	School-Related	Student	Trip Req	uest Form
-		The same of the sa	A STATE OF THE PARTY OF THE PAR	

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CONS FACULTY MEMBER(S) SPONSORING TRIP Paula Gieseke
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 Murray State ADDRESS 1375 Chestnut St PHONE 1-800-272.46
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging ☐
DATE(S) OF TRIP 09-25-25 DEPARTURE TIME 7:30 pm RETURN TIME 2:30
PURPOSE/EDUCATIONAL VALUE Tows of ARt Department Jobs in GRaphic D
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) Gifted + Talented in ART
SOURCE OF FUNDING FOR TRIP ART
AMOUNT OF STUDENT FEE: # 20
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 1 FEMALE STUDENTS 14
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES Lea Brun field
Paula Gieseke
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? A Yes \(\Delta \) No Have all students been notified of the rules and regulations regarding acceptable behavior? \(\Delta \) Yes \(\Delta \) No How have they been notified? For the supervise 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
(mison 910 con
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

09.36 AP.21

School-Related Stud	ent Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
	Tember(s) sponsoring trip: J. Jaworski,
Over 300 miles Under 300 miles	Cocurricular Extracurricular
☐ Classroom Field Trip X Organization/Club Trip	☐ Other (athletic, band, if applicable
Destination: Murray State University	Address: 2101 College Farm Rd. Murray, KY 42071
PHONE: 800-809-3125	2207 COLLEGE FARM ND. WIURRAY, NY 42071
□ Out of State X Out of County □ Within Coun	ty Overnight: give name, address, phone of lodging
DATE(S) OF TRIP: 9/12/2025 DEPARTURE TIME: 7:3	IN ON
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE	IN LEADERSHIP AND CAREER DEVELOPMENT EVENT CONTESTS
BEING ADDRESSED BY TAKING THIS TRIP?	(DOES NOT APPLY TO ATHLETIC TRUES)
55-AA007 DEMONSTRATE UNDERSTANDING OF BASIC INTERI	PERSONAL COMMUNICATION (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 T	TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION	□ SCHOOL COUNCIL □ BOARD □ OTHER
Number of: students <u>5</u> Male Students: <u>1</u>	
Mode of Transportation: is district transportation no	-
□ CERTIFICATED COMMON CARRIER; SPECIFY_	EEDED? NO UYES (SEE PROCEDURE 09.36 AP. 212.)
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER	(s)
CERTIFIED CHAPERONES <u>JACOB JAWORSKI</u>	
CLASSIFIED CHAPERONES NONE	
supervise students!	heck and been designated by the principal/designee to
Have all students been notified of the rules and regula	tions regarding acceptable behavior? Yes No
How have they been notified? <u>Permission Slip, Code of</u>	Acceptable Behavior
Significant 9/8/25	Distribution
Date Date	Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN APPROVAL IMPOSSIBLE SHOULD ALSO HAVE TH	CVP CVP CCP
The state of the s	LE SIGNATURE OF THE BOARD CHAIRPERSON
rip has been approved □ disapproved. Reason for disapprov	val
Al	
Signature of Superintendent/Designee	9-9-2006
TOMBELO "KWLE"	Date
Signature of Board Chair	9-9-05
age 1 of 2	Date

09.36 AP.21

ISTUDENT	S Sc	hool-Related Stude	ent Trip Request For	m
Γ	200			
L Savon CC	THC .			
Type of Trip X Over 300 Classroom Classroom X Out of Sta X Overnigh Hampton I Date(s) of Tr Purpose/Educ What standa SS-AA007 D Source of fu	(CHECK ONE): miles n Field Trip INDIANAPOLIS ate DOUT IT: Give name, a Inn & Suites b INDIANAPOLIS CATIONAL VALUARD IS BEING ADI DEMONSTRATE UNDING FOR TRIF NO ST	Under 300 miles X Organization/Club Trip IN Address Conv. of County Within Co. ddress, phone of lodging: y Hilton Franklin Indianap 10-31-25 Departure Time DRESSED BY TAKING THIS TRIP! PROBLEM / LAVE (TUDENT SHALL BE DENIED THE ONSORING ORGANIZATION	Cocurricular Other (athletic, band, if appention Center Phone Punty Colis 361 Paris Drive Frank 7 A.M. ON 10-29-25 RETURN CON COMPANY CON COMPANY CON COMPANY CON COMPANY CON CON COMPANY CON	X Extracurricular plicable 270-498-2597 din, IN 46131 Time 8 p.m. on 10-11-25 C TRIPS.) STENING, WRITTEN, ORAL, ETC TO PAY. BOARD □ OTHER DENTS 6
Mode of Tradical Certificat Private ve	ANSPORTATION: TED COMMON CA CHICLE, IF ALLOY	IS DISTRICT TRANSPORTATION IS RRIER; SPECIFY SUSSINGUED BY POLICY; SPECIFY DRIVE	NEEDED? IN X YES (SEE VOINS ER(S)	PROCEDURE 09.36 AP. 212.)
CLASSIFIED C	CHAPERONES			
Have all students the supervise students and students the supervise students are supervised at the supervise students and supervised students are supervised students and supervised students are supervised students and supervised students are supervised students are supervised students and supervised students are supervised students.	dents? X Yes of dents been notified been notified been notified been notified been notified been notified by the second by the second by the second been notified by the second by the s	in No fied of the rules and regulation of the rules and rules are rules are rules and rules are rules are rules and rules are rules and rules are rules and rules are	ons regarding acceptable behavior Acceptable Behavior Signature of Prince EEN CIRCUMSTANCES THE	vior? X Yes \square No Mull 9125 Date HAT MAKE PRIOR BOARD
School-Related Student Trip Request Form Submit this form Four (4) WEEKS prior to taking the trip. CHOOLCCHS				
For ov	ernight and/or or	it-of-state trips, approval of the	Superintendent and/or Board may	y be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.211, 09.36 AP.212, 09.36 AP.22, 09.36 AP.23

Review/Revised:1/15/09

16 A Stabl 9/9/25

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: J. Jaworski
SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY INTERNIBER(S) STOTAGEMENT TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles ☐ Classroom Field Trip ☐ Classroom Field Trip ☐ Classroom Field Trip ☐ Other (athletic, band, if applicable
DESTINATION: MURRAY STATE UNIVERSITY EXPOSITION CENTER
Address: 2101 College Farm Rd, Murray, KY 42071
PHONE: (270) 809-3125
□ Out of State X Out of County □ Within County
X Overnight: give name, phone number, and address of lodging
DATE(S) OF TRIP: 11/20/2025-11/21/2025 DEPARTURE TIME: 4:00 PM ON 11/14/2024 RETURN TIME: 4:00 PM ON 11/15/2024 DEPARTURE TIME: 4:00 PM ON 11/14/2024 RETURN TIME: 4:00 PM ON 11/15/2024
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN THE PENNYRILE REGIONAL VET SCIENCE AND STATE HORS JUDGING CAREER DEVELOPMENT EVENTS.
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 SAF LAVEC
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
Number of: students 8 Male Students 4 Female Students 4
Mode of Transportation: is district transportation needed? I no X yes (see procedure 09.36 ap. 212.) Certificated common carrier; specify Bus kequest X yes (see procedure 09.36 ap. 212.)
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES JACOB JAWORSKI
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee 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
July 3/8/25 1200 10412
//Signature of Faculty Sponsor Date Signature of Fillinger
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOA APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO
Trip has been approved disapproved. Reason for disapproval
66.71
Date
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

Page 1 of 2

Quality

School-R	elated Student Trip Req	uest Form	
SCHOOL FACULTY MEN	mber(s) sponsoring trip: <u>Victo</u>		<u>n</u>
Under 300 miles	X Cocurricular	□ Extracurricular	
Organization/Club Trip	□ Other (athletic, band, if	applicable	
INTON, KY, 430 W VINE ST. INTON, KY, 430 W VINE ST. INTON, WITHIN COUNTY X 369 W VINE STREET, LEXI 11/2029 DEPARTURE TO STUDENTS PARTICIPATE RESSED BY TAKING THIS TREET IN THE WORKPLACE (E.G. LAVEC E: No student fee require PSORING ORGANIZATION MALE STUDENTS:	COvernight: give name, addington, KY 40507 ME: 4:00 PM RETURN TO ATHE LEVEL COMPETING! MICHAEL GOALS, LISTENING! Cod to attend No STUDENT SHOW SCHOOL COUNCIL The semale State S	ress, phone of lodging: IME: 4:00 PM TIONS AND CAREER EXPO LETIC TRIPS.)EF3 DEM FOLLOWING DIRECTIONS, C ALL BE DENIED THE TRIP BE BOARD	CAUSE OF AN INABILITY TO PAY.
ed by policy; specify driv oria Groves & Jacob Jay	ver(s)worski		 upervise students?
ed of the rules and regulation? Permission Slip & Cod Gamma Gamma Cod Co	e of Acceptable Behavior Signature of Proceeding BOARD CHAIRPERS	havior? Summ 7 incipal Date HAT MAKE PRIOR BO ON	19125
tenden/Designee	approval of the Superintenden	Date Date and/or Board may be require	ed by policy 09.36.
	SCHOOL FACULTY MEM SCHOOL FACULTY MEM Under 300 miles COrganization/Club Trip TON, KY. 430 W VINE ST AND WITHIN COUNTY MEM 369 W VINE STREET, LEX 11/2029 DEPARTURE TO STUDENTS PARTICIPATION RESSED BY TAKING THIS TR CE IN THE WORKPLACE (E.G. LAVEC E: No student fee required NSORING ORGANIZATION MALE STUDENTS: DISTRICT TRANSPORTATION RIER; SPECIFY ED BY POLICY; SPECIFY DRIVE ORIA GROVES & JACOB JA THE TON THE WORKPLACE (E.G. TON THE WORKPLACE (E.G. TON STUDENTS PARTICIPATION MALE STUDENTS: ORIA GROVES & JACOB JA THE STONE TO UNFORSER HE SIGNATURE OF THE disapproved. Reason for disa MEMBERS OF THE Chair Chair	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE SCHOOL. FACULTY MEMBER(S) SPONSORING TRIP: VICTOR OF A COUNTY OF A COUN	A Under 300 miles X Cocurricular Corganization/Club Trip Other (athletic, band, if applicable STON, KY. 430 W VINE ST. LEXINGTON, KY 40507 Inty Within County X Overnight: give name, address, phone of lodging; 369 W Vine Street, Lexington, KY 40507 11/2029 Departure Time: 4:00 PM RETURN TIME: 4:00 PM STUDENTS PARTICIPATING IN STATE LEVEL COMPETITIONS AND CAREER EXPORESED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) EF3 DEA CE IN THE WORKPLACE (E.G., SETTING GOALS, LISTENING, FOLLOWING DIRECTIONS, C LAVEC EN Ostudent fee required to attend No STUDENT SHALL BE DENIED THE TRIP BE SSORING ORGANIZATION MALE STUDENTS: 7 FEMALE STUDENTS: 11 DISTRICT TRANSPORTATION NEEDED? IND XYES (SEE PROCEDURE 09.36 AP. RIER; SPECIFY ED BY POLICY; SPECIFY DRIVER(S) ORIA GROVES & JACOB JAWORSKI The the required records check and been designated by the principal/designee to see the required records check and been designated by the principal designee to see the required records check and been designated by the principal Date Signature of Principal Date Signature of Principal Date TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BO HE SIGNATURE OF THE BOARD CHAIRPERSON disapproved. Reason for disapproval MALE AND ALLEY Date Date

