

. STUDENTS

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 Softball

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 Owensboro Ky ADDRESS 3100 W 5th Street PHONE \_\_\_\_\_

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

DATE(S) OF TRIP May 1-2 2026 DEPARTURE TIME 4:15 P.M (5-1) RETURN TIME 5:00 P.M (5-2)

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

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

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

AMOUNT OF STUDENT FEE: \_\_\_\_\_

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER

NUMBER OF: STUDENTS 16 MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS 16

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 Sheri Hancock

Ashlie Ezell

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? Yes, writing & verbally

Sheri Hancock  
Signature of Faculty Sponsor

12-20-2025  
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>2-14-2026</u> Date
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

Related Procedures:

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

Review/Revised:11/21/13

[Signature] 2/13/26

. STUDENTS

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 Softball

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 Lexington Ky -> <sup>Tates Creek High school</sup> ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging Extended Stay America Suites 3575 Tates Creek Rd Lexington Ky 859-271-6160

DATE(S) OF TRIP April 10-11 2026 DEPARTURE TIME 11:15 CST RETURN TIME 9:30 CST

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

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

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

AMOUNT OF STUDENT FEE: \_\_\_\_\_

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER

NUMBER OF: STUDENTS 15 MALE STUDENTS 0 FEMALE STUDENTS 15

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 Sheri Hancock

Ashlie Ezell

CLASSIFIED CHAPERONES Kyle

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? Verbally, Writing

Sheri Hancock 12-20-25 \_\_\_\_\_  
 Signature of Faculty Sponsor Date Signature of Principal Date

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

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
 Signature of Superintendent/Designee Date 2-14-26

\_\_\_\_\_  
 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

Ky Ashlie 2/13/26

Related Student Trip Request Form

QUESTIONS? CALL 502-251-1234

SCHOOL: CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP: ANTHONY DARNALL

TYPE OF TRIP (CHECK):

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

DESTINATION ADDRESS: MURRAY STATE UNIVERSITY-113 SPARKS HALL-MURRAY, KY 42071

- Out of State Out of County Within County Overnight: Name, Address, Phone of lodging, ID#

DATE(S) OF TRIP: 2/26/26 AND 2/27/26 DEPARTURE TIME: TBA ON 2/26/26 RETURN TIME: TBD ON 2/27/26

PURPOSE/EDUCATIONAL VALUE:

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

SOURCE OF FUNDING FOR TRIP: STUDENT FEE

AMOUNT OF STUDENT FEE: \$35.00

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: 18 MALE STUDENTS: 9 FEMALE STUDENTS: 9

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? No Yes (see procedure 09.36 AP. 212.)

CERTIFICATED COMMON CARRIER; SPECIFY: SCHOOL/BOARD VANS

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

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III, GRANT JONES, ADDISON GRIMM

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? Student Handbook and Code of Conduct Permission Form

Signatures and dates of Faculty Sponsor, Principal, and Superintendent.

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

Approval box with fields for Superintendent Designee and Board Chair signatures and dates.

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

Handwritten signature and date 2/13/26 at the bottom of the page.



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: JENNIFER ADAM

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: MEMPHIS COOK CONV CENTER ADDRESS: 255 N. MAIN ST., MEMPHIS, TN 38103 PHONE: 901-576-1200

Out of State Out of County Within County Overnight: give name, address, phone of lodging: Sheraton Memphis Downtown, 250 N. Main Street, Memphis, TN 38103; 901-527-7300

DATE(S) OF TRIP: MARCH 4-7, 2026 DEPARTURE TIME: 8 AM, MARCH 4, 2026 RETURN TIME: 9 PM, MARCH 7, 2026

PURPOSE/EDUCATIONAL VALUE: STUDENTS PARTICIPATING IN AMERICAN CHORAL DIRECTORS ASSOCIATION HONORS CHOIR

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? MU:PR5.3.E - REHEARSE, EVALUATE, & REFINE; MU:PR6.1.E - PRESENT

SOURCE OF FUNDING FOR TRIP: STUDENT ACTIVITIES FUND

AMOUNT OF STUDENT FEE: ACDA provided scholarship to cover 50% of the fees, SAF covered remaining expenses

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 - 0 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)

CERTIFIED CHAPERONES: JENNIFER ADAM (CCHS), RACHEL WHITE (CCMS)

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 form, informational letter

Handwritten signatures and dates for Faculty Sponsor, Principal, and Date.

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

Form box containing approval fields for Superintendent/Designee and Board Chair, including signature lines and dates.

