

School-Related Student Trip Request Form

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

SCHOOL CCNS 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 1-800-272-4678

- ☐ 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 2:30PURPOSE/EDUCATIONAL VALUE Tour of Art Department Jobs in Graphic Design

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

Gifted + Talented in ArtSOURCE OF FUNDING FOR TRIP ARTAMOUNT 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 ☐ OTHERNUMBER OF: STUDENTS 15 MALE STUDENTS 1 FEMALE STUDENTS 14MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Lea BrumfieldPaula Gieseke

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding
 How have they been notified? Parent square

Paula Gieseke
 Signature of Faculty Sponsor

08-29-25
 Date

[Signature]
 Signature of Principal

7-8-25
 Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

7-10-25
 Date

[Signature]
 Signature of Board Chair

[Signature]
 Date

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

Related Procedures:

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

Review/Revised:11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form**SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL: CHRISTIAN CO. HSFACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI,

TYPE OF TRIP (CHECK ONE):

☒ Over 300 miles☒ Under 300 miles☒ Cocurricular

Extracurricular

☐ Classroom Field Trip☐ X Organization/Club Trip☐ Other (athletic, band, if applicable)DESTINATION: MURRAY STATE UNIVERSITYADDRESS: 2101 COLLEGE FARM RD. MURRAY, KY 42071PHONE: 800-809-3125☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodgingDATE(S) OF TRIP: 9/12/2025
4/12/2025DEPARTURE TIME: 7:30 A.M. ON 9/12/2025RETURN TIME: 3:00 PM ONPURPOSE/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: CCHS FFAAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION☐ SCHOOL COUNCIL☐ BOARD☐ OTHERNUMBER OF: STUDENTS 5MALE STUDENTS: 1FEMALE STUDENTS: 4MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY School van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES JACOB JAWORSKICLASSIFIED CHAPERONES NONE

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 ☐ NoHow have they been notified? Permission Slip, Code of Acceptable Behavior

Signature of Faculty Sponsor

9/8/25
Date

Signature of Principal

9/8/25
Date**EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON**Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

TOM BELL "KME"

Signature of Board Chair

Date

9-9-25

Date

Emergency
Approved

4STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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):

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

DESTINATION INDIANAPOLIS, IN ADDRESS CONVENTION CENTER PHONE 270-498-2597

☒ Out of State ☐ Out of County ☐ Within County

☒ Overnight: give name, address, phone of lodging:

Hampton Inn & Suites by Hilton Franklin Indianapolis 361 Paris Drive Franklin, IN 46131DATE(S) OF TRIP 10-29-25 TO 10-31-25 DEPARTURE TIME 7 A.M. ON 10-29-25 RETURN TIME 8 P.M. ON 10-11-25PURPOSE/EDUCATIONAL VALUE: NATIONAL FFA CONVENTION

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: PERKINS /LAVEC

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF STUDENTS 12 MALE STUDENTS 6 FEMALE STUDENTS 6MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY Bus Request Sent Vans☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES, JACOB JAWORSKI MADISON WILMOTH

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Permission slip, Code of Acceptable BehaviorSignature of Faculty Sponsor [Signature]Date 9/8/25Signature of Principal [Signature]Date 9/9/25

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date 9-9-2025

Signature of Board Chair _____

Date _____

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

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

Review/Revised: 1/15/09

K. A. Still
 9/9/25

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP : 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: MURRAY STATE UNIVERSITY EXPOSITION CENTER

ADDRESS: 2101 COLLEGE FARM RD, MURRAY, KY 42071

PHONE: (270) 809-3125

- ☐ Out of State ☒ Out of County ☐ Within County
☒ 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 11/20/2025 RETURN TIME: 4:00 PM ON 11/21/2025

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPETE IN THE PENNYRILE REGIONAL VET SCIENCE AND STATE HORSE 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: \$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 8 MALE STUDENTS 4 FEMALE STUDENTS 4

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

- ☐ CERTIFICATED COMMON CARRIER; SPECIFY Bus Request sent
☐ 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 ☐ No

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

How have they been notified? Code of Acceptable Behavior, Permission Slip

[Signature] 9/8/25 [Signature] 9/9/25
 Signature of Faculty Sponsor Date Signature of Principal Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>9.9.25</u> Date
<u>[Signature]</u> Signature of Board Chair	<u> </u> Date

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

RELATED PROCEDURES:

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

Page 1 of 2

[Signature]
9/9/25

School-Related Student Trip Request Form**SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL: CHRISTIAN COUNTY HIGH SCHOOLFACULTY MEMBER(S) SPONSORING TRIP: VICTORIA GROVES/JACOB 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 RUPP ARENAADDRESS RUPP ARENA, LEXINGTON, KY. 430 W VINE ST, LEXINGTON, KY 40507PHONE (502) 564-3472
☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging:
Hilton Lexington Downtown, 369 W Vine Street, Lexington, KY 40507DATE(S) OF TRIP: 6/9/2026 - 6/11/2029 DEPARTURE TIME: 4:00 PM RETURN TIME: 4:00 PMPURPOSE/EDUCATIONAL VALUE STUDENTS PARTICIPATING IN STATE LEVEL COMPETITIONS AND CAREER EXPO
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) EF3 DEMONSTRATE EFFECTIVE TEAM SKILLS AND EVALUATE THEIR IMPORTANCE IN THE WORKPLACE (E.G., SETTING GOALS, LISTENING, FOLLOWING DIRECTIONS, QUESTIONING, DIVIDING WORK)
SOURCE OF FUNDING FOR TRIP: LAVECAMOUNT OF STUDENT FEE: No student fee required to attend NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS: 18MALE STUDENTS: 7FEMALE STUDENTS: 11MODE 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: VICTORIA GROVES & JACOB 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 ☐ NoHow have they been notified? Permission Slip & Code of Acceptable Behavior

[Signature] 9/8/25 [Signature] 9/9/25
 Signature of Faculty Sponsor Date Signature of Principal Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee9-9-2025
Date[Signature]
Signature of Board Chair9-9-2025
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