09.36 AP.211, 09.36 AP.212, 09.36 AP.23 e 1 of 2 Page 1 of 2

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL UHS FACULTY MEMBER(S) SPONSORING TRIP MUYTING 1. 5 ONTAKE 7 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 Pland May address 3955 NoleMSVIIIe PHONE (615) 373 - 9292 MOut of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP NOV. 20 DEPARTURE TIME 8:30 RETURN TIME 4:00
PURPOSE/EDUCATIONAL VALUE WITHYAL EXPOSURE
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip WIYIO LAMOUNT 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 40 MALE STUDENTS 20 FEMALE STUDENTS 20
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY
CERTIFIED CHAPERONES SAY AN MAYTH MEZ, KAY A GOMALEZ
CLASSIFIED CHAPERONES MOMON (a HOlloman, Debi Schneider
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Dives Down Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No How have they been notified? Diversity Signature of Faculty Sponsor Date Have all students been notified? Diversity 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 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

09.36 AP.21

School-Related Student Trip Request Form

	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.						
	HRISTIAN CO. F (CHECK ONE):	IS	FA	CULTY MEMB	er(s) sponsori	ng trip: <u>J. Jaw</u> o	<u>DRSKI</u>
□ Over 300	0 miles	Under 300	miles	Cocurrie	ular	X Extracurrio	cular
□ Classroo	om Field Trip	□ Organizatio	on/Club Trip	□ Other (at	hletic, band, if	applicable	
Destination Phone: 270		AIR & EXPO CEN	TER	Addi	RESS: 937 PHIL	LIPS LN., LOUISV	TILLE, KY
□ Out of	State X Out	of County 🗆 '	Within Cour	nty □ Overr	night: give na	me, address, pl	none of lodging
11/14/2025	TRIP: 11/14/20				1/14//2025 RE		9:00 PM ON
		ue: <u>Students w</u>					CE INDUSTRY.
WHAT STAND	ARD IS BEING AI	DRESSED BY TAK	ING THIS TRIP	? (Does not	APPLY TO ATHL	ETIC TRIPS.)	
SS-AA007	<u>DEMONSTRATE U</u>	NDERSTANDING O	F BASIC INTER	RPERSONAL CO	MMUNICATION ((LISTENING, WRIT	TEN, ORAL, ETC)
		P: CCHS FFA					
AMOUNT (OF STUDENT	FEE: <u>\$0</u>					
	No	STUDENT SHALL B	E DENIED THE	TRIP BECAUS	E OF AN INABILI	TY TO PAY.	
BILL TRIP EX	PENSES TO: K	PONSORING ORGA	NIZATION	□ SCH	OOL COUNCIL	□ BOARD	\Box OTHER
Number of:	STUDENTS 9	MAL	e Students:	<u>3</u>	FEMALE ST	rudents: 6	
		IS DISTRICT TRA			NO □ YES (SI	ee procedure 09	9.36 AP. 212.)
□ CERTIFICA	TED COMMON C	ARRIER; SPECIFY	School	Van			
□ PRIVATE V	EHICLE, IF ALLO	OWED BY POLICY;	SPECIFY DRIV	er(s)			
CERTIFIED C	HAPERONES JAI	ce Jaworski <u>Vic</u>	TORIA GROVI	<u>es</u>			
	CHAPERONES <u>N</u>						Micro consistence can be on
Have all cl	haperones und	ergone the requ	uired record	s check and	been designat	ted by the prin	cipal/designee to
supervise st	udents?						Yes □ No
Have all st	tudents been r					able behavior?	Yes □ No
How have the	hey been notifi	ed? <u>Permission</u>	on Slip, Code	of Acceptab	<u>le Behavior</u>		
			alolar	1	shop of	Run	9/9/25
Signature of	of Faculty Spor		7/6/25 Date		Signature of Pri		Date
EMERGE	NCV REQUE	STS DUE TO	UNFORESE		~	•	PRIOR BOARD
APPROVA	L IMPOSSIB	LE SHOULD A	LSO HAVE	THE SIGN	ATURE OF T	THE BOARD C	HAIRPERSON
Trip has been	approved	□ disapproved. R	eason for disa	oproval		0	
		my				9.9.	
Ct.	mature of Cure	rintendent/Design	00	<u> </u>		Date	7,67
l sig	зниште ој мире	memenu Design			gr—	Salt seasons of	
	gnature of Board				2000	Date	
For ov	ernight and/or o	ut-of-state trips, ar	pproval of the	Superintenden	t and/or Board m	nay be required by	policy 09.36.

09.36 AP.21

School-Related	Student T	rip Request	Form
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		SUBMIT THIS FORM FOUR (4	·) WEEKS PRIOR TO TAKING THE	TRIP.
School: 9 WILMOTH	CHRISTIAN CO. H	S FACULTY M	J. Jaworski, V. Groves, M.	
	IP (CHECK ONE):			
□ Over 30	00 miles	Under 300 miles	X Cocurricular	X Extracurricular
□ Classro	om Field Trip	X Organization/Club Trip	□ Other (athletic, band, if ap	pplicable
DESTINATION	n: Murray Stat	E University A	Address: 102 Curris Center	Murray, Kentucky 42071
PHONE: 270	.809. 2896			
□ Out of	f State X Out	of County Within Cour	nty □ Overnight: give nam	e, address, phone of lodging
3/12/2025	Trip: 3/12/26		00 a.m.on 3/12/2025 Retu	
			IN LEADERSHIP AND CAREER DI	
			? (DOES NOT APPLY TO ATHLET	ISTENING, WRITTEN, ORAL, ETC)
		P: CCHS FFA LAVEC	d ERSONAL COMMUNICATION (2.	STEP TO THE STEP T
	OF STUDENT I			
	No s	TUDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABILITY	TO PAY.
BILL TRIP E	XPENSES TO: □ SP	ONSORING ORGANIZATION	□ SCHOOL COUNCIL	□ BOARD □ OTHER
Number of	: students 40	MALE STUDENTS:	20 FEMALE STU	DENTS: <u>20</u>
Mode of T	RANSPORTATION:	IS DISTRICT TRANSPORTATION	NEEDED? □ NO □ YES (SEE	PROCEDURE 09.36 AP. 212.)
□ Certific	ATED COMMON CA	ARRIER; SPECIFY		
□ Private v	EHICLE, IF ALLO	WED BY POLICY; SPECIFY DRIV	ER(S)	
CERTIFIED	CHAPERONES VIC	TORIA GROVES, JACOB JAWOR	rski, Madison Wilmoth	
	CHAPERONES No			
Have all o	chaperones unde	rgone the required records	s check and been designated	l by the principal/designee to
supervise s	tudents?			□ Yes □ No
	students been no they been notifie		gulations regarding acceptable of Acceptable Behavior	e behavior? □ Yes □ No
Signature	of Faculty Spons	9/8/25 or Date	Signature of Prince	<u>June</u> 9/9/25 Date
EMERGE	NCY REQUES	STS DUE TO UNFORESE	EN CIRCUMSTANCES TH THE SIGNATURE OF TH	HAT MAKE PRIOR BOARD E BOARD CHAIRPERSON
Trip has bee	n approved	□ disapproved. Reason for disap	pproval	
		11-0		90 100
	/	Mysell		1-7-WI
Si	gnature of Sup <mark>eri</mark>	ntendent/Designee		Date
	gnature of Board			Date
		t-of-state trips, approval of the S	Superintendent and/or Board may	be required by policy 09.36.
Page 1 o	12			

09.36 AP.21

Sc	chool-Related Stude	<u>ent Trip Request F</u>	<u>orm</u>	\neg
	SUBMIT THIS FORM FOUR (4	1) WEEKS PRIOR TO TAKING T	HE TRIP.	
School: Christian Co. H: Type of Trip (check one):	S FA	CULTY MEMBER(S) SPONSORI	ng trip: <u>J. Jaworski</u>	
□ Over 300 miles	Under 300 miles	□ Cocurricular	X Extracurricular	
□ Classroom Field Trip	Organization/Club Trip	□ Other (athletic, band, if	applicable	
Destination: Kentucky Fair Phone: 270-839-2948	R & EXPO CENTER	Address: 937 Phil	LIPS LN., LOUISVILLE, K	<u> </u>
□ Out of State X Out o	of County Within Cour	nty □ Overnight: give na	me, address, phone o	f lodging
DATE(S) OF TRIP: 2/12/26 IN PURPOSE/EDUCATIONAL VALUE WHAT STANDARD IS BEING ADDRESS-AA007 DEMONSTRATE UND SOURCE OF FUNDING FOR TRIP	DE: STUDENTS SEE THE LATES DRESSED BY TAKING THIS TRIP REPORT OF BASIC INTEREST B	T EQUIPMENT AND ARE REWAL ? (DOES NOT APPLY TO ATHL	RDED FOR FFA EFFORTS ETIC TRIPS.)	S IN FFA
AMOUNT OF STUDENT F		on an in in	TO BILL	
	TUDENT SHALL BE DENIED THE			
BILL TRIP EXPENSES TO: □ SPO		□ SCHOOL COUNCIL		□ OTHER
Number of: students 25	MALE STUDENTS:		TUDENTS: <u>12</u>	-
Mode of Transportation: 1	S DISTRICT TRANSPORTATION	NEEDED? □ NO YES (S	EE PROCEDURE 09.36 AP.	. 212.)
□ CERTIFICATED COMMON CA	RRIER; SPECIFY	ius Request sen	<u>t </u>	
□ Private vehicle, if allow	VED BY POLICY; SPECIFY DRIV	er(s)		
CLASSIFIED CHAPERONES NO. Have all chaperones under supervise students?	NE.	s check and been designa		lesignee to Yes □ No
Have all students been no			able behavior?	Yes □ No
How have they been notified	d? <u>Permission Slip, Code</u>	e of Acceptable Behavior		
Signature of Faculty Sponsor EMERGENCY REQUES APPROVAL IMPOSSIBLE	or Pate TS DUE TO UNFORESE SHOULD ALSO HAVE	Signature of Price CIRCUMSTANCES THE SIGNATURE OF T	THAT MAKE PRIOF	R BOARD
Trip has been papproved	disapproved. Reason for disap	oproval		8
Signature of Superin	htendent/Designee		9. 9. wm Date	/
Signature of Board	Chair		Date	
	-of-state trips approval of the S	Superintendent and/or Board p	nay be required by policy	09.36.

RELATED PROCEDURES:

Page 1 of

09.36 AP.21

School-Related	Student '	Trip	Request	<u>Form</u>	
SUDMIT THIS EARM F	FOUR (4) WEI	EKS PRI	OR TO TAKING	THE TRIP.	

