

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Sam Self

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 WKU Team Camp ADDRESS Bowling Green, KY PHONE _____

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

DATE(S) OF TRIP July 10-11, 2025 DEPARTURE TIME 7am (7/10) RETURN TIME TBD (evening 7/12)

PURPOSE/EDUCATIONAL VALUE Volleyball team camp

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

SOURCE OF FUNDING FOR TRIP CCHS Volleyball Boosters

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 10 MALE STUDENTS 0 FEMALE STUDENTS 10

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 Sam Self, Jana Montes

CLASSIFIED CHAPERONES T'ana Dixon, Mallory Neighbors

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? Papers sent home with students

Samatha M Self 6/16/25 [Signature] 6/17/25
 Signature of Faculty Sponsor Date Signature of Principal Date

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

Trip has been approved disapproved. Reason for disapproval _____

[Signature] 6-18-2024
 Signature of Superintendent/Designee Date

Tom Bell "Kmer" 6-18-25
 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

[Signature]

Emergency Approved

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Sam Self

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 Bluegrass State Games ADDRESS Lexington, KY PHONE _____

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

DATE(S) OF TRIP August 1-3 DEPARTURE TIME 7am (8/1) RETURN TIME EBD (evening 8/3)

PURPOSE/EDUCATIONAL VALUE Volleyball tournament p
m

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

SOURCE OF FUNDING FOR TRIP CCHS Volleyball Boosters

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 12 MALE STUDENTS 0 FEMALE STUDENTS 12

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 Sam Self, Jana Montes

CLASSIFIED CHAPERONES T'ana Dixon, Mallory Neighbors

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? Papers sent home with students

Samatha M Self
Signature of Faculty Sponsor

6/16/25
Date

[Signature]
Signature of Principal

6/17/25
Date

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

| | |
|---|--------------------------|
| Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ | |
| <u>[Signature]</u> Signature of Superintendent/Designee | <u>6-18-2011</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

[Signature]