[Signature] 9/9/25

School-Related Student Trip Request Form

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

SCHOOL

CHS

FACULTY MEMBER(S) SPONSORING TRIP

Martinez, Gonzalez

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

Plaza Mariachi

ADDRESS

3955 Nolensville PK

PHONE (615) 373-9292

☒ Out of State
 lodging

☒ Out of County

☐ Within County

☐ Overnight: give name, address, phone of

DATE(S) OF TRIP

Nov. 20

DEPARTURE TIME

8:30

RETURN TIME

4:00

PURPOSE/EDUCATIONAL VALUE

Cultural Exposure

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

SOURCE OF FUNDING FOR TRIP

World Language Fund

AMOUNT OF STUDENT FEE:

\$200

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

CERTIFIED CHAPERONES

Sarah Martinez, Karla Gonzalez

CLASSIFIED CHAPERONES

Monica Holloway, Debi Schneider

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

Have all students been notified of the rules and regulations regarding
 How have they been notified? Parent Square

Sarah Martinez
 Signature of Faculty Sponsor

8/28
 Date

[Signature]
 Signature of Principal

9-8-25
 Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

Date

Signature of Board Chair

Date

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

Related Procedures:

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

Review/Revised:11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HSFACULTY 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: KENTUCKY FAIR & EXPO CENTERADDRESS: 937 PHILLIPS LN., LOUISVILLE, KYPHONE: 270-839-2948

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

DATE(S) OF TRIP: 11/14/2025 DEPARTURE TIME: 8:00 A.M. ON 11/14/2025 RETURN TIME: 9:00 PM ON 11/14/2025

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL MEET INDUSTRY PROFESSIONALS IN THE ANIMAL SCIENCE INDUSTRY.

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 FFAAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 9 MALE STUDENTS: 3 FEMALE STUDENTS: 6MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY School Van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES JAKE JAWORSKI VICTORIA GROVESCLASSIFIED CHAPERONES NONE

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? Permission Slip, Code of Acceptable Behavior

Signature of Faculty Sponsor

9/8/25
Date

Signature of Principal

9/9/25
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

Signature of Board Chair

Date

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HSFACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI, V. GROVES, M.WILMOTH

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 UNIVERSITY ADDRESS: 102 CURRIS CENTER MURRAY, KENTUCKY 42071
 PHONE: 270.809. 2896

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

DATE(S) OF TRIP: 3/12/26 DEPARTURE TIME: 7:00 A.M. ON 3/12/2025 RETURN TIME: 5:00 PM ON 3/12/2025

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: CCHS FFA LAVECAMOUNT 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 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 _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES VICTORIA GROVES, JACOB JAWORSKI, MADISON WILMOTHCLASSIFIED CHAPERONES NONE

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? Permission Slip, Code of Acceptable Behavior

[Signature]
Signature of Faculty Sponsor

9/8/25
Date

[Signature]
Signature of Principal

9/9/25
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>9-9-25</u> Date
<u>[Signature]</u> Signature of Board Chair	<u> </u> Date

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form**SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.**SCHOOL: CHRISTIAN CO. HSFACULTY 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: KENTUCKY FAIR & EXPO CENTERADDRESS: 937 PHILLIPS LN., LOUISVILLE, KYPHONE: 270-839-2948

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

DATE(S) OF TRIP: 2/12/26 DEPARTURE TIME: 7:00 A.M. ON 2/12/2026 RETURN TIME: 6:00 PM ON 2/16/2025PURPOSE/EDUCATIONAL VALUE: STUDENTS SEE THE LATEST EQUIPMENT AND ARE REWARDED FOR FFA EFFORTS IN FFA

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: LAVECAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 25MALE STUDENTS: 13FEMALE STUDENTS: 12MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY Bus Request sent☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES JACOB JAWORSKICLASSIFIED CHAPERONES NONEHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Permission Slip, Code of Acceptable Behavior

[Signature]
 Signature of Faculty Sponsor

9/8/25
 Date

[Signature]
 Signature of Principal

9/9/25
 Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>9.9.2025</u> Date
<u>[Signature]</u> Signature of Board Chair	<u> </u> Date

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

RELATED PROCEDURES:

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HSFACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI, V. GROVES, M.WILMOTH

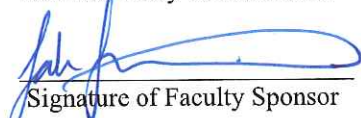
TYPE OF TRIP (CHECK ONE):

☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☒ Extracurricular☐ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic, band, if applicable)DESTINATION: HOPKINSVILLE COMMUNITY COLLEGE
42240ADDRESS: 720 NORTH DRIVE HOPKINSVILLE, KENTUCKYPHONE: 270-707-3700☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodgingDATE(S) OF TRIP: 3/24/26
3/24/2026DEPARTURE TIME: 12:30 P.M. ON 3/24/2026RETURN TIME: 5:00 PM ONPURPOSE/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: CCHS FFA LAVECAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS MALE STUDENTS: 20 FEMALE STUDENTS: 20MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY CCHS VAN/DISTRICT VAN☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES VICTORIA GROVES, JACOB JAWORSKI, MADISON WILMOTHCLASSIFIED CHAPERONES NONEHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Permission Slip, Code of Acceptable Behavior
Signature of Faculty Sponsor9/8/25
Date
Signature of Principal9/9/25
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
 Signature of Superintendent/Designee	<u>9-9-20</u> Date
Signature of Board Chair	Date

STUDENTS

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
WILMOTHFACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI, V. GROVES, M.

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 UNIVERSITYADDRESS: 2101 COLLEGE FARM RD. MURRAY, KY 42071PHONE: 800-809-3125

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

DATE(S) OF TRIP: 4/15/2026
4/16/2025DEPARTURE TIME: 7:30 A.M. ON 4/15/2026RETURN TIME: 4:00 PM ONPURPOSE/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: CCHS FFA LAVECAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 40MALE STUDENTS: 20FEMALE STUDENTS: 20MODE 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 VICTORIA JACOB JAWORSKI MADISON WILMOTHCLASSIFIED CHAPERONES NONEHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☐ Yes ☐ NoHow have they been notified? Permission Slip, Code of Acceptable Behavior


 Signature of Faculty Sponsor
9/8/25

Date



 Signature of Principal
9/9/25

Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSONTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____


 Signature of Superintendent/Designee
9-9-2025

Date



 Signature of Board Chair

Date

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

RELATED PROCEDURES:

STUDENTS

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

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 42240PHONE (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 3:00PURPOSE/EDUCATIONAL VALUE STUDENTS 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 PATHOGENSSOURCE OF FUNDING FOR TRIP CCHS FFA LAVECAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 50 MALE STUDENTS 25 FEMALE STUDENTS 25MODE 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? ☒ Yes ☐ Noacceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? _____ Permissionslip code ok acceptable