		SUBMIT THIS FORM FOUR (4)	WEEKS PRIOR TO TAKING THE	TRIP.
School: 9 Wilmoth	CHRISTIAN CO. H	S FACULTY M	EMBER(S) SPONSORING TRIP:	J. Jaworski, V. Groves, M.
	IP (CHECK ONE):			
□ Over 30	00 miles	□ Under 300 miles	Cocurricular	X Extracurricular
□ Classro	om Field Trip	X Organization/Club Trip	□ Other (athletic, band, if ap	pplicable
Destination 42240	n: Hopkinsville	COMMUNITY COLLEGE	Address: 720 North Driv	E HOPKINSVILLE, KENTUCKY
PHONE: <u>270</u>)-707-370 <u>0</u>			
□ Out o	f State X Out	of County Within Coun	ty □ Overnight: give nam	e, address, phone of lodging
3/24/2026	Trip: 3/24/26		:30 P.M.ON 3/24/2026 RETU	
				EVELOPMENT EVENT CONTESTS
			PERSONAL COMMUNICATION (L.	ISTENING, WRITTEN, ORAL, ETC)
		e: CCHS FFA LAVEC	PERSONAL COMMUNICATION (E	IO I DI TATO DE LA CONTRACTOR DE LA CONT
	OF STUDENT I			
			TRIP BECAUSE OF AN INABILITY	TO PAY.
BILL TRIP E	EXPENSES TO: □ SP	ONSORING ORGANIZATION	□ SCHOOL COUNCIL	□ BOARD □ OTHER
Number of	: STUDENTS	MALE STUDENTS:	20 FEMALE STU	DENTS: <u>20</u>
Mode of T	RANSPORTATION:	IS DISTRICT TRANSPORTATION	NEEDED? X NO □ YES (SEE	PROCEDURE 09.36 AP. 212.)
X CERTIFIC	CATED COMMON CA	ARRIER; SPECIFY <u>CCHS Van/</u>	DISTRICT VAN	
□ PRIVATE	VEHICLE, IF ALLO	WED BY POLICY; SPECIFY DRIVI	ER(S)	
CERTIFIED	CHAPERONES VIC	toria Groves, Jacob Jawor	ski, Madison WIlmoth	
	CHAPERONES <u>No</u>			
Have all	chaperones unde	ergone the required records	check and been designated	d by the principal/designee to
supervise s	students?			Yes 🗆 No
Have all	students been no	otified of the rules and reg	ulations regarding acceptabl	le behavior? Yes 🗆 No
How have	they been notifie	d? <u>Permission Slip, Code</u>	of Acceptable Behavior	
Signature	of Faculty Spons	9/8/25 Date	Policy 16 Signature of Prince	9/9/25 Date
EMERGE APPROV	ENCY REQUES AL IMPOSSIBI	TS DUE TO UNFORESE LE SHOULD ALSO HAVE	EN CIRCUMSTANCES TI THE SIGNATURE OF TH	HAT MAKE PRIOR BOARD IE BOARD CHAIRPERSON
Trip has bee	en approved	□ disapproved. Reason for disap	proval	
			8	0000
	/	mon	-	7-7-11
S	ignature of Sup <mark>er</mark> i	ntendeht/Designee		Date
S	ignature of Board	Chair		Date

Page 1 of 2

09.36 AP.21

School-Related Student Trip Request Form
Submit this form Four (4) Weeks prior to taking the trip.
SCHOOL: CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI, V. GROVES, M. WILMOTH Type of Trip (check one):
□ Over 300 miles □ Under 300 miles □ Cocurricular X Extracurricular □ Classroom Field Trip X Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION: Murray State University Address: 2101 College Farm Rd. Murray, KY 42071 Phone: 800-809-3125
□ Out of State X Out of County □ Within County □ Overnight: give name, address, phone of lodging
Date(s) of Trip: <u>4/15/2026</u> Departure Time: <u>7:30 a.m. on 4/15/2026</u> Return Time: <u>4:00 pm on 4/16/2025</u>
Purpose/Educational Value: Students will compete in leadership and career development event contests
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: <u>CCHS FFA LAVEC</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: \Box SPONSORING ORGANIZATION \Box SCHOOL COUNCIL \Box BOARD \Box OTHER
Number of: students 40 Male Students: 20 Female Students: 20
Mode of Transportation: is district transportation needed? NO SEE PROCEDURE 09.36 AP. 212.) Certificated common carrier; specify
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONES VICTORIA JACOB JAWORSKI MADISON WILMOTH
Classified chaperones <u>None</u>
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? \Box Yes \Box No
Have all students been notified of the rules and regulations regarding acceptable behavior? — Yes — No How have they been notified? — Permission Slip, Code of Acceptable Behavior
Signature of Faculty Sponsor Date 9/8/25 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 approved approved. Reason for disapproval
Trip has been approved. It disapproved. It disapproved.
9-9-W
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:

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIF.
School <u>Christian Co. HS</u> Faculty Member(s) sponsoring trip <u>J.Jaworski</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
Address 2850 Pembroke Rd, Hopkinsville, KY 42240
Phone _ (270) 886-6328
□ Out of State □ Out of County □ Within County □ Overnight: give name, address, phone of
lodging
Date(s) of Trip 3/6/26 Departure Time 8:00 Return Time 3:00
PURPOSE/EDUCATIONAL VALUESTUDENTS WILL TAKE THEIR BAO CERTIFICATION TEST TO BECOME TR IN THE
ANIMAL SCIENCE PATHWAY THROUGH HANDS ON LEARNING. WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) OA5 -DESCRIBE
AGRICULTURAL PRACTICES THAT ENSURE A SAFE FOOD SUPPLY E.G., BIOSECURITY, WITHDRAWALS, BEEF QUALITY
Assurance, Pork Quality Assurance, controlling pathogens
Source of funding for tripCCHS FFA_LAVEC
AMOUNT OF STUDENT FEE:\$0
No student shall be denied the trip because of an inability to pay.
BILL TRIP EXPENSES TO: \Box SPONSORING ORGANIZATION \Box SCHOOL COUNCIL \Box BOARD \Box OTHER
Number of: students 50 Male Students 25 Female Students 25
Mode of Transportation: is district transportation needed?
212.) CERTIFICATED COMMON CARRIER; SPECIFY
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONESJACOB JAWORSKI
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? Permissionslip code at acceptable
Jah A Glass 4 Bolas Behavior 24 919124
Signature of Faculty Sponsor Date Signature of Principal Date
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
(In your 4-4-corr
Signature of Superintendent/Designee / Date
Signature of Board Chair Date

		SUBMIT THIS FORM FOUR	(4) WEEKS PRIOR TO TAK	ING THE TRIP.	
School: C	HRISTIAN CO. H	S FACULTY	Member(s) sponsoring	trip: J. Jaworski,	30
Type of Trii	P (CHECK ONE):				
□ Over 300) miles	□ Under 300 miles	Cocurricular	Extracurric	ular
□ Classroo	m Field Trip	X Organization/Club Tr	rip	nd, if applicable	
Destination:	: Murray Stati	E UNIVERSITY	Address: 2101 Collec	GE FARM Rd. MURRA	y, KY 42071
PHONE: 800					
□ Out of	State X Out	of County Within Co	ounty Overnight: giv	ve name, address, p	hone of lodging
		•			
Date(s) of T 4/12/2025	TRIP: <u>9/12/2025</u>	DEPARTURE TIME:	7:30 A.M. ON 9/12/2025	RETURN TIME:	3:00 PM ON
		JE: STUDENTS WILL COMPL			EVENT CONTESTS
		DRESSED BY TAKING THIS T			
		NDERSTANDING OF BASIC IN	TERPERSONAL COMMUNICA	TION (LISTENING, WRI	TTEN, ORAL, ETC)
	UNDING FOR TRIE				
AMOUNT	OF STUDENT F				
		TUDENT SHALL BE DENIED T			
BILL TRIP EX	PENSES TO: X SP	ONSORING ORGANIZATION	□ SCHOOL COUN	CIL DOARD	□ OTHER
Number of:	STUDENTS 5	MALE STUDENT	S: <u>1</u> Fema	LE STUDENTS: 4	
Mode of Tr	ANSPORTATION:	IS DISTRICT TRANSPORTATION	on needed? 反 no □ y	es (see procedure 0	9.36 AP. 212.)
		School Unn	,,		
□ CERTIFICA	TED COMMON CA	RRIER, SPECIFY		-	
□ Private vi	EHICLE, IF ALLO	WED BY POLICY; SPECIFY DI	river(s)		
CERTIFIED CI	HAPERONES <u>Jaco</u>	DB JAWORSKI			
CLASSIFIED O	CHAPERONES NO	<u>NE</u>			
			. d d d 1 d d	ciamatad har tha prin	nainal/dagignag to
		rgone the required reco	ords check and been des	signated by the prii	
supervise stu	idents?				Y Yes □ No
Have all st	udents been no	otified of the rules and	regulations regarding ac	ceptable behavior?	Yes □ No
How have th	ney been notifie	d? <u>Permission Slip, Co</u>	ode of Acceptable Behavi	<u>or</u>	
1. 1					
/././		10/2/2	n.	1611	~ 1021
Signature o	f Faculty Spons	9/2/25 Date	Signature	of Principal	04/02/ Date
7 2 1 1		STS DUE TO UNFORS	8		PRIOR BOARI
		LE SHOULD ALSO HA			
Trip has been	approved	☐ disapproved. Reason for di ☐ disapproved.	isapproval		
11.5 1.00 0001		T			
	1//2	a Thow	1 10 10	94.n	26
Sig	nature of Superi	ntendent/Designee		Date	
Low	Bell	"Kne"		Q-4-	35
1	nature of Board			Date	
Page 1 of	Z	1 m 1 n n n n	y approve	d	
		wine you			

Regional Ag Sales & Employability

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP M. WILMOTH
TYPE OF TRIP (CHECK ONE):
□ Over 300 miles □ Cocurricular □ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION
ADDRESS 1375 CHESTNUT ST, MURRAY, KY 42071
PHONE _ (800) 272-4678
☐ Out of State M Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 1/30/2026 DEPARTURE TIME 8:00 AM RETURN TIME 3:00PM
PURPOSE/EDUCATIONAL VALUE STUDENTS ARE COMPETING AT A REGIONAL FFA COMPETITION ABOUT AG SALES AND AG EMPLOYABILITY.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) <u>EK-2</u> DEFINE JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION
SOURCE OF FUNDING FOR TRIP <u>CCHS FFA</u>
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 4 MALE STUDENTS 1 FEMALE STUDENTS 3
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? MODE OF TRANSPORTATION NEEDED? MOD
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES MADISON WILMOTH
SUBMIT THIS FORM FOUR (4) WEEKS PRICE
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 \(\text{No} \) How have they been notified? \(\text{Paymission Slip Code & Conduct} \)
Mad Mulmoth 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 9-4-WY 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

09.36 AP.21

Regional Land Judging

STUDENTS

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
School Christian Co. HS Faculty Member(s) sponsoring tripM. Wilmoth
Type of Trip (check one):
□ Over 300 miles □ Cocurricular □ Extracurricular
□ Classroom Field Trip Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION
Address 2850 Pembroke Rd, Hopkinsville, KY 42240
PHONE _ (270) 886-6328
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 10/16/20255 DEPARTURE TIME 11:30 PM RETURN TIME 4:00PM
Purpose/Educational Value Students are competing in te regional land judging competition and
PRACTICING SKILLS IN LAND AND HOMESITE EVALUATION.
What standard is being addressed by taking this trip? (Does not apply to athletic trips.)EK-2 Define
JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION
Source of funding for tripCCHS FFA
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 4 Male Students 2 Female Students 2
Mode of Transportation: is district transportation needed? ✓ NO □ YES (SEE PROCEDURE 09.36 AP.
212.) A CERTIFICATED COMMON CARRIER; SPECIFY School Van
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONES MADISON WILMOTH
CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES
CLASSITIED CHAI ENORGS
Have all chaperones undergone the required records check and been designated by the principal/designee to
supervise students? Yes \square No Have all students been notified of the rules and regulations regarding
acceptable behavior? A Yes \sum No How have they been notified? Permission Ship, Cale of On
Maria Milmoth, 8/2017025 Deven Brue 9(2/25
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
(mingen) 9-5-war
Signature of Superintendent/Pesignate 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.
Page 1 of 2

