

STUDENTS

09.36 AP.21

SchoolRelated Student Trip Request Form

SCHOOL

Christian County High School

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 UKADDRESS University of Kentucky

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Hilton Garden Inn 1975 Plaudit Pl.

DATE(S) OF TRIP 5/30-31 DEPARTURE TIME 9:00 am RETURN TIME 6:00 pmPURPOSE/EDUCATIONAL VALUE Competition

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 ☐ OTHERNUMBER OF: STUDENTS 7 MALE STUDENTS 6 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP.112.)☐ CERTIFICATED COMMON CARRIER; SPECIFY☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)District
Van

CERTIFIED CHAPERONES

CLASSIFIED CHAPERONES Joe Leavelle Shakivya Thomas

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 form distributed.

Signature of Faculty Sponsor

Date 5-23-25Signature of Principal Red MahonDate 5/23/25

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 disapprovalSignature of Superintendent/Designee Chris GungDate 5-30-25Signature of Board Chair Tom Bell "Knee"Date 5-30-25

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Emergency approved**Vehicle Request Form**

School

Faculty Member(s) sponsoring trip

K. A. Stull 5/27/25

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 Lexington ADDRESS Lexington Catholic Academy PHONE _____
☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of
lodging Tru by Hilton 1776 Vender Way Lexington KY 40509

DATE(S) OF TRIP 6/21/25 DEPARTURE TIME 8:00 am RETURN TIME 6/22/25 Evening
PURPOSE/EDUCATIONAL VALUE Summer basketball
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 12 MALE STUDENTS 12 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 Dier Curtis Karter Tracy
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? Distribution of the Acknowledgement of ccps Code of Acceptable Behavior

Kathy Hoag 5/23/25 _____
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 5-30-2025

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

Vehicle Request Form

School Christian Camp High Faculty Member(s) sponsoring trip Karter Tracy

Ky A Still 5/29/25

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 Rayven Beth's
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 Orange County Conv. ADDRESS 9800 International Dr Orlando FL 32819 PHONE (407) 685-9800

- ☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight, give name, address, phone of lodging Tru by Hilton 6461 Westwood Boulevard Orlando FL 32821

DATE(S) OF TRIP 07/05/25 - 07/09/25 DEPARTURE TIME 4:00 am RETURN TIME 4:00 pmPURPOSE/EDUCATIONAL VALUE National Conference

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

SOURCE OF FUNDING FOR TRIP LAJEC DFTAMOUNT 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 2 MALE STUDENTS _____ FEMALE STUDENTS 2MODE 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 Beth's

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? Memo

Signature of Faculty Sponsor Rayven Beth'sDate 05/14/25Signature of Principal Penny KnightDate 5-19-25

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee Chris G...Date 5-20-2025

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS/CCHS

FACULTY MEMBER(S) SPONSORING TRIP

Lea Brumfield
Michelle Walden
(GT)

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 Maryland College Park, MD

PHONE 301.405.1000

- ☒ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging
4511 Knox Rd College Park, MD

DATE(S) OF TRIP 4/9 - 4/12/25 DEPARTURE TIME 7 am RETURN TIME 11 pm

PURPOSE/EDUCATIONAL VALUE National History Day Competition (National)

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

Ky Academic Standards for Social Studies

SOURCE OF FUNDING FOR TRIP ST

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 GT Program

NUMBER OF: STUDENTS 6 MALE STUDENTS 3 FEMALE STUDENTS 3

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY 2 vans (CCPS)

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

CERTIFIED CHAPERONES Lea Brumfield, Mandy Shermuxee,
Daniel Przybylski, Tonya Childs

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

Lea Brumfield
Signature of Faculty Sponsor

5/13/25
Date

Have all students been notified of the rules and regulations regarding

How have they been notified? yes - Parent mtg 5/15/25

Michelle Walden
Signature of Principal

5/13/25
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris [Signature]</u> Signature of Superintendent/Designee	<u>5-19-25</u> Date
<u>Tom Bell</u> Signature of Board Chair	<u>5-19-25</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. Stahl 5/19/25

emergency approved

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

FACULTY MEMBER(S) SPONSORING TRIP William E. Incina

☐ Extracuticular

PHONE

PHONE _____

11:00 AM RETURN TIME 4:00 PM

APPLY TO ATHLETIC TRIPS.)

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS IRUP: (DOES NOT APPLY)

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 20 MALE STUDENTS 6 FEMALE STUDENTS 14
 YES (SEE PROCEDURE 09.36) ☐ NO ☒

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? N/A
AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
Gilliam/Jacob Thomas

☒ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Julie Gilliam / Leah Thomas

CLASSIFIED CHAPFONES

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No In Progress Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No How have they been notified? Parent Square 7/23/25

Signature of Faculty Sponsor Dean Jernard
 Date 5/22/25
 Signature of Principal Jeffrey Jernard
 Date 5/22

Signature of Faculty Sponsor

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 of Board Chair

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.20.

Related Procedures:

09.36 AP.211.09.36 AP.212.09.36 AP.23
7/19/25

Review Revised: 11/21/13

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 UK ADDRESS Campus PHONE 859.389.6800

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of
 lodging Holiday Inn Express - Export Street

DATE(S) OF TRIP 5/29-5/30 DEPARTURE TIME 10:00 AM RETURN TIME 7:00 PMPURPOSE/EDUCATIONAL VALUE State Track MeetWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
N/A

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 ☐ OTHERNUMBER OF STUDENTS 20 MALE STUDENTS 10 FEMALE STUDENTS 10MODE 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 Jessica Candill, Darrick Dillard,CLASSIFIED CHAPERONES Allen Stark
Roger Volk, Tony Bussen,
Fred Jensen

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

Signature of Faculty Sponsor J. CandillDate 5/21/25Signature of Principal Andy [unclear]Date 5/23/25

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee Tom Ball "tme"

Signature of Board Chair _____

Date 5-30-25Date 5-30-25

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Emergency approved**Vehicle Request Form**School Hopkinsville High Faculty Member(s) sponsoring trip J. CandillKy A Stuhl 5/27/25Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Indian Hills FACULTY MEMBER(S) SPONSORING TRIP Tina Mullins, Naomi Mullins

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 Meskar Park Zoo ADDRESS 1545 Meskar Park Drive PHONE 812-435-6143
Evansville, Indiana 47720

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

DATE(S) OF TRIP 6-20-25 DEPARTURE TIME 8:00 RETURN TIME 4:00

PURPOSE/EDUCATIONAL VALUE Practicing English vocabulary, learning Animal facts

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
2-LS4-1 Make observations of plants/animals to compare the diversity of life

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 37 MALE STUDENTS 13 FEMALE STUDENTS 24

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, Naomi Mullins, Gayle Holden

CLASSIFIED CHAPERONES Misako Royster

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 Naomi Mullins

Date _____

Signature of Principal Daugherty

Date 6/5/25

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 Clancy

Date 6-5-2025

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