

STUDENTS

09.36 AP.21

**School Related Student Trip Request Form**

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: ANTHONY DARNALL, CALVIN WARREN III

TYPE OF TRIP (CHECK ONE):

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

DESTINATION ADDRESS

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

DATE(S) OF TRIP: NOVEMBER 13TH-NOVEMBER 15TH DEPARTURE TIME: TBA RETURN TIME: TBA

PURPOSE/EDUCATIONAL VALUE:

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

SOURCE OF FUNDING FOR TRIP: STUDENT FEE

AMOUNT OF STUDENT FEE:

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

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

NUMBER OF STUDENTS: 120 MALE STUDENTS: 46 FEMALE STUDENTS: 74

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY: BUS

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

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III-MORE TBA

CLASSIFIED CHAPERONES: TBA

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

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

How have they been notified? Student Handbook and Code of Conduct Permission Form

*Anthony Darnall*  
Signature of Faculty Sponsor

5/7/25  
Date

*KE Malcom*  
Signature of Principal

5-7-25  
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<i>Chris Zant</i> Signature of Superintendent/Designee	5-8-25 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

Page 1 of 1

*Ky + Steel* 5/8/25

STUDENTS

09.36 AP.21

**SchoolRelated Student Trip Request Form**

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: ANTHONY DARNALL, CALVIN WARREN III

TYPE OF TRIP (CHECK ONE):

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

DESTINATION ADDRESS

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

DATE(S) OF TRIP: OCTOBER 31ST-NOVEMBER 1ST    DEPARTURE TIME: TBA    RETURN TIME: TBA

PURPOSE/EDUCATIONAL VALUE:

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

SOURCE OF FUNDING FOR TRIP: STUDENT FEE

AMOUNT OF STUDENT FEE:

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

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

NUMBER OF STUDENTS: 120    MALE STUDENTS: 46    FEMALE STUDENTS: 74

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY: BUS

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

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III-MORE TBA

CLASSIFIED CHAPERONES: TBA

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

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

How have they been notified? Student Handbook and Code of Conduct Permission Form

Signature of Faculty Sponsor: *[Signature]* Date: 5/7/25    Signature of Principal: *[Signature]* Date: 5-7-25

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: _____	
Signature of Superintendent/Designee: <i>[Signature]</i>	Date: 5-8-2025
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

Page 1 of 1

*by A. Stull 5/7/25*

**School-Related Student Trip Request Form**

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

SCHOOL \* Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP 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 Great Wolf Lodge ADDRESS 12481 Harbor Blvd Garden Grove CA, 92840 PHONE-DESTINATION 714 530 9153  
☒ Out of State    ☐ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging

 DATE(S) OF TRIP June 28th through July 3rd 2025 DEPARTURE TIME 4:00am RETURN TIME 9:00pm  
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE EBLA National conference

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

multiple AA, AF, EA, EB, ECSOURCE OF FUNDING FOR TRIP 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 10 MALE STUDENTS 3 FEMALE STUDENTS 3MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)
☒ CERTIFICATED COMMON CARRIER; SPECIFY ? possibly school van to transport students to Airport  
☒ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) or
Certified chaperones Samantha CruzClassified chaperones Marvin HarnessHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students?  
☐ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Verbal & permission forms going out.X S. Cruz

Faculty/Sponsor Signature

X Bly Miles

Principal Signature

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

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

1/1/255/1/25Chris Jones 5/1/25



**School-Related Student Trip Request Form**

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Kiki Radford

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 Bethel University ADDRESS 325 Cherry Ave PHONE 731-352-4000

- ☐ Out of State    ☐ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging  
Bethel University Student Dorms 325 Cherry Ave, McKenzie, TN 38201

DATE(S) OF TRIP June 8-11, 2025 DEPARTURE TIME 3:00pm RETURN TIME 10:00pmPURPOSE/EDUCATIONAL VALUE Athletic Team Basketball Camp

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

SOURCE OF FUNDING FOR TRIP CCHS Girls BasketballAMOUNT OF STUDENT FEE: \$690 (Total Fee)

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☒ OTHERNUMBER OF STUDENTS 12 MALE STUDENTS 0 FEMALE STUDENTS 12MODE 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 Kiki RadfordCLASSIFIED CHAPERONES Erica Gordian, Jamestra Giger, Nanette Stiger

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? Signed copy of Team Rules & Expectations

Kiki Radford  
 Signature of Faculty Sponsor

4/18/25  
 Date

AE Malon  
 Signature of Principal

4/18/25  
 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

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. Ashell 4/24/25

**School-Related Student Trip Request Form**

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

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

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: OMNI SHOREHAM HOTEL WASHINGTONADDRESS: 2500 CALVERT STREET NW WASHINGTON, DC 20008PHONE: 202-234-0700
☒ Out of State    ☒ Out of County    ☐ Within County

☒ Overnight: give name, phone number, and address of lodging
DATE(S) OF TRIP: 6/02/2025- 06/08/2025DEPARTURE TIME: 8:30 A.M. ON 06/02/2025 RETURN TIME: 3:00 P.M. ON 06/08/2025PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE ABLE TO ATTEND LEADERSHIP WORKSHOPS, COMMUNITY SERVICE, AND HISTORICAL TOURS.