09.36 AP.21

	School-Related Stud	<u>lent Trip Requ</u>	iest Form	
	SUBMIT THIS FORM FOUR (
SCHOOL: CHRISTIAN CO. HS TYPE OF TRIP (CHECK ONE):	6	FACULTY MEN	MBER(S) SPONSORING TRIP	
□ Over 300 miles	Under 300 miles	□ Cocurricular	Extracur	ricular
□ Classroom Field Trip	Organization/Club Trip	□ Other (athletic, b	oand, if applicable	
DESTINATION: CHRISTIAN COUN			Phone: 270-886	-6328
Address: 2850 Pembroke Roa				
□ Out of State □ Out	of County Within Co			, phone of lodging
DATE(S) OF TRIP: 10/1/2026 &	2 10/2/2026 DEPARTURE	TIME: 8:00 A.M. RE	TURN TIME: 3:30 P.M.	The state of the s
PURPOSE/EDUCATIONAL VALUE	: STUDENTS WILL PRESENT ST	ATIONS TO CCPS 4TH	GRADE STUDENTS ABOUT	VARIOUS FARM SAFETY
TOPICS. WHAT STANDARD IS BEING ADDR	ESSED BY TAKING THIS TRIP? (D	OES NOT APPLY TO ATHI	LETIC TRIPS.)	
SS-AA007 DEMONSTRATE UND	ERSTANDING OF BASIC INTERPERS	SONAL COMMUNICATION	(LISTENING, WRITTEN, OF	AL, ETC)
Source of funding for trip:				
AMOUNT OF STUDENT FE	.E: <u>\$0</u>			5
I	No student shall be denied ti	HE TRIP BECAUSE OF AN	INABILITY TO PAY.	
BILL TRIP EXPENSES TO: \$\$PON	SORING ORGANIZATION	□ SCHOOL CO		D □ OTHER
Number of: students 24	MALE STUDENTS:	<u>12</u> F	EMALE STUDENTS: 12	Duc
Mode of Transportation: is	DISTRICT TRANSPORTATION NEED	DED? □ NO	YES (SEE PROCEDURE	
□ CERTIFICATED COMMON CARI	RIER; SPECIFY		300 TO 100	request
□ Private vehicle, if allowed	ED BY POLICY; SPECIFY DRIVER(S)		
CERTIFIED CHAPERONES VICTO	RIA GROVES			
CLASSIFIED CHAPERONES NONE	1	I have designated	by the principal/designe	e to supervise students?
	one the required records check	and been designated	by the principal designe	
Yes	□ No	T I. la b	abayiar?	
Have all students been notifie	ed of the rules and regulations r	regarding acceptable of	enavior:	
Yes	□ No			
How have they been notified	? Permission Slip, Code of A	Acceptable Behavior	0	011
Jetoua Grove	8 28 2 Date	5 Pol	ure of Principal	9/2/25 Date
Signature of Faculty Sponso	S DUE TO UNFORSEEN C	CIRCUMSTANCES	THAT MAKE PRIOR	BOARD APPROVAL
IMPOSSIBLE SHOULD A	LSO HAVE THE SIGNATU	RE OF THE BOARI	D CHAIRPERSON	
Trip has been approved	☐ disapproved. Reason for disapp	oroval		
1	1. 3		9 ?	10-/
	My Jewy	_		ate
Signature of Superin	nennent/wesignee	_ 50		
Signature of Board	Chair	1 - 6 : - : - : - : - : - : - : - :		policy 09.36.
For overnight and	d/or out-of-state trips, approval of t	ne Superintendent and/or	Board may be required by	pomoj oznosi

RELATED PROCEDURES:

09.36 AP.21

_	Scho	ool-Related Stud	lent Trip Request	<u>Form</u>	
	Su	JBMIT THIS FORM FOUR (4) Weeks prior to taking	THE TRIP.	
School: CF	HRISTIAN CO. HS	FACULTY I	Member(s) sponsoring tri	P: V. GROVES	
Type of Trip	(CHECK ONE):				28
□ Over 300 □ Classroor	miles m Field Trip	Under 300 miles Organization/Club Trip	☐ Cocurricular ☐ Other (athletic, band,	Extracurriculif applicable	lar
DESTINATION:	UK Extension O	FFICE EXPOSITION CENT	ER		
		HOPKINSVILLE, KY 4224			
□ Out of S	State Out of C	County Within Cou	nty □ Overnight: give n	name, address, pho	ne of lodging
ATTENDED TO THE RESIDENCE OF THE PARTY.	RIP: <u>5/4/2026</u>			RETURN TIME: 3:30 P	
			TE THE EVENT PLANNING PRO		DY CLASS.
			P? (DOES NOT APPLY TO ATH		
AC1 UTILIZE	CRITICAL-THINKING	SKILLS TO DETERMINE I	BEST OPTIONS/OUTCOMES (E.	G., DEVELOP EVENT P	LAN)
Source of fu	INDING FOR TRIP: $oldsymbol{1}$	CHS FLAS	SAF		
AMOUNT O	F STUDENT FEE	: <u>\$0</u>			
	No stud	ENT SHALL BE DENIED TH	E TRIP BECAUSE OF AN INABI	LITY TO PAY.	
BILL TRIP EXP	PENSES TO: SPONS	ORING ORGANIZATION	□ SCHOOL COUNCIL	□ BOARD	\Box OTHER
Number of: 8		MALE STUDENTS:	5 Female	STUDENTS: 5	
	ANSPORTATION: IS D	ISTRICT TRANSPORTATION ER; SPECIFY	needed? 🗆 no 💢 yes ((SEE PROCEDURE 09.3	16 AP. 212.) SCMT VOI
		BY POLICY; SPECIFY DRI	ver(s)		reau
CERTIFIED CH	IAPERONES VICTORI	A GROVES			1
CLASSIFIED C	HAPERONES <u>None</u>				
Have all chasupervise stu		ne the required record	ds check and been design	nated by the princip	oal/designee to Yes □ No
Have all stu How have the	idents been notificel?	ed of the rules and re Permission Slip, Cod	gulations regarding accep e of Acceptable Behavior	otable behavior?	Yes 🗆 No
1					
uctoru	a Grover	9/28/25	Adro	stem.	09/02/2
	Faculty Sponsor	Date	Signature of P	3576	Date
EMERGEN APPROVAL	CY REQUESTS LIMPOSSIBLE S	DUE TO UNFORESI SHOULD ALSO HAV	EEN CIRCUMSTANCES E THE SIGNATURE OF	THAT MAKE PE THE BOARD CH	AIRPERSON
Trip has been	□/approved □ dis	sapproved. Reason for disa	pproval		
	7/	71		9.6.20	
a.	nature of Saperinten	dan Davighaa	-	Date	
Sign	iaiare oj superinten	uena Designee		2 1110	
	nature of Board Cha			Date	
For ove	rnight and/or out-of-	state trips, approval of the	Superintendent and/or Board	may be required by po	olicy 09.36.

RELATED PROCEDURES:

FFA Regional & State Officer Prep course

09.36 AP.21 STUDENTS School-Related Student Trip Request Form SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP: V. GROVES SCHOOL: CHRISTIAN CO. HS Type of Trip (check one): Under 300 miles Cocurricular □ Extracurricular □ Over 300 miles □ Other (athletic, band, if applicable Organization/Club Trip □ Classroom Field Trip DESTINATION: MURRAY STATE UNIVERSITY; CURRIS CENTER PHONE: 270-809-6921 Address: 2101 College Farm Road, Murray, KY 42071 □ Out of State X Out of County □ Within County □ Overnight: give name, address, phone of lodging DEPARTURE TIME: 7:00 A.M. RETURN TIME: 3:00 P.M. DATE(S) OF TRIP: 2/3/2026 PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL ATTEND VARIOUS LEADERSHIP WORKSHOPS TO PREPARE FOR FUTURE INTERVIEWS FOR REGIONAL AND STATE FFA OFFICE. 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. □ BOARD □ OTHER ☐ SCHOOL COUNCIL FEMALE STUDENTS: 2 MALE STUDENTS: 2 NUMBER OF: STUDENTS 4 YES (SEE PROCEDURE 09.36 AP. 212.) Mode of Transportation: is district transportation needed? □ no □ CERTIFICATED COMMON CARRIER; SPECIFY □ Private vehicle, if allowed by policy; specify driver(s)_ CERTIFIED CHAPERONES VICTORIA MOHON (VOVC) CLASSIFIED CHAPERONES NONE Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? □ No Have all students been notified of the rules and regulations regarding acceptable behavior? □ No Yes Permission Slip, Code of Acceptable Behavior How have they been notified? EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON disapproved. Reason for disapproval Trip has been 🗷 approved 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:

MSU FFA All Region STARS Banquet

STUDENTS

09.36 AP.21

		<u>School-F</u>	Related St	tudent	Trip Re	equest 1	<u> Form</u>			
		SUBMIT TH	HIS FORM FOU	JR (4) W	EEKS PRIOF	r to takin	G THE TRIP	ii		
School: <u>Chris</u> Type of Trip (ch			FACULTY	у Мемве	r(s) sponsoi	RING TRIP:	V. Groves	s & J. Jawo	<u>RSKI</u>	
□ Over 300 m	iles	Under 30	00 miles	X	Cocurricular	f	□ Eх	xtracurricula	ır	
□ Classroom I	ield Trip		ation/Club Trip				applicable			
DESTINATION: M	urray State U									
Address: <u>1401 F</u>	KY-121, Murr	AY, KY 4207	<u>1</u>	PHONE:	<u>270-809-5</u>	<u> 5577</u>				
□ Out of S	tate Out	of County	□ Within (County	□ Overni	ight: give	name, ad	ldress, pho	one of lodgi	ing
DATE(S) OF TRIP	: 11/17/2025				4:00 P.M.					
Purpose/Educat scholarship ope	PORTUNITIES	1,000	WILL BE RE					MENT, FFA	SUCCESSES, A	AND
WHAT STANDARD								onti onti Di	nc)	
SS-AA007 DEM			BASIC INTERP	ERSONAL	COMMUNICAT	rion (Listei	NING, WRITT	EN, ORAL, EI	<u>.C1</u>	
Source of fund AMOUNT OF S	<u> </u>									
imooni or a			HALL BE DENIEU	THE TRU	P BECAUSE OF	F AN INABILI	ITY TO PAY.			
BILL TRIP EXPENS	× /				□ SCHOOI			BOARD	□ OTHER	
Number of: stu	7 1		TALE STUDENTS	s: <u>1</u>		FEMALE	STUDENTS: 2	<u>2</u>	C	bar
Mode of Trans	PORTATION: IS	DISTRICT TRAN	SPORTATION N	EEDED?	□ NO	X YES	(SEE PROCEI	DURE 09.36	AP. 212.)	ian
□ Certificated									AP. 212.)	que
□ Private vehic	LE, IF ALLOWE	BY POLICY;	SPECIFY DRIVE	R(S)						
CERTIFIED CHAP	ERONES VICTOR	IA GROVES	Jacob Jawors	SKI						
CLASSIFIED CHAI		s			N 8 2		. 1/1		i.a. ata dante	.0
Have all chaper	ones undergon	the required	records check	k and bee	n designated	by the pri	ncipai/desig	gnee to supe	rvise students)
Yes			□ No							
Have all student	ts been notified	of the rules	and regulation	s regardi	ng acceptabl	le behavior	?			
Yes			□ No							
How have they	been notified?	Permissio	n Slip, Code o	of Accept	able Behavi	<u>or</u>	151			
Signature of Fa	TWULK aculty Sponsor	-	8 28 2 Date	5	Sig	nature of P	ABU rincipal	u c	7/02/2 Date	15
EMERGENCY	REQUESTS	DUE TO U	JNFORSEEN	CIRCU	MSTANCE	ES THAT	MAKE PR	JOR BOAL	RD APPROV	/AL
IMPOSSIBLE	SHOULD AI	SO HAVE T	HE SIGNAT	URE OF	THE BOA	ARD CHAI	RPERSON	4		\neg
Trip has been a	pproved	∃ disapproved.	Reason for disa	approval _		4				
	11/10	77	11	12			9.	-4,20m		
Signat	ture of Superint	endent/Design	ee					Date		
- CI	tuna of D1 C	hain						Date		
	<i>ture of Board Cl</i> r overnight and/c		rips, approval o	f the Supe	rintendent and	d/or Board m	nay be require)9.36.	

