

School-Related Student Trip Request Form

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

SCHOOL: Christiano. High FACULTY MEMBER(S) SPONSORING TRIP: Samantha Cruz, Marvin Harness

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: Galt House Louisville ADDRESS: 140 N. Fourth St Louisville KY 40202 PHONE-DESTINATION: 502 589 5200

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

DATE(S) OF TRIP: 04/14/25 - 04/16/25 DEPARTURE TIME: 7:00 AM RETURN TIME: 5:00 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE: FBLA State Leadership Conference

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

Multiple EA, EB, EC, ED, EE, EF, etc.

SOURCE OF FUNDING FOR TRIP: Lowec

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 17 MALE STUDENTS 7 FEMALE STUDENTS 10

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: Samantha Cruz, Marvin Harness

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? verbal / permission form

X S. Cruz
Faculty/Sponsor Signature

X Debra A. Bunn
Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

Chris Jones 3-11-25

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

for A Shell 3/11/25

STUDENTS

09.36 AP.21

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 _____ ADDRESS _____ PHONE _____
 Out of State Out of County Within County Overnight: give name, address, phone of lodging Comfort Suites 230 Salem Dr Owensboro Ky 270-926-7675

DATE(S) OF TRIP 5-2 & 5-3 2015 DEPARTURE TIME 4:15 (5-2) RETURN TIME 5:00 (5-3)

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: _____

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 _____ FEMALE STUDENTS 14
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 Sheri Harlock
CLASSIFIED CHAPERONES Michelle Reed Chris Adcock

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? Verbally & Writing
Sheri Harlock 2-27-25 RE Melan 2-27-25
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 Date 2-21-2015

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 _____
K A Still 2/27/25

School-Related Student Trip Request Form

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

SCHOOL * _____

FACULTY MEMBER(S) SPONSORING TRIP _____

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 _____

ADDRESS _____

PHONE-DESTINATION _____

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

DATE(S) OF TRIP 5/16/24 DEPARTURE TIME 8am RETURN TIME 5pm
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Class of 2025 PSR Trip

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

Post Secondary Readiness

SOURCE OF FUNDING FOR TRIP SBDM

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 120 MALE STUDENTS 60 FEMALE STUDENTS 60

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 4
Classified chaperones 2

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? PSA

X [Signature]
Faculty/Sponsor Signature

X _____
Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

[Signature] 2.15.2024

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 TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL * _____

FACULTY MEMBER(S) SPONSORING TRIP _____

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 _____

ADDRESS _____

PHONE-DESTINATION _____

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

DATE(S) OF TRIP 5/14/25 DEPARTURE TIME 8am RETURN TIME 5pm
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Class of 2020 JCT Growth Trip

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

Post Secondary Readiness

SOURCE OF FUNDING FOR TRIP SADM Student Activity

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 125 MALE STUDENTS 63 FEMALE STUDENTS 62

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 6
 Classified chaperones 2

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? PSA

X [Signature]
 Faculty/Sponsor Signature

X [Signature]
 Principal Signature

Trip has been approved disapproved. Reason for disapproval _____
[Signature] 2-25-2025
 For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Additional Buses: Students w/o Upgrade

09.36 AP.21

STUDENTS

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 Samantha Cruz, Marvin Heiness

TYPE OF TRIP (CHECK ALL THAT APPLY):

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

DESTINATION Murray State University ADDRESS 1375 Chestnut St Murray KY 40371 PHONE-DESTINATION 800 272 4678

- Out of State Out of County Within County
- Overnight: give name, address, phone of lodging only Samantha Cruz, April Adcock

DATE(S) OF TRIP 02/23/25 - 02/24/25 DEPARTURE TIME Overnight 2:00 PM on 2/23/25 RETURN TIME 6:00 PM on 2/24/25

PURPOSE/EDUCATIONAL VALUE FBLA Regional Leadership Development competition

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) AA, EA, EB, EC

SOURCE OF FUNDING FOR TRIP Overnight - none covered by region / 2/24/25 - Lavec

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 8 FEMALE STUDENTS 13

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

- CERTIFICATED COMMON CARRIER; SPECIFY Bus 2/24/25 - School Van 2/23/25
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

Certified chaperones Samantha Cruz Marvin Heiness

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? Verbal, permission forms

X S. Cruz Faculty/Sponsor Signature

X Robert Heiness Principal Signature

Trip has been approved disapproved. Reason for disapproval

Christina 2-20-25

Tom Bell "Kae" 2-20-25

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

Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Gateway Academy FACULTY MEMBER(S) SPONSORING TRIP Matt Adams/Griffin Moore/John Richards

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 KET Studios ADDRESS 600 Cooper Drive, Lexington, KY PHONE (800) 432-0951

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

DATE(S) OF TRIP 04-11-2025 DEPARTURE TIME 6:45 AM RETURN TIME 4:00 PM

PURPOSE/EDUCATIONAL VALUE Exposure to technology in industry; Training on tech-related apps.