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, ETCSOURCE OF FUNDING FOR TRIP: PERKINS, LAVEC, DAFAMOUNT 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    ☐ OTHERNUMBER OF: STUDENTS 1    MALE STUDENTS: 0    FEMALE STUDENTS 1MODE 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 MATTEA WYATT

CLASSIFIED CHAPERONES \_\_\_\_\_

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Acceptable Behavior, Permission Slip

Signature of Faculty Sponsor

Date

Signature of Principal

Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
Signature of Superintendent/Designee	Date <u>4-14-2024</u>
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

**RELATED PROCEDURES:**

09.36 AP.211, 09.36 AP.212, 09.36 AP.2

Review/Revised: 11/21/13

K. A. Stetler 4/14/25



STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP Demarcus Wilford  
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 Bethel University ADDRESS 325 Cherry Ave PHONE (751) 415 1114  
McKenzie TN 38201  
☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of  
lodging Bethel University

DATE(S) OF TRIP June 5<sup>th</sup>-7<sup>th</sup> DEPARTURE TIME TBD RETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

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

SOURCE OF FUNDING FOR TRIP Boys Basketball

AMOUNT OF STUDENT FEE: 15.00 per

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 11 FEMALE STUDENTS \_\_\_\_\_

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

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

CERTIFIED CHAPERONES \_\_\_\_\_

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? \_\_\_\_\_

D. Wilford  
Signature of Faculty Sponsor

4-21-25  
Date

[Signature]  
Signature of Principal

4-21-25  
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

5-2-25  
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

[Signature] 5/1/25

STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL EL District Wide FACULTY MEMBER(S) SPONSORING TRIP Tracy Keith

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 Chuck E Cheese ADDRESS 2821 B Williams Road Clarksville, TN PHONE 931-906-1011

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

DATE(S) OF TRIP 5-1-25 DEPARTURE TIME 10:00 AM RETURN TIME 2:00 pm

PURPOSE/EDUCATIONAL VALUE Reward for Testing out of EL Program

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

SOURCE OF FUNDING FOR TRIP 15 WK

AMOUNT OF STUDENT FEE: \$11.99

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS \_\_\_\_\_ MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS \_\_\_\_\_

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 Tina Mullins, Pinner LADD

CLASSIFIED CHAPERONES Vickie Perry

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise

students? ☒ Yes ☐ No

acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? By EL Teacher

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

Signature of Board Chair

Date

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

emergency approved



STUDENTS

### School-Related Student Trip Request Form

09.36 AP.21

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 lodging ☐ Out of County ☒ Within County ☐ Overnight; give name, address, phone of \_\_\_\_\_  
DATE(S) OF TRIP 5/13/25 DEPARTURE TIME 4:00 pm RETURN TIME \_\_\_\_\_  
PURPOSE/EDUCATIONAL VALUE Concert  
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) \_\_\_\_\_  
SOURCE OF FUNDING FOR TRIP \_\_\_\_\_  
AMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER  
NUMBER OF STUDENTS 55 MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS \_\_\_\_\_  
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_  
☐ PRIVATE VEHICLE IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

CERTIFIED CHAPERONES 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  
How have they been notified? \_\_\_\_\_  
Signature of Faculty Sponsor May Bee Date 5/8/25  
Signature of Principal [Signature] Date 5/5/25

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

Trip has been ☒ approved ☐ disapproved Reason for disapproval \_\_\_\_\_

Signature of Superintendent/Designee [Signature]  
Signature of Board Chair Tom Bell "Knee"

Date 5-6-25  
Date 5-6-25  
Date \_\_\_\_\_

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

Related Procedures:

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

Review/Revised: 11/21/13

Page 6 of 6

emergency approved

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 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 Christian Co ADDRESS Various Farms PHONE N/A  
☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging  
 DATE(S) OF TRIP 4/29/25 DEPARTURE TIME 9:00AM RETURN TIME 3:00PM  
 PURPOSE/EDUCATIONAL VALUE Deliver meals to Christian Co. Farmers - "Thank a Farmer"  
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
AA1 - AAS  
 SOURCE OF FUNDING FOR TRIP N/A  
 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 ☐ OTHERNUMBER OF STUDENTS 7 MALE STUDENTS TBD FEMALE STUDENTS TBDMODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY

VAN

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES Leah ThomasCLASSIFIED CHAPERONES N/A

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 Acceptable Behav

ior

Leah Thomas  
 Signature of Faculty Sponsor

4/11/25  
 Date

[Signature]  
 Signature of Principal

4/11/25  
 Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Chris Burt  
 Signature of Superintendent/Designee

4-11-25  
 Date

Tom Bello "Kine"  
 Signature of Board Chair

4-11-25  
 Date

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

Related Procedures:

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

Review/Revised: 11/21/13

emergency approved

## School-Related Student Trip Request Form

SUBMIT THIS FORM FOR R(14) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL HHS

FACTORY MEMBER(S) SPONSORING TRIP

William Thomas

TYPE OF TRIP (CHECK ONE)

☐ DAY 300 miles☒ UNDER 300 miles☐ CO-COUNTRY☐ EXTRANATURAL☐ CLASSROOM FIELD TRIP☐ OTHER (attach form if applicable)Louisville KY 40222DESTINATION Kennedy Field House1325 Hustonville502-426-2600☐ OUT OF STATE☒ IN OF COUNTRY☐ WITHIN COUNTRY☒ OVERNIGHT (give name, address, phone of lodging)Holiday Inn Hustonville, same as above addressDATE(S) OF TRIP April 3-4, 2005DEPARTURE TIME 5pmRETURN TIME 3pmPURPOSE/EDUCATIONAL VALUE Elementary workshops + competition

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

Hot Culture, Social Exploration, Leadership

SOURCE OF FUNDING FOR TRIP

Supplemental LTE

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☒ OTHERNUMBER OF STUDENTS 10MALE STUDENTS 8FEMALE STUDENTS 10MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP.212)☐ PRIVATE VEHICLE IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

CERTIFIED CHAPERONES

William Thomas

CLASSIFIED CHAPERONES

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

Signature of Faculty Sponsor

Julie GilliamDate 3/28

Signature of Principal

Julie GilliamDate 4/14/2005

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

William Thomas

Signature of Board Chair

William Thomas

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

Related Procedures:

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

K.A. Steel 4/14/25



STUDENTS

09.36 AP.21

**School Related Student Trip Request Form**SCHOOL HHS  
TYPE OF TRIP

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

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

DESTINATION PAC ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- ☐ Out of State    ☐ Out of County    ☒ Within County    ☐ Overnight: give name, address, phone of lodging N/A

DATE(S) OF TRIP 4/24/25 DEPARTURE TIME 8:30a RETURN TIME 12:45pPURPOSE/EDUCATIONAL VALUE Workshop w/ Choral ClinicianWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
Performance standardsSOURCE OF FUNDING FOR TRIP Choral Sitebase accountAMOUNT 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 \_\_\_\_\_ MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS \_\_\_\_\_

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_CERTIFIED CHAPERONES Tracy Bean

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? Classroom discussion

Signature of Faculty Sponsor Tracy BeanDate 4-10-25Signature of Principal [Signature] Date 4/15/25

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
Signature of Superintendent/Designee <u>[Signature]</u>	Date <u>4-10-2025</u>
Signature of Board Chair <u>Tom Bell "Kone"</u>	Date <u>4-10-25</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

Emergency approved**Vehicle Request Form**

School \_\_\_\_\_ Faculty Member(s) sponsoring trip \_\_\_\_\_

E-MAILED

4/16/25K Edwards

"Only"  
Student  
Van needed

STUDENTS

09.36 AP.21

### School-Related Student Trip Request Form

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

SCHOOL Hopkinsville HS FACULTY MEMBER(S) SPONSORING TRIP James Persell  
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 Kroger ADDRESS 1213 Skyline Dr. PHONE 270-885-7606  
☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of lodging  
DATE(S) OF TRIP 05-12-25 DEPARTURE TIME 12pm RETURN TIME 1pm  
PURPOSE/EDUCATIONAL VALUE To teach student how to shop  
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
Kentucky Standard: KY F.P. 7.  
SOURCE OF FUNDING FOR TRIP CBI Funds  
AMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER  
NUMBER OF STUDENTS 5 MALE STUDENTS 3 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 James Persell

CLASSIFIED CHAPERONES Venessa Lewis Courtney Henderson  
Melissa Drexel Mona Beal

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? Parent Notification  
Signature of Faculty Sponsor [Signature] Date 4-15-25 Signature of Principal [Signature] Date 4/15-25

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval	
Signature of Superintendent/Designee <u>[Signature]</u>	Date <u>4-16-25</u>
Signature of Board Chair <u>[Signature]</u>	Date <u>4-17-25</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

Emergency approved

E-MAILED

4/16/25

K. Edwards