RELATED PROCEDURES:

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL * Christian Co. High 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 MUNICIPITATIONESS 1375 CHISTUTST PHONE-DESTINATION 800 27246 TS
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 100 20125 DEPARTURE TIME 00. COMPRETURN TIME 5:00 PM
START GOO END 5:00 PM (SELECT AM OR PM FROM DROPDOWN) PURPOSE/EDUCATIONAL VALUE LEGGLY, SNIP DEVELOPMENT (SELECT AM OR PM FROM DROPDOWN)
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
-AA, AB, AC, EA, TB, ETC
SOURCE OF FUNDING FOR TRIPLAVEC
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 25 Male Students 10 Female Students 5
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? \(\subseteq\) NO \(\subseteq\) YES (SEE PROCEDURE 09.36 AP. 212.)
CERTIFICATED COMMON CARRIER; SPECIFY BUS - MOUVIN HOUNESS
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones 2
Classified chaperones
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \sum No
Have all students been notified of the rules and regulations regarding acceptable behavior? A Yes No
How have they been notified? Verbal Permission form.
X S. C. X Shana Jowle
Faculty/Sponsor Signature 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.

Mary 8-28-WW

	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL CCHS	FACULTY MEMBER(S) SPONSORING TRIP_J.JAWORSKI_M. WILMOTH
Type of Trip (check one):	*
X Over 300 miles Classroom Field Trip	☐ Under 300 miles ☐ Cocurricular X Extracurricular X Organization/Club Trip ☐ Other (athletic, band, if applicable
DESTINATION INDIANAPOI	LIS, IN ADDRESS CONVENTION CENTER PHONE 270-498-2597
X Out of State	out of County Within County
X Overnight: give name	e, address, phone of lodging:
Hampton Inn & Suites	s by Hilton Franklin Indianapolis 361 Paris Drive Franklin, IN 46131
DATE(S) OF TRIP 10-29-25	TO 11-1-25 DEPARTURE TIME 7 A.M. ON 10-29-25 RETURN TIME 8 P.M. ON 11-1-25
PURPOSE/EDUCATIONAL VA	ALUE: NATIONAL FFA CONVENTION
WHAT STANDARD IS BEING A	ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SS-AA007 DEMONSTRATE	E UNDERSTANDING OF BASIC INTERPERSONAL COMMUNICATION (LISTENING, WRITTEN, ORAL, ETC
Source of funding for the	
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 1	12 MALE STUDENTS 6 FEMALE STUDENTS 6
Mode of Transportation	n: is district transportation needed? □ no X yes (see procedure 09.36 ap. 212.)
□ CERTIFICATED COMMON	CARRIER; SPECIFY
□ PRIVATE VEHICLE, IF ALL	LOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES, J	ACOB JAWORSKI MADISON WILMOTH
CLASSIFIED CHAPERONES	
supervise students? X Yes	ndergone the required records check and been designated by the principal/designee as a No
Have all students been no	otified of the rules and regulations regarding acceptable behavior? X Yes \square No
How have they been noti	fied? Permission slip, Code of Acceptable Behavior
Signature of Faculty Spo	Onsor Date Signature of Principal Date
PART CHAICH DEOL	ESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOAI BLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSO
Trip has been approved	□ disapproved. Reason for disapproval
1	
	In Trans
10	Date Designee
Signature of Sup	germena apo Designee
Signature of Sup	germena apo Designee

h & Sull

	School-R	<u>elated Student Ti</u>	rip Request I	orm	
	SUBMIT TH	IS FORM FOUR (4) WEEK	S PRIOR TO TAKIN	G THE TRIP.	
CHOOL		FACULTY MEMBER	(s) SPONSORING TI	RIP_Sam Sen	-
VPE OF TRU Over 306 Classroo	P (CHECK ONE): 0 miles	300 miles Conization/Club Trip Coll	curricular ner (athletic, band, i ro Convention Cen	☐ Extracurricu if applicable defPHONE	
☐ Out of S	State	y Within County	☑ Overnight:	give name, addre	ss, phone of
lodging	0/00/25-0/20	25 December Tour	4pm	RETURN TIME	8pm'
DATE(S) OF	TRIP 8/29/25-8/50/ DUCATIONAL VALUE	Apollo Summer Sl	m Volleyball	Tournament	
PURPOSE/EI WHAT STAY	DUCATIONAL VALUE NDARD IS BEING ADDRI	SSED BY TAKING THIS	TRIP? (DOES NO	T APPLY TO ATHI	LETIC TRIPS.)
	FUNDING FOR TRIP At	nletics			
SOURCE OF	STUDENT FEE: N/A				
AMOUNTO	3100241124	L BE DENIED THE TRIP B	ECAUSE OF AN INAL	BILITY TO PAY.	
	NO STUDENT SHALE EXPENSES TO: SPONSOL	L BE DESIED THE YEAR	□ school counc	IL BOARD	☐ OTHER
BILL TRIP E	EXPENSES TO: SPONSOR F: STUDENTS 11	ING ORGANIZATION	FEMALE	STUDENTS 11	
NUMBER OF	F: STUDENTS 11	MALE STUDENTS		D' VES (SEE PRO	CEDURE 09.3
Mode of T ap, 212.)□	F: STUDENTS RANSPORTATION: IS DIS CERTIFICATED COMMON				
	☐ PRIVATE VEHICLE, II	ALLOWED BY POLICY; SI	ECIFY DRIVER(S)_		
CERTIFIED	PRIVATE VEHICLE, II CHAPERONES Sam S	elf, Jana Montes,	l 'ana Dixon		
	d CHAPERONES Mallo				
Signature EMERGE	haperones undergone the reference of the Nobel of Faculty Sponsor ENCY REQUESTS DUE AL IMPOSSIBLE SHO	How have they be 8/12/25 Date E TO UNFORSEEN CIULD ALSO HAVE THE	Signature of F SIGNATURE OF	hed paper copies Principal THAT MAKE P F THE BOARD CI	8 ParentSq B-13-25 Date
Trip has be	en approved disapp	roved. Reason for disapprova	վ		
	1	7		^	2001-1-
	ignature of Superintendent	Conf		Date 8 - 2C Date	8 cary
	Signature of Superintendent Signature of Board Chair	Designee		8-20	1-25
	On BU	1126		Date	
Ford	overnight and/or out-of-state	trips, approval of the Superi	ntendent and/or Boar	d may be required by	policy 09.36.
	Procedures: 36 AP.211, 09.36 AP	212, 09.36 AP.23		Review/Re	vised:11/21/

Page 1 of 1

8/23/28

muserus approved

	SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL * CCHS	FACULTY MEMBER(S) SPONSORING TRIP Tay by Green Field Shownar Way 6
TYPE OF TRIP (CHECK ALL	THAT APPLY):
	Under 300 miles
Classroom Field Trip	☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION_ UNIVERS	Address 1878 Chestrut St Phone-destination 800 - 272-46/
Out of State	Organization/Club Trip Other (athletic, band, if applicable) Other (athletic, band, if applicable)
DATE(S) OF TRIP 9-18	-25 DEPARTURE TIME 8:30 am RETURN TIME 2:000
START	END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
	ALUE Postsecondary Readiness
WHAT STANDARD IS BEING COULD'S LXPIN	ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) VOLTON FOV STUDENTS
SOURCE OF FUNDING FOR T	RIP
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 4	
MODE OF TRANSPORTATIO	n: is district transportation needed? NO See (See Procedure 09.36 ap. 212.)
☐ CERTIFICATED	COMMON CARRIER; SPECIFY
PRIVATE VEHIC	CLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
Certified chaperones	0.4
Classified chaperones SMO	anna Major, Taylor Evreenfield
Have all chaperones undergo	one the required records check and been designated by the principal/designee to supervise students? Yes No
Have all students been notifi	ied of the rules and regulations regarding acceptable behavior? 🗀 🗀 No
How have they been notified	? Parent Square
Faculty/Sponsor Signature	reugheld X pour Brum Principal Signature
Trip has been approved	disapproved, Reason for disapproval
	Tom Bell "Kne" 8-28-25
ror overnight and/or out-or-state tri	ips, approval of the Superintendent and/or Board may be required by policy 09.36.

amergency approved

SUB	MIT THIS FORM TWO (2) WEEK	S PRIOR TO TAKING THE T	RIP.	-
SCHOOL * OCHS	FACULTY MEMBER	(S) SPONSORING TRIP	yor Grunfield,	Shawno
TYPE OF TRIP (CHECK ALL THA	T APPLY):		,	maje
Over 300 miles Unde			xtracurricular	9
Classroom Field Trip	Organization/Club Trip	Other (athletic, b	and, if applicable)	
DESTINATION Western Kentuc Out of State Out of C	ADDRESS 1966 College Ounty Within County	Heights PHONE-DE Dealting Gireen Overnight give name	STINATION 270 -75, address, phone of lodging	15-0111
DATE(S) OF TRIP	2S DEPARTURE TIM			
START END	(SELECT AM OR PM		CT AM OR PM FROM DROPDOWN)	
PURPOSE/EDUCATIONAL VALUE_	· ·			
What standard is being address College Explores	ssed by taking this trip? (I Lion For Stuclen	DOES NOT APPLY TO ATHLE	ETIC TRIPS.)	
SOURCE OF FUNDING FOR TRIP				
No studi	ENT SHALL BE DENIED THE TRI	P BECAUSE OF AN INABILIT	Y TO PAY.	
BILL TRIP EXPENSES TO: SPOT				
Number of: students 40				
MODE OF TRANSPORTATION: IS I	DISTRICT TRANSPORTATION N	eeded? 🗌 no 🎾 yes (si	EE PROCEDURE 09.36 AP. 212	2.)
CERTIFICATED COMM	ION CARRIER; SPECIFY			
PRIVATE VEHICLE, IF	ALLOWED BY POLICY; SPECIF	Y DRIVER(S)		
Certified chaperones		C-0 - C-011		
Classified chaperones Shawn				
Have all chaperones undergone the	Yes	No	•	dents?
Have all students been notified of t	he rules and regulations regard	ing acceptable behavior? 🛭	Yes No	
How have the been notified?	genert Square		***	
Faculty/Sponsor Signature	Principa	Down Bu	m	
Trip has been approved disapp	roved. Reason for disapproval			
For overnight and/or out-of-state trips, appr	Ombell wheneval of the Superintendent and/or Boar		(, «	

emergency approved

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI
Type of Trip (check one):
□ Over 300 miles
DESTINATION: MURRAY STATE UNIVERSITY
Address: 102 Curris Center, Murray, Kentucky 42071
PHONE: (270)- 809-2896
□ Out of State X Out of County □ Within County
□Overnight: give name, phone number, and address of lodging
Not an overnight trip
DATE(S) OF TRIP: 9/19/25
DEPARTURE TIME: 7:15 AM on 9/19/2025 RETURN TIME: 3:30 PM on 9/19/2025
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL ATTEND LEADERSHIP WORKSHOPS ABOUT COMMUNICATION AND
TEAMWORK LED BY MURRAY STATE UNIVERSITY AND KENTUCKY FFA ASSOCIATION OFFICERS.
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 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
Number of: students 20 Male Students 10 Female Students 10
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 Jacob Jaworski
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? X Yes □ No
How have they been notified? Code of Acceptable Behavior, Permission Slip
1 8/20/25 Rear + Sun 00/23/25
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARI APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval
C/ O
Date
Signature of Superintendent Designee TOM S. 1. 1. KALL 8-35
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