Jacob Jaworski
 Signature of Faculty Sponsor

9/19/25
 Date

Robert A. Bala
 Signature of Principal

9/19/25
 Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Chris Jones
 Signature of Superintendent/Designee

9-9-2025
 Date

Signature of Board Chair

Date

STUDENTS

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,

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 UNIVERSITY

ADDRESS: 2101 COLLEGE FARM RD. MURRAY, KY 42071

PHONE: 800-809-3125

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

DATE(S) OF TRIP: 9/12/2025 DEPARTURE TIME: 7:30 A.M. ON 9/12/2025 RETURN TIME: 3:00 PM ON 4/12/2025

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: CCHS 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 5 MALE STUDENTS: 1 FEMALE STUDENTS: 4

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY School Van

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

CERTIFIED CHAPERONES JACOB JAWORSKI

CLASSIFIED CHAPERONES NONE

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? Permission Slip, Code of Acceptable Behavior

[Signature]
Signature of Faculty Sponsor

9/2/25
Date

[Signature]
Signature of Principal

09/02/2025
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

Tom Beale "Kne"
Signature of Board Chair

9-4-25
Date

9-4-25
Date

Emergency Approved

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 ☒ Under 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 ☒ 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.) EK-2
DEFINE JOBS ASSOCIATED WITH A SPECIFIC CAREER PATH OR PROFESSION _____

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.

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? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY School Van

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

CERTIFIED CHAPERONES MADISON WILMOTH

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR

CLASSIFIED CHAPERONES _____

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

acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? Permission Slip, Code of Conduct

Madison Wilmoth
Signature of Faculty Sponsor

9/20/2025
Date

Debra Burrell
Signature of Principal

9/22/25
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris Fung</u> Signature of Superintendent/Designee	<u>9-4-2025</u> Date
_____ Signature of Board Chair	_____ Date

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

RELATED PROCEDURES:

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

Review/Revised:11/21/13

Regional Land Judging

STUDENTS

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 M. WILMOTH
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 10/16/2025 DEPARTURE TIME 11:30 PM RETURN TIME 4:00PM

PURPOSE/EDUCATIONAL VALUE STUDENTS ARE COMPETING IN THE 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 TRIP CCHS 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.) ☒ CERTIFICATED COMMON CARRIER; SPECIFY School Van

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

CERTIFIED CHAPERONES MADISON WILMOTH

CLASSIFIED CHAPERONES _____

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

acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

How have they been notified? Permission slip, Code of Conduct

Madison Wilmoth
Signature of Faculty Sponsor

8/20/2025
Date

Rachel Belton
Signature of Principal

9/12/25
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Christy
Signature of Superintendent/Designee

9-3-2025
Date

Signature of Board Chair

Date

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

STUDENTS

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: V. GROVES

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: CHRISTIAN COUNTY EXPOSITION CENTER

ADDRESS: 2850 PEMBROKE ROAD, 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: 10/1/2026 & 10/2/2026

DEPARTURE TIME: 8:00 A.M. RETURN TIME: 3:30 P.M.

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL PRESENT STATIONS TO CCPS 4TH GRADE STUDENTS ABOUT VARIOUS FARM SAFETY TOPICS.

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.

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

NUMBER OF STUDENTS 24

MALE STUDENTS: 12

FEMALE STUDENTS: 12

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO

☒ YES (SEE PROCEDURE 09.36 AP. 212.) Bus requested

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

CERTIFIED CHAPERONES VICTORIA GROVES

CLASSIFIED CHAPERONES NONE

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? Permission Slip, Code of Acceptable Behavior

Victoria Groves
Signature of Faculty Sponsor

8/28/25
Date

Robert Brown
Signature of Principal

9/2/25
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Chris Brown
Signature of Superintendent/Designee

8-3-25
Date

Signature of Board Chair

Date

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HSFACULTY MEMBER(S) SPONSORING TRIP: V. GROVES

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: UK EXTENSION OFFICE EXPOSITION CENTERADDRESS: 2850 PEMBROKE RD. HOPKINSVILLE, KY 42240PHONE: 270-886-6328

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

DATE(S) OF TRIP: 5/4/2026DEPARTURE TIME: 8:00 A.M.RETURN TIME: 3:30 P.M.PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL COMPLETE THE EVENT PLANNING PROJECT FOR AG EMPLOY CLASS.

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

AC1 UTILIZE CRITICAL-THINKING SKILLS TO DETERMINE BEST OPTIONS/OUTCOMES (E.G., DEVELOP EVENT PLAN)SOURCE OF FUNDING FOR TRIP: CCHS FFA SAFAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF STUDENTS 10MALE STUDENTS: 5FEMALE STUDENTS: 5MODE 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 VICTORIA GROVESCLASSIFIED CHAPERONES NONEHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Permission Slip, Code of Acceptable BehaviorVictoria Groves
Signature of Faculty Sponsor8/28/25
DateAdrian H. Allen
Signature of Principal09/02/25
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Chris Jones
Signature of Superintendent/Designee9.8.2025
Date_____
Signature of Board Chair_____
Date

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

FFA Regional & State Officer Prep course

STUDENTS

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: V. GROVES

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 UNIVERSITY; CURRIS CENTER

ADDRESS: 2101 COLLEGE FARM ROAD, MURRAY, KY 42071

PHONE: 270-809-6921

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

DATE(S) OF TRIP: 2/3/2026

DEPARTURE TIME: 7:00 A.M. RETURN TIME: 3:00 P.M.

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.

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.)

School
van
requested

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

CERTIFIED CHAPERONES VICTORIA MOHON Groves

CLASSIFIED CHAPERONES NONE

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? Permission Slip, Code of Acceptable Behavior

Victoria Groves
Signature of Faculty Sponsor

8/28/25
Date

David & Belma
Signature of Principal

08/02/25
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input checked="" type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris Jones</u> Signature of Superintendent/Designee	<u>9-8-2024</u> Date
_____ Signature of Board Chair	_____ Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

MSU FFA All Region STARS Banquet

STUDENTS

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: V. GROVES & 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: MURRAY STATE UNIVERSITY CFSB CENTER

ADDRESS: 1401 KY-121, MURRAY, KY 42071

PHONE: 270-809-5577

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

DATE(S) OF TRIP: 11/17/2025

DEPARTURE TIME: 4:00 P.M. RETURN TIME: 9:00 P.M.

