodging | | |
| Date(s) of | TRIP Jan. 27- 28,202-DEPA | RTURE TIME 2:30 pm RETURN TIME 9:30 pm |
| Purpose/E What st | ANDARD IS BEING ADDRESSED BY | TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) |
| SOURCE OF | | t, Student Pers, HHS Band Boosters |
| | NO STUDENT SHALL BE DEN | ED THE TRIP BECAUSE OF AN INABILITY TO PAY. |
| BILL TRIP | EXPENSES TO: SPONSORING ORGANIZATION | ON D SCHOOL COUNCIL DOARD DOTHER |
| MODE OF | F: STUDENTS D MALE STUD TRANSPORTATION: IS DISTRICT TRANSPORT CERTIFICATED COMMON CARRIER; SPECI | FY FEMALE STUDENTS FEMALE STUDENTS STUDENTS FY FY FY FY FY FY FY FY FY F |
| *(*i) | PRIVATE VEHICLE, IF ALLOWED BY PO | OLICY; SPECIFY DRIVER(S) |
| CERTIFIED | | Minley |
| Classifiei | D CHAPERONES | |
| Have all supervise | chaperones undergone the required | records check and been designated by the principal/designee to e all students been notified of the rules and regulations regarding trave they been notified? Class 1-13-25 te Signature of Principal Date DRSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD |
| acceptaon | Da Da | 25 Umlew Siz 1-13-25 Signature of Principal Date |
| APPROV/ | AL IMPOSSIBLE SHOULD ALSO HA | AVE THE SIGNATURE OF THE BOARD CHAIRPERSON |
| | en approved o disapproved. Reason f | or disapproval |
| | ignature of Superintendent Desigle | 1-21-2028 Date 1-21-05 |
| S | ignature of Superintendent Designe | Date |
| 1 | MAN BEEN WHITE. | 1-21-95 |
| S | ignature of Board Chair | of the Superintendent and/or Board may be required by policy 09.36. |
| For o | vernight and/or out-ot-state trips, approvat | of the Supermendent and of Doubt may be required by princy 07.50. |

RELATED PROCEDURES:

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

Review/Revised:11/21/13

1/21/25

emergency approved