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

SOURCE OF FUNDING FOR TRIP ~~Lance Ed Field Trip~~ Perkins Ed. Fund 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 20 MALE STUDENTS 11 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 Matt Adams, Griffin Moore, John Richards

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? Review of GAIT/CCPS Student Handbook

Walter Ch
Signature of Faculty Sponsor

2/24/25
Date

Perkins
Signature of Principal

2-24-25
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

2-16-2025
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

[Signature] 2/26/25

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 Rayven Bettis

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 Ball House ADDRESS 140 N Fourth St Louisville, KY PHONE 502-589-5200

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

DATE(S) OF TRIP 04/22 - 04/25 DEPARTURE TIME 4:00pm RETURN TIME 5:00pm

PURPOSE/EDUCATIONAL VALUE FCCLA State Conference

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

SOURCE OF FUNDING FOR TRIP LAVEC

AMOUNT OF STUDENT FEE: ~~100.00~~ 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 _____ FEMALE STUDENTS 3

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

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

CERTIFIED CHAPERONES Rayven Bettis

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

Rayven Bettis 2/27/25 Young Knight 2-28-25
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>Christy Jay</u> Signature of Superintendent/Designee	<u>5-11-2024</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

K. A. Stalls
3/13/25

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Gateway FACULTY MEMBER(S) SPONSORING TRIP Sam Culton

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 Crowne Plaza ADDRESS 830 Phillips Ln, Louisville, KY 40209 PHONE 502-367-2251

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging Crowne Plaza, 830 Phillips Ln, Louisville, KY 40209 502-367-2251

DATE(S) OF TRIP March 20-22, 2025 DEPARTURE TIME 11:00 AM RETURN TIME 1:00 PM

PURPOSE/EDUCATIONAL VALUE HOSA State Leadership Conference

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Utilize activities of HOSA as an integral component of course content.

SOURCE OF FUNDING FOR TRIP HOSA SAF + Lavel

AMOUNT OF STUDENT FEE: 1,575

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 19 MALE STUDENTS 3 FEMALE STUDENTS 16

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 Samuel Culton, Steffani Sutton

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? Code of Conduct Contract

Signature of Faculty Sponsor Samuel Culton

Date 2-19-25

Signature of Principal Penny Knight

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 <u>Chris Jantz</u>	Date <u>2-24-25</u>
Signature of Board Chair <u>Tom Blue</u>	Date <u>2-24-25</u>

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. Stolt 2/24/25

emergency approve

School-Related Student Trip Request Form

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

SCHOOL CCMS HMS HHS CCHS FACULTY MEMBER(S) SPONSORING TRIP Lea Blumfield
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 Bridgestone Arena ADDRESS 501 Broadway Nashville TN PHONE 615-770-2000
 Out of State Out of County Within County Overnight: give name, address, phone of lodging WVIF Memorial, Bicentennial Mall, Farmers Market

DATE(S) OF TRIP April 15, 2025 DEPARTURE TIME 7:45 am RETURN TIME 3:30

PURPOSE/EDUCATIONAL VALUE Gifted & Talented Leadership Development - Give Back to Community Taking care of Community

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
CCR1, CCR2, C.C.V. 2

SOURCE OF FUNDING FOR TRIP GT

AMOUNT OF STUDENT FEE: 0.00

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 90 MALE STUDENTS 45 FEMALE STUDENTS 45

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 Lea Blumfield, Chris Tyson, Paula Gieske, Nandy Shemwell

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? _____

Lea Blumfield 3/12/25 Michelle Wald 3/12/25
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>Chris Tyson</u> Signature of Superintendent/Designee	<u>3-13-2025</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

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 Katie Hamilton

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Louisville ADDRESS 1410 N Fourth St PHONE 502-589-5200

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

DATE(S) OF TRIP March 24-15, 2025 DEPARTURE TIME 10:00 am RETURN TIME 5:00 pm

PURPOSE/EDUCATIONAL VALUE Academic year / Governor's Cup State

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

SOURCE OF FUNDING FOR TRIP DFT

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 1 MALE STUDENTS 1 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

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 page

Signature of Faculty Sponsor Katie Hamilton Date 3/3/25 Signature of Principal [Signature] Date 3/3/25

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>[Signature]</u> Signature of Superintendent/Designee	<u>3-6-2025</u> Date
<u>Tom Beall</u> Signature of Board Chair	<u>3-10-25</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. Stull 3/5/25

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 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 University of KY ADDRESS 1540 University Dr PHONE (859) 257-9000

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging Candlewood Suites 501 Waller Ave. Lexington, Ky 40504 (959) 963-2444

