

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 _____

ADDRESS _____

PHONE-DESTINATION _____

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

DATE(S) OF TRIP 03/02/24

START

END

DEPARTURE TIME 5:45 AM

RETURN TIME 6:00 PM

(SELECT AM OR PM FROM DROPODOWN)

(SELECT AM OR PM FROM DROPODOWN)

PURPOSE/EDUCATIONAL VALUE Regional FBLA Leadership Competition

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

AA, AB, AC, EA, EB, EC, ED etc.

SOURCE OF FUNDING FOR TRIP

Supplemental funding

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

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

NUMBER OF: STUDENTS 25 MALE STUDENTS 10 FEMALE STUDENTS 15

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

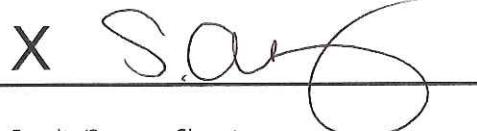
Certified chaperones 2

Classified chaperones _____

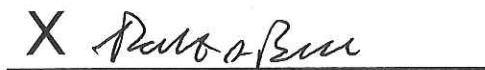
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

 Yes NoHave all students been notified of the rules and regulations regarding acceptable behavior? Yes No

How have they been notified? Verbal, permission form



Faculty/Sponsor Signature



Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

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

SchoolRelated Student Trip Request FormSCHOOL Ccms
TYPE OF TRIP

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

D. Wilford

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

DESTINATION Lexington, Ky ADDRESS 273 Ruccio Way PHONE (859) 303-4079

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

DATE(S) OF TRIP Feb. 6-8, 2026 DEPARTURE TIME 9 am RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE

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

SOURCE OF FUNDING FOR TRIP Boys Basketball funds

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 13 MALE STUDENTS 12 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFIED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES Tanya Dixon 6th grade teacherCLASSIFIED CHAPERONES DeMarcus Wilford, Frank Bland, Mike Green
Dustin IsomHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
acceptable behavior? Yes NoD. Wilford
Signature of Faculty Sponsor01/05/2026

Date

✓

Signature of Principal

01/05/2026

Date

Have all students been notified of the rules and regulations regarding
How have they been notified? ✓ Document

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 _____Clara Jones
Signature of Superintendent/Designee1-7-2026

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

K. A. Sheld 1/6/26

Review/Revised: 11/21/13

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

SchoolRelated Student Trip Request FormSCHOOL _____
TYPE OF TRIP _____

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

Over 300 miles Under 300 miles Cocurricular Extracurricular

Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable)

DESTINATION Lexington, Ky ADDRESS 273 Ruccio Way PHONE (859) 303-4079

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

DATE(S) OF TRIP 1/30/26 - 2/1/26 DEPARTURE TIME 9 AM RETURN TIME TBAPURPOSE/EDUCATIONAL VALUE 7th grade boys basketball state Tournament
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)SOURCE OF FUNDING FOR TRIP Boys Basketball funds

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 13 MALE STUDENTS 12 FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFIED COMMON CARRIER; SPECIFY _____ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Tena Dixon 6th grade teacherCLASSIFIED CHAPERONES DeMarcus Wilford, Frank Bland, Michael Green, Dustin IsomHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
acceptable behavior? Yes NoHave all students been notified of the rules and regulations regarding acceptable behavior? Yes No
How have they been notified? document

Signature of Faculty Sponsor

D. Wilford

Date

01/05/2026

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 type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Cherry</u> Signature of Superintendent/Designee	<u>1-7-26</u> Date
<u>Signature of Board Chair</u>	<u>1-7-26</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

Lydia Sheld 1/6/26Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL HHSFACULTY MEMBER(S) SPONSORING TRIP Tracy Bean

TYPE OF TRIP (CHECK ONE):

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

DESTINATION WKUADDRESS Bowling Green Ky

PHONE _____

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

DATE(S) OF TRIP Jan. 27, 26 DEPARTURE TIME 7am RETURN TIME 3pmPURPOSE/EDUCATIONAL VALUE All State RehearsalWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
PerformanceSOURCE OF FUNDING FOR TRIP ChoirAMOUNT OF STUDENT FEE: N/A \$ food

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 2 FEMALE STUDENTS _____MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFIED COMMON CARRIER; SPECIFY _____ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Tracy BeanCERTIFIED 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 No1/4/261/4/26

Signature of Faculty Sponsor

Date

12/18/25

Signature of Principal

Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	<u>12-16-2022</u> Date
<u>Cherry Jones</u> Signature of Superintendent/Designee	<u>12-16-2022</u> Date
<u>Cherry Jones</u> Signature of Board Chair	<u>12-16-2022</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

* Shared Bus w/ CCHS Ag

STUDENTS

09.36 AP. 21

School-Related Student Trip Request Form

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

SCHOOL HHS/CCHS Ag

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 National Farm Machinery Show KY State Fair PHONE 502-367-9295

Out of State Out of County Within County Overnight give name, address, phone, etc.