Page 1 of 2

inexprey approved

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOLCHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIPJ.JAWORSKI
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 <u>2850 Pembroke Rd, Hopkinsville, KY 42240</u>
PHONE _ (270) 886-6328 rhone of
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 1/1/5 DEPARTURE TIME 11:30 AM RETURN TIME 1:15PM
Purpose/Educational ValueStudents meeting different ag businesses and learning about Ag News in the
COUNTY
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) <u>EK-2 Define</u>
JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION
Source of funding for trip <u>CCHS FFA</u>
AMOUNT OF STUDENT FEE:\$0
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
RILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
MALE STUDENTS 1 FEMALE STUDENTS 1
Mode of Transportation: is district transportation needed? Mode of Transportation: is district transportation needed? Certificated common carrier; specify School van
212) CERTIFICATED COMMON CARRIER; SPECIFY School Van
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES JACOB JAWORSKI
CERTIFIED CHAPERONES JACOB VANORON.
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? Permissionslip 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
ChroTory f-20-wal
Signature of Roard 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

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL <u>Christian Co. HS</u> Faculty Member(s) sponsoring trip
Type of Trip (check one):
□ Over 300 miles □ Under 300 miles □ Cocurricular □ Extracurricular □ Classroom Field Trip □ Organization/Club Trip □ Other (athletic, band, if applicable
□ Classroom Field Trip □ Organization/Club Trip □ Other (athletic, balld, if applicable
DESTINATION
Address <u>2850 Pembroke Rd, Hopkinsville, KY 42240</u>
PHONE (270) 886-6328
☐ Out of State ☐ Out of County
DATE(S) OF TRIP 4/7/26 DEPARTURE TIME 11:30 Am RETURN TIME 1:15pm
Purpose/Educational ValueStudents meeting different ag businesses and learning about Ag News in the
COUNTY.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)EK-2 Define
JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION
Source of funding for tripCCHS FFA
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 2 Male Students 1 Female Students 1
Mode of Transportation: is district transportation needed? NO USES (SEE PROCEDURE 09.36 AP. 212.) Certificated common carrier; specify School Van
□ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONESJACOB JAWORSKI
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 acceptable behavior? How have they been notified? Permissionslip Signature of Faculty Sponsor Date Signature of Principal Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARI APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been papproved disapproved. Reason for disapproval
Signature of Superintendent/Designate 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

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL <u>Christian Co. HS</u> Faculty Member(s) sponsoring trip <u>J.Jaworski</u>
Type of Trip (check one):
□ Over 300 miles □ Under 300 miles □ Cocurricular □ Extracurricular □ Organization/Club Trip □ Other (athletic, band, if applicable
DESTINATION
Address <u>2850 Pembroke Rd, Hopkinsville, KY 42240</u>
PHONE _ (270) 886-6328
PHONE (270) 886-6328 Out of State Out of County Within County Overnight: give name, address, phone of lodging Date(s) of Trip 3/3/2 Departure Time 11:30 Am Return Time 1:15pm
DATE(S) OF TRIP 3/3/26 DEPARTURE TIME 11:30 AM RETURN TIME 1:15PM
Purpose/Educational ValueStudents meeting different ag businesses and learning about Ag News in the
COUNTY
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)EK-2 Define
JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION
Source of funding for tripCCHS FFA
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 DOARD OTHER
MALE STUDENTS 1 FEMALE STUDENTS 1
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?
212.) CERTIFICATED COMMON CARRIER, SIECIFI SCOOT
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONESJACOB JAWORSKI
CLASSIFIED CHAPERONES
the the principal/decignee to
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
supervise students? Yes \square No Have all students been notified of the rules and regulations regarding acceptable behavior? \square Yes \square No How have they been notified? Permissionslip
acceptable behavior? Yes No How have they been notified? Permissionslip 8/20/25
Signature of Faculty Sponsor Date Signature of Principal Date
THE CENTRAL PROJECTS 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 7 1
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 overment and/or out-of-state trips, approved of

RELATED PROCEDURES:

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

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
School <u>Christian Co. HS</u> Faculty Member(s) sponsoring trip <u>J.Jaworski</u>
Type of Trip (check one):
□ Over 300 miles □ Under 300 miles □ Cocurricular □ Extracurricular □ Other (athletic, band, if applicable
DESTINATION
Address <u>2850 Pembroke Rd, Hopkinsville, KY 42240</u>
PHONE _ (270) 886-6328
□ Out of State □ Out of County ★ Within County □ Overnight: give name, address, phone of lodging
Date(s) of Trip 2/3/26 Departure Time 11:30 Am Return Time 1:15pm
PURPOSE/EDUCATIONAL VALUESTUDENTS MEETING DIFFERENT AG BUSINESSES AND LEARNING ABOUT AG NEWS IN THE
COUNTY.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)EK-2 DEFINE
JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION
Source of funding for tripCCHS FFA
AMOUNT OF STUDENT FEE:\$0
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \upmu Sponsoring organization \square School council \square Board \square other
Number of: students 1 Female Students 1
Mode of Transportation: is district transportation needed? In use (see procedure 09.36 ap 212.) Certificated common carrier; specify Certificated common carrier; specify
□ Private vehicle, if allowed by policy; specify driver(s)
CERTIFIED CHAPERONESJACOB JAWORSKI
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{NO} \) Yes \(\text{NO} \) No acceptable behavior? Yes \(\text{NO} \) 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
Trip has been a approved a damphro test research as the first state of
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

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
SCHOOL CHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP	
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 <u>2850 Pembroke Rd, Hopkinsville, KY 42240</u>	
PHONE _ (270) 886-6328	
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone lodging	• of —
DATE(S) OF TRIP 1/6/26 DEPARTURE TIME 11:30 AM RETURN TIME 1:15PM	
Purpose/Educational ValueStudents meeting different ag businesses and learning about Ag News in	THE
County .	
What standard is being addressed by taking this trip? (Does not apply to athletic trips.) <u>EK-2 De</u>	FINE
JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION	
Source of funding for trip <u>CCHS FFA</u>	
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	E R
Number of: students 2 Male Students 1 Female Students 1	
Mode of Transportation: is district transportation needed?	S AP.
212.) CERTIFICATED COMMON CARRIER; SPECIFY School Van	
□ Private vehicle, if allowed by policy; specify driver(s)	
Certified Chaperones Jacob Jaworski	
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the principal/designated supervise students? Yes \(\text{No} \) Acceptable behavior? Yes \(\text{No} \) How have they been notified? \(\frac{\text{Franklein}}{\text{Signature}} \) Signature of Faculty Sponsor Date The required records check and been designated by the principal/designated by the principal/	7 /2
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BO APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERS	ON
Trip has been □ approved □ disapproved. Reason for disapproval	-
PA 2	-
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:

 $09.36 \; AP.211, \, 09.36 \; AP.212, \, 09.36 \; AP.23$

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL <u>Christian Co. HS</u> Faculty Member(s) sponsoring trip <u>J.Jaworski</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
Address <u>2850 Pembroke Rd, Hopkinsville, KY 42240</u>
PHONE _ (270) 886-6328
□ Out of State □ Out of County ★ Within County □ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 17/2/25 DEPARTURE TIME 11:30 AM RETURN TIME 1:15PM
PURPOSE/EDUCATIONAL VALUESTUDENTS MEETING DIFFERENT AG BUSINESSES AND LEARNING ABOUT AG NEWS IN THE
COUNTY.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) <u>EK-2 Define</u> JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION
Source of funding for trip <u>CCHS FFA</u>
AMOUNT OF STUDENT FEE:\$0
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION
Number of: students 2 Male Students 1 Female Students 1
Mode of Transportation: is district transportation needed? Certificated common carrier; specify School Vom Private vehicle, if allowed by policy; specify driver(s)
Certified chaperones Jacob Jaworski
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\text{NO} \) Yes \(\text{NO} \) No Acceptable behavior Yes \(\text{NO} \) No 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 approved disapproved. Reason for disapproval
11,0
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

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOLCHRISTIAN CO. HS FACULTY MEMBER(S) SPONSORING TRIP J.JAWORSKI
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 <u>2850 Pembroke Rd, Hopkinsville, KY 42240</u>
PHONE _ (270) 886-6328
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone o
DATE(S) OF TRIP 11/4/25 DEPARTURE TIME 11:30 AM RETURN TIME 1:15pm
Purpose/Educational ValueStudents meeting different ag businesses and learning about Ag News in thi
County.
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) <u>EK-2 Defin</u>
JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION
Source of funding for trip <u>CCHS FFA</u>
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 2 Male Students 1 Female Students 1
Mode of Transportation: is district transportation needed? \[\text{D NO } \text{D YES (SEE PROCEDURE } \text{ 09.36 at 212.} \] \[\text{D RIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)} \] Certified chaperones \[\text{JACOB JAWORSKI} \]
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
Trip has been approved disapproved. Reason for disapproval
Signature of Superintendent/Designee Date 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.
Tot overment and or our or one arps, approved and

RELATED PROCEDURES:

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

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
School <u>Christian Co. HS</u> Faculty Member(s) sponsoring trip <u>J.Jaworski</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
Address <u>2850 Pembroke Rd, Hopkinsville, KY 42240</u>
PHONE _ (270) 886-6328
☐ Out of State ☐ Out of County ☑ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 10 7 7 75 DEPARTURE TIME 11:30 AM RETURN TIME 1:15pm
Purpose/Educational ValueStudents meeting different ag businesses and learning about Ag News in the County.
What standard is being addressed by taking this trip? (Does not apply to athletic trips.) <u>EK-2 Define</u> Jobs associated with a specific career path or profession
Source of funding for trip <u>CCHS FFA</u>
AMOUNT OF STUDENT FEE:\$0
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: A SPONSORING ORGANIZATION
Number of: students 2 Male Students 1 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 JACOB JAWORSKI
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? A Yes D No Have all students been notified of the rules and regulations regarding How have they been notified? Principal Princ
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
Signature of Superintendent/Designge F2r-27r 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

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian County High School MEMBER(S) SPONSORING TRIP Paula Greseke 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 Orpyland Hotel ADDRESS 2800 Opuland Dr PHONE
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 12-12-25 DEPARTURE TIME 8AM RETURN TIME 3pm
PURPOSE/EDUCATIONAL VALUE <u>Cuttural + education visual ART experience</u>
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) H5 VA Cr 2.3. III Demonstrate in design now materials cultured to the control of
SOURCE OF FUNDING FOR TRIP ART CLUB 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 40 Male Students 15 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 Poula Gieseke Vurginia Poland
CLASSIFIED CHAPERONES Wonica Holloway
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 Have all students been notified of the rules and regulations regarding How have they been notified? Below Form Below Form 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
Signature of Superintendent Designee Date S-Ulm 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

School-Related	Student	Trip	Req	uest	Form
		70	- 10		0.00

SUBMIT THIS FORM FOUR (4) WEEKS FRIOR TO TAKING THE TRIF.
SCHOOL Christian County High FACULTY MEMBER(S) SPONSORING TRIP Paula Gieseke 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 Jostens Address 451 Intervational Bipmone 877-475-70
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 9-19-25 DEPARTURE TIME 8AM RETURN TIME 3 pm
Purpose/Educational Value Training for year book Staff What standard is being addressed by taking this trip? (Does not apply to athletic trips.)
SOURCE OF FUNDING FOR TRIP YEARLOOK 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 8 Male Students 1 Female Students 7
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)
CLASSIFIED CHAPERONES MONICA Holloway
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? 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
Signature of Superintendent/Designee Date
Tiem 8200 "kme" 8-21-25
Signature of Board Chair Date For example, the order of state trips, correspond of the Superinter dept and/or Record may be required by policy 09.36
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