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE RECOGNIZED FOR INTRACURRICULAR INVOLVEMENT, FFA SUCCESSES, AND SCHOLARSHIP OPPORTUNITIES

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.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION

☐ SCHOOL COUNCIL

☐ BOARD

☐ OTHER

NUMBER OF: STUDENTS 3

MALE STUDENTS: 1

FEMALE STUDENTS: 2

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO

☒ YES (SEE PROCEDURE 09.36 AP. 212.)

School van requested

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

CERTIFIED CHAPERONES VICTORIA GROVES, JACOB JAWORSKI

CLASSIFIED CHAPERONES NONE

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? Permission Slip, Code of Acceptable Behavior

Victoria Groves
Signature of Faculty Sponsor

8/28/25
Date

Adam A. Bunn
Signature of Principal

9/02/25
Date

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

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Adam A. Bunn
Signature of Superintendent/Designee

9-9-2025
Date

Signature of Board Chair

Date

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

School-Related Student Trip Request Form

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

SCHOOL * Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP Samantha Cruz
marvin harness

TYPE OF TRIP (CHECK ALL THAT APPLY):

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

DESTINATION murray state university ADDRESS 1375 Chestnut St PHONE-DESTINATION 800 272 4678

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

DATE(S) OF TRIP 09/26/25DEPARTURE TIME 6:00amRETURN TIME 5:00pmSTART 6:00 am END 5:00 pm

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Leadership Development

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

AA, AB, AC, EA, EB, ETCSOURCE OF FUNDING FOR TRIP Lavec

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER _____NUMBER OF: STUDENTS up to 25 MALE STUDENTS 10 FEMALE STUDENTS 15MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY Bus - marvin harness☐ 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 ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? verbal / Permission Form

X

Faculty/Sponsor Signature

X

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.

Amzy 8-28-02

09.36 AP.21

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

TYPE OF TRIP (CHECK ONE):

DESTINATION INDIANAPOLIS, IN ADDRESS CONVENTION CENTER PHONE 270-498-2597

X Overnight: give name, address, phone of lodging:

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

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

SOURCE OF FUNDING FOR TRIP: PERKINS

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

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

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

CLASSIFIED CHAPERONES

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

How have they been notified? Permission slip, Code of Acceptable Conduct

Natasha Gruber 8/25/25 Patricia A. Ben 8/26/25
Signature of Faculty Sponsor Date Signature of Principal Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

Date _____

Signature of Board Chair

Date _____

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

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

Review/Revised:1/15/09

Page 1 of 1

Insert text here

09.36 AP.21

STUDENTS

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Sam Self
TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)
DESTINATION Apollo Summer Slam ADDRESS Owensboro Convention Center PHONE _____
☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging _____
DATE(S) OF TRIP 8/29/25-8/30/25 DEPARTURE TIME 4pm RETURN TIME 8pm
PURPOSE/EDUCATIONAL VALUE Apollo Summer Slam Volleyball Tournament
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____
SOURCE OF FUNDING FOR TRIP Athletic
AMOUNT OF STUDENT FEE: N/A

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER
NUMBER OF STUDENTS 11 MALE STUDENTS _____ FEMALE STUDENTS 11
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____
CERTIFIED CHAPERONES Sam Self, Jana Montes, T'ana Dixon
CLASSIFIED CHAPERONES Mallory Neighbors

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
acceptable behavior? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding the trip? ☒ Yes ☐ No
How have they been notified? Signed paper copies & ParentSquare
Signature of Faculty Sponsor Sam Self Date 8/12/25
Signature of Principal [Signature] Date 8-12-25

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____
Signature of Superintendent/Designee [Signature] Date 8-28-25
Signature of Board Chair Tom Bell - Kme Date 8-29-25
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

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

Review/Revised: 11/21/13

[Signature]
8/27/25

Emergency approved

School-Related Student Trip Request Form

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

SCHOOL * CCHS

FACULTY MEMBER(S) SPONSORING TRIP

Taylor Greenfield
Shawna Majors

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 Murray State UniversityADDRESS 1375 Chestnut StPHONE-DESTINATION 800-272-4678

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

DATE(S) OF TRIP 9-18-25DEPARTURE TIME 8:30 amRETURN TIME 2:00 pm

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Postsecondary Readiness

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

College exploration for students

SOURCE OF FUNDING FOR TRIP _____

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 20MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

Certified chaperones _____

Classified chaperones Shawna Major, Taylor Greenfield

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

☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Parents squareX Taylor Greenfield

Faculty/Sponsor Signature

X Tom Bell

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Clarifying Review
Tom Bell "Kme" 8-28-25

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

Emergency approved

School-Related Student Trip Request Form

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

SCHOOL * OCHSFACULTY MEMBER(S) SPONSORING TRIP Taylor Greenfield, Shawna major

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 Western Kentucky University ADDRESS 1906 College Heights Blvd Bowling Green, KY PHONE-DESTINATION 270-745-0111

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

 DATE(S) OF TRIP 09-19-25 DEPARTURE TIME 8:30am RETURN TIME 2:00pm
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE Postsecondary Readiness

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

College Exploration for students

SOURCE OF FUNDING FOR TRIP _____

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 20MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

Certified chaperones _____

Classified chaperones Shawna Johnson, Taylor Greenfield
 Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?
☒ Yes ☐ No

 Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
How have they been notified? Parent Square

X Taylor Greenfield X Dan A. Bunn
 Faculty/Sponsor Signature Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Christina 8-15-2011
Tom Bell "kme" 8-28-25

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

emergency approved

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

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: MURRAY STATE UNIVERSITYADDRESS: 102 CURRIS CENTER, MURRAY, KENTUCKY 42071

PHONE: (270)- 809-2896

- ☐ Out of State ☒ Out of County ☐ Within County
☐ Overnight: give name, phone number, and address of lodging
Not an overnight trip

DATE(S) OF TRIP: 9/19/25DEPARTURE 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 SAFAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 20 MALE STUDENTS 10 FEMALE STUDENTS 10MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES JACOB JAWORSKI

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Code of Acceptable Behavior, Permission SlipJ. Jaworski
Signature of Faculty Sponsor8/20/25
DateRita B. Bunn
Signature of Principal08/25/25
Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Chris G...
Signature of Superintendent/Designee8-28-25
DateTom B. Lee "Kne"
Signature of Board Chair8-28-25
Date