DATE(S) OF TRIP Feb 12th/2026 DEPARTURE TIME 7:45 AM RETURN TIME 7:00 PM

PURPOSE/EDUCATIONAL VALUE most complete cutting edge ag products, services + careers

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS)
Ag Business, Ag Power, Leadership, Career Exploration

SOURCE OF FUNDING FOR TRIP CTE Supplemental

AMOUNT OF STUDENT FEE: na

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 TBD

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.0) CERTIFIED COMMON CARRIER; SPECIFY Shared bus w/ CCHS

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

CERTIFIED CHAPERONES William, Thomas, Groves, Timothy, 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? Letter from Principal

Julius William
 Signature of Faculty Sponsor

Date

Andy Ayers
 Signature of Principal

Date

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

Trip has been approved disapproved Reason for disapproval _____

Signature of Superintendent Designee

Date

Signature of Board Chair

Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36 AP. 211, 09.36 AP. 212, 09.36 AP. 23

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 Hopkinsville High School FACULTY MEMBER(S) SPONSORING TRIP Emily Laforme
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 Marshall County Exceptional Center **ADDRESS** 198 Old Simpson Rd Benton KY 42025 **PHONE** (270) 527-1327
 Out of State Out of County Within County Overnight: give name, address, phone of lodging

DATE(S) OF TRIP Feb 20, 2026 DEPARTURE TIME 08:30 RETURN TIME 2:30PURPOSE/EDUCATIONAL VALUE Career + Post High School Opportunities

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

Career + Post High School ExplorationSOURCE OF FUNDING FOR TRIP N/AAMOUNT 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 OTHERNUMBER OF STUDENTS 10 MALE STUDENTS 8 FEMALE STUDENTS 2MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFIED COMMON CARRIER; SPECIFY PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES Emily Laforme, Melissa Forsyth, Deena Oliver, Kris LondonCLASSIFIED CHAPERONES Courtney Henderson, Mydaejah Montgomery, Melissa Drexel, Venessa LewisHave 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? Notice providedEmily Laforme
Signature of Faculty Sponsor1/6/26
DateCindy Campbell
Signature of Principal1-6-26
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 disapprovalCindy Campbell
Signature of Superintendent/Designee1-9-2026
DateCindy Campbell
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

Leah Thomas

TYPE OF TRIP (CHECK ONE)

Over 300 miles Under 200 miles Co-curricular Extracurricular
 Classroom Field Trip Organization Club Trip Other (athletic, band, if applicable)

DESTINATION

Christian County
Extension office

ADDRESS 2850 Pembroke Rd

PHONE

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

DATE(S) OF TRIP Jan. 16, 2020 DEPARTURE TIME 8:00a RETURN TIME 2:30p

PURPOSE EDUCATIONAL VALUE BQCA Industry Certifications

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

Industry Certifications

SOURCE OF FUNDING FOR TRIP CTE Sup. Funding

AMOUNT OF STUDENT FEE: N/A

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

BRIEFLY EXPLAIN EXPENSES FOR: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF STUDENTS 35

MALE STUDENTS TBD

FEMALE STUDENTS TBD

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

Leah Thomas
Signature of Faculty Sponsor1/6/20
DateCCRS Code of Conduct IPS
Andy Carrillo
Signature of Principal
1-6-20
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

Signature of Board Chair

1-9-2020

Date

Review Revised: 11-21-13

Related Procedures:

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

School-Related Student Trip Request Form

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

SCHOOL HHSFACULTY MEMBER(S) SPONSORING TRIP Deborah Cauther

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 United System Software ADDRESS 91 SW one Blvd
Benton Kyr 42025 PHONE 270-527-8293

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

DATE(S) OF TRIP May 1, 2026 DEPARTURE TIME 8:30 Am RETURN TIME 4:00 pmPURPOSE/EDUCATIONAL VALUE Career advancement

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

Explore professional environment understanding workplace expectations

SOURCE OF FUNDING FOR TRIP

AMOUNT OF STUDENT FEE: \$0

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

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

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? Yes Noacceptable behavior? Yes NoDaniel

Signature of Faculty Sponsor

Have all students been notified of the rules and regulations regarding

How have they been notified? written1-6-26

Date

Andy Leyhle

Signature of Principal

1-6-26

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

1-9-2026

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 HHSFACULTY MEMBER(S) SPONSORING TRIP Deborah Cauthen

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 Austin PeayDave & BustedADDRESS 601 College StPHONE 931-221-7011

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

931-241-6050

DATE(S) OF TRIP 4-30-2026 DEPARTURE TIME 8:30 am RETURN TIME 4:00 pmPURPOSE/EDUCATIONAL VALUE Explore academic program enhance college readiness

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

College Readiness hands on experienceSOURCE OF FUNDING FOR TRIP LAVECAMOUNT 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 OTHERNUMBER OF STUDENTS 40 MALE STUDENTS 20 FEMALE STUDENTS 20MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFIED COMMON CARRIER; SPECIFY _____ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES Deborah CauthenAmanda Crutchfield

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? WrittenSignature of Faculty Sponsor Dulce

1-5-26

Date

Signature of Principal Andy Apple

1-6-26

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 Chris Jones

1-9-2026

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

Amanda Cminkfield/
Deborah Caithen

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 Frankfort High School ADDRESS 328 Shelby st. PHONE 859-341-7041

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

DATE(S) OF TRIP 2/10/2011 DEPARTURE TIME 4:00 am RETURN TIME 1:00 pmPURPOSE/EDUCATIONAL VALUE Career readiness and employability skills

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

Employability and career ReadinessSOURCE 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 OTHER LAVECNUMBER OF STUDENTS 20 MALE STUDENTS 10 FEMALE STUDENTS 10MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP.212.) CERTIFIED COMMON CARRIER; SPECIFY

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

CERTIFIED CHAPERONES Amanda Cminkfield/ Deborah Caithen

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? Yes, written

acminkfield

Signature of Faculty Sponsor

12-5-25

Date

Linda K. Ogle

Signature of Principal

12/8/25

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:Chminkfield

Signature of Superintendent Designee

12/6/2011

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