Imegency approved

STUDENTS 09.36 AP.21 School-Related Student Trip Request Form

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

SCHOOL South Christian & Freedom Elementary Schools FACULTY MEMBER(S) SPONSORING TRIP_Lindsay Christopher & Mary Calhoun TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles X☐ Under 300 miles ☐X Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable DESTINATION_Christian Way FarmADDRESS 19590 Linville Rd. Hopkinsville PHONE (270) 269-2434
□ Out of State □ Out of County X□ Within County □ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP_October 14, 2025_ DEPARTURE TIME _9:00 a.m RETURN TIME1:00 pm
PURPOSE/EDUCATIONAL VALUEStudents will learn about the life cycle of a pumpkin
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)K-LS1-1
SOURCE OF FUNDING FOR TRIP _Title III 354 K AMOUNT OF STUDENT FEE:\$0
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:
STUDENTS10 MALE STUDENTS6_ FEMALE STUDENTS4
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 _Mary Calhoun and Lindsay Christopher _ CLASSIFIED CHAPERONESVickie
Perry 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? □XYes □ No How have they been notified?in class discussion of expectations_
Decry 415/25
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 papproved disapproved. Reason for disapproval
Superingendent/Designee Date 912 MSignature of
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

Field trip for: Christian County Agribusiness Association monthly meeting. Meeting Dates: 9/2, 10/7, 11/4, 12/2, 1/6, 2/3, 3/3, 4/7, 5/5

School-		
	-Related Student Trip Request Form	
SI BAILT I	THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
SCHOOL HHS Type of Trip (check one):	FACTORY MEMBER(S) SPONSORING TRIP Leah Thomas	
🗆 Classroom Pield Prip 💢 Orga	dor 300 miles 🛣 Cocurricular 🔲 Extracurricular ganization Club Trip 🗀 Other (athletic, band, if applicable	
	Office ADDRESS 2850 Pembroke Pd. PHONE (270)886-6328	
magng NIA	inty X Winin County	
DATESTOF TRIPMONTHLY - 15-	H DEPARTURE TIME 11:30 RETURN TIME 1:00	
PURPOSE EDUCATION IN THE A	Vetworking with agribusiness professionals	S
EKI-EKH WILL STANDARD IS BEING ABOK	RESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)	
SOURCE OF FUNDING FOR TRIP	lone	
AMOUNT OF STUDENT FLE: No	one	
NO STUDENT SHA	ALE BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES FO: [SPONSOI	DRING ORGANIZATION DISCHOOL COUNCIL DIBOARD DOTHER NI	A
NUMBER OF: STUDENTS 6	MALE STUDENTS 3 FEMALE STEDENTS 3	
MODE OF TRANSPORTATION IS ME	CIDIC E IDAN COMPUNEIVA NECIDEN TO A LEG ICER DOWN TOLDE BO 34 C al	hool
AP 212 B 1 CERTIFIC ATED COMMON	A MARIER SPECIAL	
(M. Droise and a second	I MEGWED BY POLICY, SPECIFY DRIVER(S)	
MATRIX VIE. VERICIE, II		Vat
CERTIFIED CHAPERONES JULIE	e Gilliam/Leah Thomas Veh	Vat
	e Gilliam / Leah Thomas Van Van Van Van Van Van Van Van	Vat
	e Gilliam/Leah Thomas Veh (Wo	Vat
CLASSIFIED CHAPERONES	(W	Vat
CLASSIFIED CHAPERONES Have all chaperones andergone the restudents? M Yes O No.	equited records check and been designated by the principal designee to supervise. There all students been notified of the fules and regulations regarding	Vat
CLASSIFIED CHAPERONES Have all chaperones andergone the restudents? (1) Yes (1) Not acceptable behavior? (1) Yes (1) Not	equited records check and been designated by the principal designee to supervise. There all students byen notified of the fules and regulations regarding	vaticle aive
CLASSIFIED CHAPERONES Have all chaperones andergone the restudents? M Yes O No.	equited records check and been designated by the principal designee to supervise. There all students byen notified of the fules and regulations regarding	vaticle aive
CLASSIFIED CITAPERONES Have all chaperones undergone the restudents? (1) Yes (1) No acceptable behavior? (1) Yes (1) No Heath Homou Signature of Faculty Sponsor EMERGENCY REQUESTS DUE	equited reverds check and been designated by the principal designee to supervise that eath students been notified of the tules and regulations regarding how have they been notified? Porcent Square	vaticle aive
CLASSIFIED CITAPERONES Have all chaperones undergone the restudents? (1) Yes (1) No acceptable behavior? (1) Yes (1) No Heath Homou Signature of Faculty Sponsor EMERGENCY REQUESTS DUE	equited revords check and been designated by the principal designee to supervise Have all students been notified of the tules and regulations regarding How have they been notified. Parent Square \$\begin{align*} 25/25 & \text{VarIV} & \text{VarIV} Date E TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD ULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON	vaticle aive
CLASSIFIED CHAPERONES Have all chaperones andergone the restudents? IN Yes INO acceptable behavior? IN Yes INO FROM HOPMON Signature of Faculty Sponsor EMERGENCY REQUESTS DUE APPROVAL IMPOSSIBLE SHOT	equited reverds check and been designated by the principal designee to supervise Have all students been notified of the atles and regulations regarding How have they been notified? Parent Square 125/25	vaticle aive
CLASSIFIED CHAPERONES Have all chaperones andergone the restudents? (A) Yes (C) No. acceptable behavior? (A) Yes (C) No. Heath Human Signature of Faculty Sponsor EMERGENCY REQUESTS DUE APPROVAL IMPOSSIBLE SHOT	equited reverds check and been designated by the principal designee to supervise Have all students been notified of the atles and regulations regarding How have they been notified? Parent Square 125/25	vaticle aive
CLASSIFIED CHAPERONES Have all chaperones andergone the restudents? (A) Yes (C) Not acceptable behavior? (A) Yes (C) Not Albert (C) Not Albe	equited records check and been designated by the principal designed to supervise Have all students been notified? Parent Square Now, have they been notified? Parent Square Now, have they been notified? Parent Square Now, have they been notified? Parent Square Now, have they been notified? Parent Square Now, have they been notified? Parent Square Now, have they been notified? Parent Square Now, have they been notified? Parent Square Now, have they been notified? Parent Square Now, have they been notified by the principal designed to supervise Now, have they been notified by the principal designed to supervise Now, have they been notified by the principal designed to supervise Now, have they been notified by the principal designed to supervise Now, have they been notified by the principal designed to supervise Now, have they been notified by the principal designed to supervise Now, have they been notified by the principal designed to supervise Now, have they been notified by the principal designed to supervise Now, have they been notified by the principal designed to supervise Now, have they been notified by the principal designed to supervise Now, have they been notified? Parent Square Now, have they have	vaticle aive
CLASSIFIED CHAPERONES Have all chaperones andergone the restudents? If Yes \(\text{No.} \) No. acceptable behavior? If Yes \(\text{No.} \) No. FROM HOMOW Signature of Faculty Sponsor EMERGENCY REQUESTS DUE APPROVAL IMPOSSIBLE SHOU Imp has been approved \(\text{disappro} \) disappro Signature of Superintand all the Chair Should be approved.	equited reverds check and been designated by the principal designee to supervise Have all students been notified of the atles and regulations regarding How have they been notified? Parent Square 125/25	vaticle aive

Related Procedures:

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

Review Revised:11 21 13

Page Loft

Umergency approved

School-Related Student Trip Request Form
SUBMIT DIES FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
THE OF THE CHECK ONE):
□ Ove. 300 miles □ Under 800 miles □ Courricular □ Extracarricular
DESTINATION NEW CCHS ADDRESS LOVER'S CAMPRIONE
Out of State Out of County Objinin County Overright: give name, address phone of
lodging — 7'20 Program Tour II' () ()
DATES OF TRIP OCT. 31, 2025 DEPARTIRE TIME 8'20 REFIRE TIME 11'00
PERPOSE EDUCATION VILLE RACER HOOPING WEST
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLA TO ATHLETIC TRIPS.)
College Into
SOURCE OF FUNDING FOR TRIP
NO STUDENT SHALL BE DEMED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: DISPONSORING ORGANIZATION DISCHOOL COUNCIL. DISOARD DOTHER MUMBER OF: STUDENTS 50 MALE STUDENTS 25 FEMALE STUDENTS 25
MUNIBER OF: STUDENTS OF STUDEN
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)
Brand: Love 14
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students. The results are supervised between the required records check and been designated by the principal designee to supervise students. The results and regulations regarding that have they been notified. The results are required to the rules and regulations regarding that have they been notified. Senson of Faculty Sponsor. Date: Date:
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL TYPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Imp has been approved disapproved Reason for disapproval
9-5:201
Signature of Superinter Boston Boston
8 /
Signature of Board Chair Date
tive exemight and or out-of-state trips, approval of the Superintendent and or Board may be required by policy 09.30

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

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP L.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
DESTINATIONKY FFA LTC_ ADDRESS: 111 FFA CAMP Rd. HARDINSBURG, KY PHONE (270)756-2301
Out of State Out of County Within County Overnight: give name, address, phone of lodging cabins at camp
DATE(S) OF TRIP9/12/25-9/13/25 DEPARTURE TIME 3:30 RETURN TIME 2:00
Purpose/Educational Value Leadership Training
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)AA1, LEADERSHIP DEVELOPMENT
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 OTHER
Number of: students 2 Male Students Female Students 2
Mode of Transportation: is district transportation needed?
□ Private vehicle, if allowed by policy; specify driver(s)Leah Thomas
CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to
supervise students? \(\times\) Yes \(\times\) No Have all students been notified of the rules and regulations regarding
acceptable behavior? Yes No How have they been notified? Word of Mouth/PS
Signature of Faculty Sponsor Anomator Tres and Faculty Sponsor Date Signature of Principal Date
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
N/ N/ 2910/
Signature of Superintendent/Designee Date
Dignam of July
TOMBILL "KNOW 9-9-35 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

Emergency approved

School-Related Student Trip Request	Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKIN	
SCHOOL HHS FACULTY MEMBER(S) SPONSORING T Type of Trip (check one):	RIP Julie Gilliam/Leah Thomas
Over 300 miles Under 300 miles Cocurricular Classroom Field Trip Organization/Club Trip Other (athletic, band, DESTINATION The Adventure Park Address 801 Percy Warner Bly	d PHONE (6/5) 645 - 2000
Out of State Out of County Within County Overnight:	give name, address, phone of
DATE(S) OF TRIP NOV. 21, 2025 DEPARTURE TIME 8:30	RETURN TIME 4:36
PURPOSE/EDUCATIONAL VALUE Team building, Leadership,	Agritourism
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NO. 062, AA)	OT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Bean Account	
AMOUNT OF STUDENT FEE:	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INA	total and the second se
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNC	TL BOARD DOTHER
NUMBER OF: STUDENTS 12 MALE STUDENTS TBD FEMALE	STUDENTS TBD
Mode of Transportation: is district transportation needed? \(\subseteq \text{NO} \) AP. 212.) \(\subseteq \text{Certificated common Carrier; Specify} \)	*210154
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES Julie Gilliam Leah Th	omas
CLASSIFIED CHAPERONES	
Have all chapprones undergone the required records check and been designated be students? Wes \(\text{No} \) No Have all students been notified of acceptable behavior? Yes \(\text{No} \) No How have they been notified? Possignature of Faculty Sponsor Date Signature of	Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE O	S THAT MAKE PRIOR BOARD F THE BOARD CHAIRPERSON
Trip has been approved disapproved. Reason for disapproval	
Signature of Show intendent/Designee	9-5-25V 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

5	School-Related Student T	rip Request Fo	orm	
	SUBMITTHIS FORM FOUR (4) WEE			1
SCHOOL AHS	FACULTY MEMBE	R(S) SPONSORING TR	" Silliam	Thomas
TARK OF TRIP (CHECK OX	F 1.			
Over 300 miles	Under 300 miles U.C.	ocurricular	☐ Extracurricular	10
Decas cuos Ciala T	Under 300 miles UCo	1 Bainbridge 180	Cerulean Ky	4-2859
DESTINATION OFFICE T	out of County Within County	TV () cominht of	ive name address	phone of
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Signature of Supe	orintendent Designar		Date	= = =
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Signature of Boar			Date	
For evernight and or c	out-of-state crips, approval of the Superio	ntendent and or Board m	ay be required by polic	y 09.36.