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

RELATED PROCEDURES:

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

Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL CHRISTIAN 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 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 9/2/25

DATE(S) OF TRIP 9/2/25 DEPARTURE TIME 11:30 AM RETURN TIME 1:15 PM

PURPOSE/EDUCATIONAL VALUE STUDENTS 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 TRIP CCHS 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 ☐ YES (SEE PROCEDURE 09.36 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/designee to supervise students? ☒ Yes ☐ No
acceptable behavior? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding
How have they been notified? Permissionslip

[Signature]
Signature of Faculty Sponsor

8/20/25
Date

[Signature]
Signature of Principal

8/25/25
Date

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

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

8-28-25
Date

[Signature]
Signature of Board Chair

8-28-25
Date

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

emergency approved

School-Related Student Trip Request Form

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

SCHOOL CHRISTIAN 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 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240PHONE (270) 886-6328

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

DATE(S) OF TRIP 4/7/26 DEPARTURE TIME 11:30 AM RETURN TIME 1:15PMPURPOSE/EDUCATIONAL VALUE STUDENTS 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 PROFESSIONSOURCE OF FUNDING FOR TRIP CCHS FFAAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 2 MALE STUDENTS 1 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY School Van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES JACOB 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 _____

Signature of Faculty Sponsor [Signature]Date 8/20/25Signature of Principal [Signature]Date 8/25/25

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date 8-28-2025

Signature of Board Chair _____

Date _____

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

School-Related Student Trip Request FormSUBMIT THIS FORM **FOUR (4) WEEKS** PRIOR TO TAKING THE TRIP.SCHOOL CHRISTIAN 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 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240PHONE (270) 886-6328

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

DATE(S) OF TRIP 3/3/26 DEPARTURE TIME 11:30 AM RETURN TIME 1:15PMPURPOSE/EDUCATIONAL VALUE STUDENTS 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 PROFESSIONSOURCE OF FUNDING FOR TRIP CCHS FFAAMOUNT 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 ☐ YES (SEE PROCEDURE 09.36 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/designee to supervise students? ☒ Yes ☐ No
 acceptable behavior? ☐ Yes ☐ No Have all students been notified of the rules and regulations regarding
 How have they been notified? _____ Permissionslip _____

Signature of Faculty Sponsor [Signature]Date 8/20/25Signature of Principal [Signature]Date 8/25/25

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date 8-28-2025

Signature of Board Chair _____

Date _____

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

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

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 42240PHONE (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 1:15PMPURPOSE/EDUCATIONAL VALUE STUDENTS 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 PROFESSIONSOURCE OF FUNDING FOR TRIP CCHS FFAAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF STUDENTS 2 MALE STUDENTS 1 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY School Van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES JACOB 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 _____

Signature of Faculty Sponsor [Signature]Date 8/20/25Signature of Principal [Signature]Date 08/25/25**EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON**Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date 8-26-25

Signature of Board Chair _____

Date _____

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

RELATED PROCEDURES:

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

Review/Revised:11/21/13

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

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 42240PHONE (270) 886-6328

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

DATE(S) OF TRIP 1/6/26 DEPARTURE TIME 11:30 AM RETURN TIME 1:15 PMPURPOSE/EDUCATIONAL VALUE STUDENTS 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 PROFESSIONSOURCE OF FUNDING FOR TRIP CCHS FFAAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 2 MALE STUDENTS 1 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY School Van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES JACOB 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? Permission slip

Signature of Faculty Sponsor Jacob JaworskiDate 8/20/25Signature of Principal Pat BlumDate 08/25/25**EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON**Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date 8-25-2025

Signature of Board Chair _____

Date _____

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

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

TYPE OF TRIP (CHECK ONE):

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

DESTINATIONADDRESS 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240PHONE (270) 886-6328

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

DATE(S) OF TRIP 12/2/25 DEPARTURE TIME 11:30 AM RETURN TIME 1:15 PMPURPOSE/EDUCATIONAL VALUE STUDENTS 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 PROFESSIONSOURCE OF FUNDING FOR TRIP CCHS FFAAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 2 MALE STUDENTS 1 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 112.)☐ 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/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? Permission Slip

J. Jaworski
 Signature of Faculty Sponsor

8/20/25
 Date

J. Jaworski
 Signature of Principal

8/20/25
 Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSONTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

8-20-25
 Date

Signature of Board Chair

Date

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

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

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 42240PHONE (270) 886-6328

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

DATE(S) OF TRIP 11/4/25 DEPARTURE TIME 11:30 AM RETURN TIME 1:15PMPURPOSE/EDUCATIONAL VALUE STUDENTS 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 PROFESSIONSOURCE OF FUNDING FOR TRIP CCHS FFAAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 2 MALE STUDENTS 1 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY School van☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES JACOB 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? Permission slip

Signature of Faculty Sponsor [Signature]Date 8/20/25Signature of Principal [Signature]Date 08/25/25**EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON**Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date [Signature]

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

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

TYPE OF TRIP (CHECK ONE):

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

DESTINATIONADDRESS 2850 PEMBROKE RD, HOPKINSVILLE, KY 42240PHONE (270) 886-6328

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

DATE(S) OF TRIP 10/7/25 DEPARTURE TIME 11:30 AM RETURN TIME 1:15 PMPURPOSE/EDUCATIONAL VALUE STUDENTS 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 PROFESSIONSOURCE OF FUNDING FOR TRIP CCHS FFAAMOUNT OF STUDENT FEE: \$0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF STUDENTS 2 MALE STUDENTS 1 FEMALE STUDENTS 1MODE 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) School VanCERTIFIED CHAPERONES JACOB 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? permission slip

Signature of Faculty Sponsor [Signature]Date 8/20/25Signature of Principal [Signature]Date 08/25/25**EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON**Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date 8-28-2025

Signature of Board Chair _____

Date _____

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

RELATED PROCEDURES:

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

Review/Revised:11/21/13

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 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 Orpyland Hotel ADDRESS 2800 Orpyland 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 3pmPURPOSE/EDUCATIONAL VALUE Cultural + education visual ART experience