DATE(S) OF TRIP 4/23 - 4/24/25 DEPARTURE TIME 4/23 8AM RETURN TIME 4/24 5PM

PURPOSE/EDUCATIONAL VALUE Career Development + Event Participation

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
DF5 - Identify wholesale and retail meat cuts of production species

SOURCE OF FUNDING FOR TRIP LAVEC/CTE Supplemental

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 6 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 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? Code of Conduct/Permission Slip

Leah Thomas 3/10/25 Andy Capell 3/10/25
 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 Date 3-11-2025

 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

Review Revised: 11/21/13

Ky A Stull 3/11/25

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Deborah Cauthen

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Louisville Ky 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 _____

DATE(S) OF TRIP April 14-2025 DEPARTURE TIME 6:00am RETURN TIME 5pm

PURPOSE/EDUCATIONAL VALUE State competition

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

SOURCE OF FUNDING FOR TRIP LAUEC

AMOUNT OF STUDENT FEE: None

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 7 MALE STUDENTS 4 FEMALE STUDENTS 3

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

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

CERTIFIED CHAPERONES Deborah Cauthen Matthew Handy

CLASSIFIED CHAPERONES _____

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

Deborah Cauthen
Signature of Faculty Sponsor

3-10-25
Date

Andy Cauthen
Signature of Principal

3-10-25
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 _____

Alan Jung
Signature of Superintendent/Designee

3-11-25
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 Heidi Wheeler

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Jaffers Bend ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 4/20/25 DEPARTURE TIME 8:30 pm RETURN TIME 3:00 pm

PURPOSE/EDUCATIONAL VALUE Earth Day activities

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

SOURCE OF FUNDING FOR TRIP Bright Ideas 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 51 MALE STUDENTS 31 FEMALE STUDENTS 20

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

CERTIFICATED COMMON CARRIER; SPECIFY Stelley Ladd - driver

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

CERTIFIED CHAPERONES Heidi Wheeler, Stelley Ladd

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? verbally in class

Signature of Faculty Sponsor [Signature]

Date 3/6/25

Signature of Principal [Signature]

Date 3/7/25

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>[Signature]</u> Signature of Superintendent/Designee	<u>3-7-2025</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
3/7/25 US
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 Tracy Bean

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 PAC ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP March 14 DEPARTURE TIME 1:30 RETURN TIME N/A

PURPOSE/EDUCATIONAL VALUE Performance @ All County

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

SOURCE OF FUNDING FOR TRIP _____

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 48 MALE STUDENTS 9 FEMALE STUDENTS 38

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 DRIVERS)

CERTIFIED CHAPERONES Tracy Bean

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 Tracy Bean Date 2/26/25 Signature of Principal Andy G... Date 2/26/25
How have they been notified? Yes discussion in class

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

Trip has been approved disapproved Reason for disapproval _____

Signature of Superintendent Designee Christy... Date 2-27-25
Signature of Board Chair Tom Bell Date 2-27-25

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.21E, 09.36 AP.212, 09.36 AP.23

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 PHONE 877-463-2645
 Out of State Out of County Within County Overnight stay Single address, phone of lodging Santa Claus, TN

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 transportation? Yes No
How have they been notified? permission form

Signature of Faculty Sponsor Guanaduen Date 1/16/25 Signature of Principal Andig Campbell 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

RECEIVED-KUMAR SECRETARY TO

E-MAILED 2/26/25 Jessa

E-MAILED

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 Tracy Bear

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Van Meter Quad WKU ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP April 15th DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE KMEA Assessment

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

performance

SOURCE OF FUNDING FOR TRIP _____

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 47 MALE STUDENTS 9 FEMALE STUDENTS 38

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 Tracy Bear

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? discussion in class

Maafesa
Signature of Faculty Sponsor

2/26/25
Date

Andy [Signature]
Signature of Principal

2/26/25
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 [Signature]</u> Signature of Superintendent/Designee	<u>2-27-25</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

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 FACULTY MEMBER(S) SPONSORING TRIP Robert Bussell, Cameron Pcermon

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 Alltech Arena ADDRESS 4099 Iron Works, Lexington PHONE 459-235-9303

- 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 2-26-25 - 03-02-25 DEPARTURE TIME 12pm RETURN TIME 11am

PURPOSE/EDUCATIONAL VALUE Wrestling State

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: _____

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 6 MALE STUDENTS 2 FEMALE STUDENTS 4

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

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

CERTIFIED CHAPERONES Robert Bussell, Cameron Pcermon, Anthony Pinner

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? Paper work

Paul Berra 02-25-25 Andy Caylor 2-25-25
 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 _____

Tom Bell "Knu" 2-26-25
 Signature of Superintendent/Designee Date

Tom Bell "Knu" 2-26-25
 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

By A. Stal 2/26/25
Emergency approved