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

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Source of Funding for Trip (NOW 25) WOUNCES	
AMOUNT OF STUDENT FEE: 5	
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 5	
Mode of Transportation: is district transportation needed? Ino Ves (see proceedings) Private vehicle; if allowed by policy; specify driver(s)	CEDURE 09.36
AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY	
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	*
AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES COMMON CARRIER; SPECIFY COMMON CARRIER; SP	
CLASSIFIED CHAPERONES	
Have all chaperones undergone the required records check and been designated by the principal/design	nee to supervise
Line all students been notified of the rules and regulation	tions regarding
acceptable behavior? Yes \(\text{No} \) How have they been polified?	2111
Signature of Principal Date Signature of Principal	Date 25
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PR	RIOR BOARD
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CH	IAIRPERSON
Trip has been 🗖 approved 🗆 disapproved. Reason for disapproval	
C/10-7 11	wy
Signature of Superintent/Designee Date	
V	
Signature of Board Chair Date	
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by po	aliev 09 36

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

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DE OF UKANSPORTS 212.)□ CERTIFICAT	HON: IS DISTRICT	TRANSPORTATION ST TER: SPECIFY	EEDED? 🗆 NO 💆	YES ISEL PROC	FIRE 09,36
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09.36 AP.21

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School-Related Student Trip Request Form
SUBMITTHIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HIS FACILTY MEMBER(S) SPONSORING TRIP WISE Type of Trip (Check One):
□ Over 300 miles □ Under 300 miles □ Cocurricular □ Extracurricular □ Classroom Field Trip □ Organization Club Trip □ Other rathletic, band, if applicable □ Over 100 TEXTEX IS TOSTEX IS ANNUAL ASSOCIATION AND TOSTEX IS ANNUAL ASSOCIATION ASSOCIATION AND TOSTEX IS ANNUAL ASSOCIATION ASSO
Out of State Out of County Within County Overnight: give name, address, phone of lodging
DATES OF TRIP OCT 2,2025 DEPARTURE TIME 8:00 AM RETURN TIME 3:00 PM
PERPOSE/EDICATIONAL VALLE YEARBOOK PLANT TOUR AND CONER DESIGN
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATBLETIC TRIPS.)
SOLRCE OF FLYDING FOR TRIP YBK ACCOUNT
AMOUNT OF STUDENT FEE:
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: A SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD SOTHER
SUMBER OF: STUDENTS 7 MALE STUDENTS 1 FEMALE STUDENTS 6
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 THOMAS WISE
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? A Yes No Have all students been notified of the rules and regulations regarding accoptable behavior? A Yes No How have they been notified? In WEILUG Signature of Faculty Sponsor Date Signature of Finetpal 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 Supermendent Designee Date
Signature of Board Chaic 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

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	School-Related Student Trip Request Form
	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
	SCHOOL HIS FACULTY MEMBER(S) SPONSORING TRIP WAY BOOK
	Type of Trip (Check One):
	Closer soon files Closer soon times Club Trin Cother (athletic, band, if applicable
	DESTINATION MITTA COURS ADDRESS MONUTURE PHONE
	Out of State Out of County Within County Overnight: give name, address, phone of lodging
	DATE(S) OF TRIP NOV. 7-8,25 DEPARTURE TIME & RETURN TIME PO
	PURPOSE/EDUCATIONAL VALUE DELLOTHING in Nonors Char
	WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
	Source of funding For TRIP Chow Student
	AMOUNT OF STUDENT FEE: 180
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
	BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
(- 10	A NUMBER OF: STUDENTS 130 MALE STUDENTS FEMALE STUDENTS
MU	Mode of Transportation: is district transportation needed? No ves (see procedure 09.36
10un Vefel	AF. 212.) Certificated Common Carrier; Specify
VETO	□ PRIVATE VEHICLE, JEALLOWED BY FOLICY; SPECIFY DRIVER(S)
	CERTIFIED CHAPERONES TYALLY SLEW
	CLASSIFIED CHAPERONES
	Have all chapgrones undergone the required records check and been designated by the principal/designee to supervise
	chylents? Wes a No lave all students been notified of the rules and regulations regarding
	acceptable behavior? Tyes No How have they been writing!
	Signature of Facolty Sponsor Date Signature of Principal Date
	Signature of Facility 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
	9-17-22r
	The state of the s
	Signature of Superintendent/Designee
	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:
	Keinien i locennies.

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

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
CHOOL FACULTY MEMBER(S) SPONSORING TRIP
Over 300 miles
Out of State Out of County Within County Overnight: give name, address, phone of
DATE(S) OF TRIP NOV. 2-3,75 DEPARTURE TIME 3000 RETURN TIME 41000005
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP CAN'T STUAMENT OF STUDENT FEE: 1435
NO STUDEST SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BULL TRIP EXPENSES TO: Sponsoring organization School council Board Other Number of: students Male Students Female Students
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO WYES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
CERTIFIED CHAPERONES
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Ves No
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARS 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 For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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

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CHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP	IE TRIP.
1111C FLORE TV MEMBER(S) SPONSORING TRIP	
HOOL HIS FACELLI MEMBER(S) STONE STATE	Leah Thomas
PE OF TRIP (CHECK ONE): Over 300 miles Under 300 miles Cocurricular Over 300 miles Over 300 miles Other (athletic, band, if ap	☐ Extracurricular
STINATION NOVELIS CORP. ADDRESS 8155 Old Railroad Ln. P	HONE (210) 962-4911
STINATION Novelis Corp. ADDRESS 8165 Old Railroad Ln. P. Guthrie, Ky 42234 Out of State Out of County Within County Overnight: give lodging	
ATE(S) OF TRIP OC+. 15,2025 DEPARTURE TIME 9:00 RE	TURN TIME 3:00
RPOSE/EDUCATIONAL VALUE INDUSTRY EXPOSURE, HOPFAME	Exposure
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DURCE OF FUNDING FOR TRIP NIA CTE Sup. (transporte	ation)
MOUNT OF STUDENT FEE: \$0	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILE	TY TO PAY.
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ILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL LUMBER OF: STUDENTS 22 MALE STUDENTS 21 FEMALE STU LODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN NO 12 P. 212.) CERTIFICATED COMMON CARRIER; SPECIFY	YES (SEE PROCEDURE 09.36
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UMBER OF: STUDENTS 22 MALE STUDENTS 21 FEMALE STUDENTS IODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?	principal/designee to supervise ules and regulations regarding the Square plate. AT MAKE PRIOR BOARD
MALE STUDENTS 21 FEMALE STUDENTS 21 FEMALE STUDENTS 21 FEMALE STUDENTS COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) ERTIFIED CHAPERONES Leah Thomas Lave all chaperones undergone the required records check and been designated by the madents? Yes No Have all students been notified of the receptable behavior? Yes No How have they been notified? Par expense of Faculty Sponsor Date Signature of Faculty Sponsor Date Signature of Faculty Sponsor That Proposal Impossible should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of The Proposal Impossible Should also have the signature of Th	principal/designee to supervise ules and regulations regarding the Square plate. AT MAKE PRIOR BOARD

Review Revised:11/21/13

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
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□ Out of State □ Out of County □ Define a county □ Openinght give name, address above of
DATUS DEL FRIP CX +. 31, 2025 DEPARTERETIME 8:20 RETURN FINE 11:00
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College Into
SOURCE DEFUSDING FOR TRIP
AMOUNT OF STUDENT FREE
NO STUDENT SHALL BE DESIED THE TRIP BLC MISE OF AN INABILITY TO PAY.
NUMBER OF STUDENTS 50 MATE STUDENTS 25 FEMALI STUDENTS 25
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? LESS LET PROCEDICRE 19230 AP. 212.) [CERTIFICATED COMMON CARRIER; SPECIFY]
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Signature of Superintendent Design John
Signature of Bourd Chair
a consequent and suppose these trees approved of the Super extendent and or Board into the required by policy on Fig.
Related Procedures:

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

	School-Related Student Trip Request Form
	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
	SCHOOL HOPKINSUILE HIGH FACTETY MEMBER(S) SPONSORING TRIP Broat Weiss 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 HCC Library ADDRESS PHONE. Out of State Out of County Within County Overright: give name, address, phone of lodging
Both	- DATE(S) OF TRIP Sept 10 Sept 11th DEPARTURE TIME 8:15 am RETURN TIME 10:00 am
Days	PERPOSE/EDUCATIONAL VALLE ENG 101 intro to research methods / Library orientation.
	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 SOLDER
	MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? DISC VES (SEE PROCEDURE 09.36
	Mode of Transportation: is district transportation needed? □ no □ ves (see procedure 09.36 ap. 212.)□ Certificated common carrier; specify
	CERHFIED CHAPLEONES Brack WEISS
	CLASSIFIED CHAPERONES
	Have all charerones undergone the required records check and been designated by the principal designee to supervise students? \(\Delta\) Yes \(\Delta\) No Have all students been positive of the fules and regulations regarding acceptable behavior? \(\Delta\) Yes \(\Delta\) No How have they been not find?
	Signature of Faculty Sponsor 8/28/2625 Signature of Principal Date 8/29/25
	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 Date
	Ton Bell "Kne" 9-2-25
	For overnight and or out-of-state trips, approval of the Superintendent and or Board may be required by policy 09.36.

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

Review Revised:11/21/13

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Review Revised:11/21/13

School-Related Student Trip Request Form
SUBMITTHIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL HOPKINSOINE High FACILITY MEMBER(S) SPONSORING TRIP Brand: Love 14 INPEOF TRIP (CHECK ONE):
Over 300 miles Under 300 miles Woodurricular Extracurricular Organization Club Trip Other (athletic, band, if applicable DESTINATION NEW CHS ADDRESS LOVE'S LAWERHOVE.
□ Out of State □ Out of County □ Within County □ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP (X+. 31, 2025) EPARTURE TIME 8:20 RETURN TIME 11:00
PURPOSE/EDUCATIONAL VALLE RACER ACODEMY Dual Credit
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 50 MALE STUDENTS 25 FEMALE STUDENTS 25
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? INO VES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
CERTIFIED CHAPERONES HADREW GOINS, Paul Barrett, Brand: Love V
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Test no Have all students been notified of the fules and regulations regarding How have they been notified. 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
Signature Superintendent Designee Graph has been papproved disapproved Reason for disapproval 9.2.1015 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

School-Related Student Tri	D Request Form
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