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

HS VA CR 2.3.111 Demonstrate in design how materials culture defines enhances peoples livesSOURCE OF FUNDING FOR TRIP ART ClubAMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 40 MALE STUDENTS 15 FEMALE STUDENTS 25MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY Bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Paula Gieseke Virginia PolandCLASSIFIED CHAPERONES Monica 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

 Have all students been notified of the rules and regulations regarding
 How have they been notified? Field Trip Form
Paula Gieseke
 Signature of Faculty Sponsor

Date

[Signature]
 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]
 Signature of Superintendent/Designee

Date

[Signature]
 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

School-Related Student Trip Request Form

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

SCHOOL Christian County High FACULTY MEMBER(S) SPONSORING TRIP Paula Giescke
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 International Blvd PHONE 877-475-7027
Clarksville TN 37040
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging _____
DATE(S) OF TRIP 09-19-25 DEPARTURE TIME 8AM RETURN TIME 3pmPURPOSE/EDUCATIONAL VALUE Training for yearbook staff

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

SOURCE OF FUNDING FOR TRIP yearbookAMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 8 MALE STUDENTS 1 FEMALE STUDENTS 7MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES _____

CLASSIFIED CHAPERONES Monica 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
 Have all students been notified of the rules and regulations regarding
 How have they been notified? Field Trip Form
Paula Giescke
 Signature of Faculty Sponsor

08-19-25
 Date

Jeff Kern
 Signature of Principal

8-19-25
 Date

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____
Chris Jones
 Signature of Superintendent/Designee

Tom Bell "Kme"
 Signature of Board Chair

8-21-25
 Date

8-21-25
 Date

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

Related Procedures:

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

Review/Revised: 11/21/13

Emergency approved

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 ☒ Under 300 miles ☒ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐
 Organization/Club Trip ☐ Other (athletic, band, if applicable) **DESTINATION** Christian Way Farm **ADDRESS**
19590 Linville Rd. Hopkinsville **PHONE** (270) 269-2434

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

DATE(S) OF TRIP October 14, 2025 **DEPARTURE TIME** 9:00 a.m **RETURN TIME** 1:00 pm

PURPOSE/EDUCATIONAL VALUE Students 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: ☒ **SPONSORING ORGANIZATION** ☐ **SCHOOL COUNCIL** ☐ **BOARD** ☐ **OTHER** **NUMBER OF:**

STUDENTS **10** **MALE STUDENTS** 6 **FEMALE STUDENTS** 4

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 Mary Calhoun and Lindsay Christopher **CLASSIFIED CHAPERONES** Vickie Perry 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? in class discussion of expectations

Signature of Faculty Sponsor _____ Date _____ Signature of Principal _____ Date _____

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee Date 9-12-2018

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

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Leah Thomas
TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles ☒ Under 300 miles ☒ Co-curricular ☐ Extra-curricular
☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION Extension Office ADDRESS 2850 Pembroke Rd. PHONE (270) 886-6328
☐ Out of State ☐ Out of County ☒ Within County ☐ Overnight: give name, address, phone of
accommodating N/A
DATE(S) OF TRIP Monthly - 1st Tuesday DEPARTURE TIME 11:30 RETURN TIME 1:00
PURPOSE/EDUCATIONAL VALUE Networking with agribusiness professionals
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
EK1-EK4
SOURCE OF FUNDING FOR TRIP None
AMOUNT OF STUDENT FEE: None

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

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

NUMBER OF STUDENTS 6 MALE STUDENTS 3 FEMALE STUDENTS 3

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36
AP. 212.3) ☐ CERTIFICATED COMMON CARRIER; SPECIFY School Van

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

CERTIFIED CHAPERONES Julie Gilliam / Leah Thomas

CLASSIFIED CHAPERONES

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

Leah Thomas
Signature of Faculty Sponsor

8/25/25
Date

Andy Campbell
Signature of Principal

8/26/25
Date

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

Trip has been ☒ approved ☐ disapproved Reason for disapproval

Signature of Superintendent/Designee

Tom Bell "Knee"
Signature of Board Chair

Date

8-28-25
Date

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

Related Procedures:

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

Review Revised: 11.21.13

Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Hopkinsville High FACULTY MEMBER(S) SPONSORING TRIP Brandi Love
TYPE OF TRIP (CHECK ONE)

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

DESTINATION New CCHS ADDRESS Lover's Lane PHONE _____

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

DATE(S) OF TRIP Oct. 31, 2025 DEPARTURE TIME 8:20 RETURN TIME 11:00

PURPOSE/EDUCATIONAL VALUE Racer Academy Dual Credit

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

College Info

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? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP.212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

CERTIFIED CHAPERONES Andrew Gains, Paul Barrett,
Brandi Love

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? ☒ Yes ☐ No
Is acceptable behavior? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding how have they been notified? In Person

Brandi Love
Signature of Faculty Sponsor

8/29/25
Date

[Signature]
Signature of Principal

8/28/25
Date

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

Trip has been ☒ approved ☐ disapproved Reason for disapproval _____

Signature of Superintendent Designee

9-5-2021
Date

Signature of Board Chair

Date

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

Related Procedures:

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

Review Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP 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)

DESTINATION KY 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 lodging in cabins at camp

DATE(S) OF TRIP 9/12/25-9/13/25 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 2 FEMALE STUDENTS 2

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) LEAH THOMAS

CERTIFIED CHAPERONES LEAH THOMAS

CLASSIFIED CHAPERONES LEAH THOMAS

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? Word of Mouth/PS

Leah Thomas
Signature of Faculty Sponsor

9/9/25
Date

gx
Signature of Principal

9/9/25
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Tom Bell "Kne"</u> Signature of Superintendent/Designee	<u>9-9-25</u> Date
<u>Tom Bell "Kne"</u> Signature of Board Chair	<u>9-9-25</u> Date

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

RELATED PROCEDURES:

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

Review/Revised: 11/21/13

Ly A Still 9/9/25
Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Julie Gilliam/Leah Thomas

TYPE OF TRIP (CHECK ONE):

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

DESTINATION The Adventure Park ADDRESS 801 Percy Warner Blvd. PHONE (615) 645-2600
Nashville, TN 37205

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

DATE(S) OF TRIP Nov. 21, 2025 DEPARTURE TIME 8:30 RETURN TIME 4:30

PURPOSE/EDUCATIONAL VALUE Team building, Leadership, Agritourism

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
OG2, AAI

SOURCE OF FUNDING FOR TRIP Bean Account

AMOUNT OF STUDENT FEE: _____

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

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

NUMBER OF: STUDENTS 12 MALE STUDENTS TBD FEMALE STUDENTS TBD

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

2 Vans

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

CERTIFIED CHAPERONES Julie Gilliam/Leah Thomas

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding
How have they been notified? Parent Square

Leah Thomas
Signature of Faculty Sponsor

9/3/25
Date

Andy Gyllie
Signature of Principal

9/4/25
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris Goff</u> Signature of Superintendent/Designee	<u>9-5-25</u> Date
_____ Signature of Board Chair	_____ Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

Related Procedures:

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

Review Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP William Thomas

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Circle T Ranch ADDRESS 116621 Bainbridge Rd PHONE Cerulean KY 42215 270-839-2859

- ☐ Out of State ☐ Out of County ☒ Within County ☒ Overnight; give name, address, phone of lodging Cabins on-site

DATE(S) OF TRIP Oct. 6th, Oct. 7th DEPARTURE TIME 3PM RETURN TIME 10am

PURPOSE/EDUCATIONAL VALUE Equine Industry tour, agri tourism

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

Equine, Agribusiness, Entrepreneurship

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 30 MALE STUDENTS TBD FEMALE STUDENTS

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

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

CERTIFIED CHAPERONES Julie Gilliam Leah Thomas

CLASSIFIED CHAPERONES

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

Have all students been notified of the rules and regulations regarding
How have they been notified? written/sign form

Julie Gilliam
Signature of Faculty Sponsor

9/3/25
Date

Cindy Cuyler
Signature of Principal

9/4/25
Date

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

Trip has been ☒ approved ☐ disapproved Reason for disapproval

Chung
Signature of Superintendent Designee

9-5-25
Date

Signature of Board Chair

Date

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

Related Procedures:

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

Review Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean

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 Apollo High School ADDRESS 2280 Tamarack Rd Owensboro, Ky PHONE _____

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

DATE(S) OF TRIP Oct. 29, 2025 DEPARTURE TIME 3pm RETURN TIME 9pm

PURPOSE/EDUCATIONAL VALUE _____

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

Performance

SOURCE OF FUNDING FOR TRIP Choir & Students

AMOUNT OF STUDENT FEE: \$15

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 9 MALE STUDENTS 4 FEMALE STUDENTS 5

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

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

CERTIFIED CHAPERONES Tracy Bean

CLASSIFIED CHAPERONES _____

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

Signature of Faculty Sponsor Tracy Bean

Date 9/14/25

Signature of Principal Cindy Caylor

Date 9/16/25

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 Cindy Caylor

Date 9-16-2025

Signature of Board Chair _____

Date _____

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

Related Procedures:

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

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS

FACULTY MEMBER(S) SPONSORING TRIP

Tracy Bean

TYPE OF TRIP (CHECK ONE)

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

DESTINATION MSU

ADDRESS Murray, Ky

PHONE

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

DATE(S) OF TRIP 11/2/25 - 11/3/25 DEPARTURE TIME 3pm RETURN TIME 9pm

PURPOSE/EDUCATIONAL VALUE Quad State Honors Choir

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

Performance

SOURCE OF FUNDING FOR TRIP Choir SAF / Student

AMOUNT OF STUDENT FEE: \$35 registration + hotel (TBA)

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 TBA MALE STUDENTS TBA FEMALE STUDENTS TBA

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP.21.3) ☐ CERTIFICATE OF COMMON CARRIER SPECIFY

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

CERTIFIED CHAPERONES Tracy Bean

CLASSIFIED CHAPERONES

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
Is acceptable behavior? ☒ Yes ☐ No
Have all students been notified of the rules and regulations regarding the trip? ☒ Yes ☐ No
How have they been notified? Discussion in class. Will get 9/5/25 letter when accepted

Signature of Faculty Sponsor Tracy Bean

Date 9/5/25

Signature of Principal Cindy Ayelle

Date 9/5/25

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

Trip has been ☒ approved ☐ disapproved Reason for disapproval

Signature of Superintendent/Designee Cindy Ayelle

Date 9-11-25

Signature of Board Chair

Date

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

Related Procedures:

09.36 AP.21.1, 09.36 AP.21.2, 09.36 AP.21.3

9/10/25 Cindy Ayelle 9-11-25

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP WISE
 TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles ☒ Under 300 miles ☐ Co-curricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other (athletic, band, if applicable)
 DESTINATION JOSTENS ADDRESS 451 INTERNATIONAL BLVD PHONE (877) 475-7027
COOKSVILLE, TN 37040
☒ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging _____
 DATE(S) OF TRIP OCT 2, 2025 DEPARTURE TIME 8:00 AM RETURN TIME 3:00 PM
 PURPOSE/EDUCATIONAL VALUE YEARBOOK PLANT TOUR AND COVER DESIGN
 WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____

SOURCE OF FUNDING 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: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF STUDENTS 7 MALE STUDENTS 1 FEMALE STUDENTS 6MODE 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? ☒ Yes ☐ No
 Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No
 How have they been notified? IN WRITING

Thomas Wise
 Signature of Faculty Sponsor

9/18/25
 Date

Andy Carter
 Signature of Principal

9/18/25
 Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved Reason for disapproval _____	
<u>Chris Jones</u> Signature of Superintendent Designee	<u>9-5-25</u> Date
_____ Signature of Board Chair	_____ Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

Related Procedures:

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

Review Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Tracy Bean
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 Center College ADDRESS Danville, Ky PHONE _____
☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging TBA
DATE(S) OF TRIP Nov. 7-8, 25 DEPARTURE TIME 8am RETURN TIME 9:pm
PURPOSE/EDUCATIONAL VALUE performing in honors choir
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Performance
SOURCE OF FUNDING FOR TRIP Choir / Student
AMOUNT OF STUDENT FEE: TBA

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 TBA MALE STUDENTS _____ FEMALE STUDENTS _____

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

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

CERTIFIED CHAPERONES Tracy Bean

CLASSIFIED CHAPERONES _____

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

Signature of Faculty Sponsor Tracy Bean

Date 9/12/25

Signature of Principal Andy Gish

Date 9/16/25

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee Chris Broy

Date 9-17-2021

Signature of Board Chair _____

Date _____

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

Related Procedures:

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

Review/Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Muncy Ky. ADDRESS MSU PHONE _____

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

DATE(S) OF TRIP Nov. 2-3, 25 DEPARTURE TIME 3pm RETURN TIME 9am

PURPOSE/EDUCATIONAL VALUE performance opportunity in Honors choir

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

SOURCE OF FUNDING FOR TRIP choir / student

AMOUNT OF STUDENT FEE: \$35

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 TBA MALE STUDENTS _____ FEMALE STUDENTS _____

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

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

CERTIFIED CHAPERONES Tracy Bean

CLASSIFIED CHAPERONES _____

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

Signature of Faculty Sponsor [Signature]

Date 9/12/25

Signature of Principal [Signature]

Date 9/16/25

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee [Signature]

Date 9-17-2025

Signature of Board Chair _____

Date _____

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

Related Procedures:

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

Review/Revised: 11/21/13

[Signature] 9/17/25

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Leah Thomas

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Novelis Corp. ADDRESS 8155 Old Railroad Ln. PHONE (210) 962-4911
Guthrie, KY 42234

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

DATE(S) OF TRIP Oct. 15, 2025 DEPARTURE TIME 9:00 RETURN TIME 3:00PURPOSE/EDUCATIONAL VALUE Industry Exposure, HOPFAME ExposureWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
AB6, EL1SOURCE OF FUNDING FOR TRIP N/A CTE Sup. (transportation)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 N/ANUMBER OF: STUDENTS 22 MALE STUDENTS 21 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Leah Thomas

CLASSIFIED CHAPERONES _____

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

Signature of Faculty Sponsor Leah ThomasDate 9/3/25Signature of Principal Andy CarterDate 9/4/25

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

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee Chris JanyDate 9-5-2025

Signature of Board Chair _____

Date _____

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

Related Procedures:

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

Review Revised: 11/21/13

STUDENTS

09/30/21

School-Related Student Trip Request Form

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

SCHOOL Hopkinsville High FACULTY MEMBER(S) SPONSORING TRIP Brandi Love
TYPE OF TRIP (CHECK ONE)☐ Over 300 miles ☐ Under 300 miles ☒ Extracurricular ☐ Extracurricular
☐ Under 300 miles ☐ Under 300 miles ☐ Other athletic band, if applicableDESTINATION New CCHS ADDRESS Lovers Lane PHONE _____☐ Out of state ☐ Out of county ☒ In county ☐ Overnight give name, address, phone of _____DATE(S) OF TRIP Oct. 31, 2025 DEPARTURE TIME 8:20 RETURN TIME 11:00PURPOSE EDUCATIONAL VALUE Racer Academy Dual CreditWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS)
College InfoSOURCE OF FUNDING FOR TRIP _____
AMOUNT OF STUDENT FEE: _____

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF STUDENTS 50 MALE STUDENTS 25 FEMALE STUDENTS 25MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.0) CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY, SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Andrew Goins, Paul Barrett,
Brandi Love

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding responsible behavior? ☒ Yes ☐ NoHow have they been notified? In PersonSignature of Faculty Sponsor Brandi LoveDate 8/29/25Signature of Principal Andrew GoinsDate 8/28/25

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

Trip has been ☒ approved ☐ disapproved Reason for disapproval _____Signature of Superintendent/Designee Chris JayDate 9-5-2025

Signature of Board Chair _____

Date _____

If a majority and a two-thirds (2/3) approval of the Superintendent, and of Board may be required by policy 09.36

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.213

Review Revised: 11/21/13

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Hopkinsville High FACULTY MEMBER(S) SPONSORING TRIP Brant Weiss

TYPE OF TRIP (CHECK ONE):

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

DESTINATION HCC Library ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP Sept 10th, Sept 11th DEPARTURE TIME 8:15 am RETURN TIME 10:00 am

PURPOSE/EDUCATIONAL VALUE ENG 101 intro to research methods / Library orientation.

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

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 24/25 MALE STUDENTS 15 FEMALE STUDENTS 10

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

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

CERTIFIED CHAPERONES Brant Weiss

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? _____

Brant Weiss
Signature of Faculty Sponsor

8/28/2025
Date

Christy Caplan
Signature of Principal

8/29/25
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved Reason for disapproval _____	
<u>Chris Jones</u> Signature of Superintendent/Designee	<u>9-2-24</u> Date
<u>Tom Bell "Rme"</u> Signature of Board Chair	<u>9-2-25</u> Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

Related Procedures:

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

Review Revised: 11/21/13

Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Hopkinsville High FACULTY MEMBER(S) SPONSORING TRIP Brandi Love
TYPE OF TRIP (CHECK ONE):

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

DESTINATION New CCHS ADDRESS Lovers Lane PHONE _____

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

DATE(S) OF TRIP Oct. 31, 2025 DEPARTURE TIME 8:20 RETURN TIME 11:00

PURPOSE/EDUCATIONAL VALUE Racer Academy Dual Credit

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

College Info

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? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

CERTIFIED CHAPERONES Andrew Goins, Paul Barrett,
Brandi Love

CLASSIFIED CHAPERONES _____

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

Have all students been notified of the rules and regulations regarding
How have they been notified? In Person

Brandi Love
Signature of Faculty Sponsor

8/29/25
Date

Andrew Goins
Signature of Principal

8/28/25
Date

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

Trip has been ☒ approved ☐ disapproved Reason for disapproval _____

Clayton
Signature of Superintendent Designee

9.2.25
Date

Signature of Board Chair

Date

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

Related Procedures:

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

Review Revised: 11/21/13

STUDENTS

School-Related Student Trip Request Form

09.36 AP.21

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

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Deborah Cauthen
TYPE OF TRIP (CHECK ONE):
☐ Over 300 miles ☐ Under 300 miles ☒ Curricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)
DESTINATION Titans Stadium ADDRESS 1 Titans PHONE _____
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight (give name, address, phone of lodging)
DATE(S) OF TRIP October 19, 25 DEPARTURE TIME 9:00 AM RETURN TIME 10:00 PM
PURPOSE/EDUCATIONAL VALUE Sports & Entertainment Marketing
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Promotion, Advertising, Customer Service
SOURCE OF FUNDING FOR TRIP FBLA
AMOUNT OF STUDENT FEE: \$30

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

CERTIFIED CHAPERONES Deborah Cauthen Anthony Holloway
Whitney Frost

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required record-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? Yes written

Signature of Faculty Sponsor Daniel

Date 8-20-25

Signature of Principal Anthony Holloway

Date 8/22/25

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 _____

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