Related Procedures:

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

Handwritten signature and date: Ky A Steel 1/20/26

### 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: ANTHONY DARNALL, CALVIN WARREN III

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

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

DATE(S) OF TRIP: FEBRUARY 4TH-6TH, 2026      DEPARTURE TIME: 4:00 PM (2-4-26)      RETURN TIME: 10 PM (2-6-26)

PURPOSE/EDUCATIONAL VALUE:

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

SOURCE OF FUNDING FOR TRIP: STUDENT FEE

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: 120      MALE STUDENTS: 46      FEMALE STUDENTS: 74

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

CERTIFICATED COMMON CARRIER; SPECIFY: BUS (a)

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

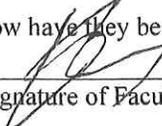
CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III, NOAH SIEGFRIED, NOAH GWAWARECKI, GRANT JONES, ADDISON GRIMM

CLASSIFIED CHAPERONES: TBA

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

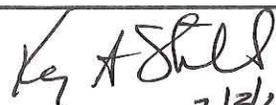
Have all students been notified of the rules and regulations regarding acceptable behavior?  Yes  No

How have they been notified? Student Handbook and Code of Conduct Permission Form

	1/16/26 Date		2/2/26 Date
Signature of Faculty Sponsor		Signature of Principal	

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 _____	
	2-4-2026 Date
	2-4-26 Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

  
2/3/26  
emergency approved

**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 DeCoreus Leavell

**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 Corbin Civic Center

ADDRESS 128 Civic Center Dr, PHONE-DESTINATION 6065286657  
Corbin, KY 40701

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

CUMBERLAND FALLS HWY, CORBIN, KY 40701 +16065234000

HOLIDAY INN EXPRESS & SUITES CORBIN 1973

DATE(S) OF TRIP 02/06/26-02/07/26

DEPARTURE TIME 6:00 PM

RETURN TIME 11:00 PM

START      END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

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

SOURCE OF FUNDING FOR TRIP lkjdkdjkjs

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION     SCHOOL COUNCIL     BOARD     OTHER \_\_\_\_\_

NUMBER OF: STUDENTS 20      MALE STUDENTS 20      FEMALE STUDENTS \_\_\_\_\_

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

CERTIFICATED COMMON CARRIER; SPECIFY fkjdjskjs

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

Certified chaperones DECOREUS LEAVELL

Classified chaperones ANTHONY SMITH,

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 Conduct signed by athletes and parent and message via Parent Square

Recoverable Signature

Recoverable Signature

**X** DeCoreus Leavell

**X** Robert A. Burnham

DeCoreus Leavell  
Faculty/Sponsor Signature  
Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f

Principal Signature  
Signed by: b31c5ca7-6d50-45d3-a1c8-a5def119db5f

Trip has been  approved     disapproved. Reason for disapproval \_\_\_\_\_

**X** Anthony Smith  
Signature of Superintendent/Designee

*Emergency Approved*

*Tom Bell "kme" 2-4-26*  
*ky A Steel 2/4/26*

### School-Related Student Trip Request Form

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

SCHOOL: CHRISTIAN CO. HS./HOPKINSVILLE HS. FACULTY MEMBER(S) SPONSORING TRIP: J. JAWORSKI, JULIE GILLAM

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: CLARION LEXINGTON NORTH ADDRESS: 1950 NEWTOWN PIKE, LEXINGTON, KY 40511  
PHONE: (859) 977-9114

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

DATE(S) OF TRIP: 4/22/26-4/24/26 DEPARTURE TIME: 1:00 P.M. RETURN TIME: 8:00 PM

PURPOSE/EDUCATIONAL VALUE: STUDENTS SEE FIRSTHAND THE INNER WORKINGS OF KENUCKY'S EQUINE 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 FFA/ HHS 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 13      MALE STUDENTS: 7      FEMALE STUDENTS: 6

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

CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

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

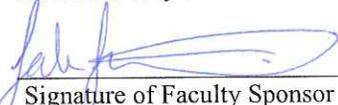
CERTIFIED CHAPERONES JACOB JAWORSKI/JULIE GILLAM

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

	<u>2/5/25</u> Date	<u>Robert + Dawn</u> Signature of Principal	<u>2/5/26</u> 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>2-10-2026</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.

Ky A Stahl 2/10/26

STUDENTS

### School-Related Student Trip Request Form

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

SCHOOL CCMS FACULTY MEMBER(S) SPONSORING TRIP Rachel White

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 1375 Chestnut St, Murray, KY PHONE 800-272-4678

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

DATE(S) OF TRIP Feb. 24, 2026 DEPARTURE TIME 7:00 am RETURN TIME 9:00 pm

PURPOSE/EDUCATIONAL VALUE Students participating in MSU's Quad State Choir event

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
MU-Pr5.3-Rehearse, evaluate, and refine MU-Pr.1-Present

SOURCE OF FUNDING FOR TRIP Traveling with CCHS; Student monetary contribution for registration and fees

AMOUNT OF STUDENT FEE: \$45

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER

NUMBER OF: STUDENTS 15 MALE STUDENTS 3 FEMALE STUDENTS 12

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

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_  
CERTIFIED CHAPERONES Rachel White (CCMS) and Jennifer Adam (CCHS)

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 form and informational letter

Rachel White 1-9-26 [Signature] 1-9-26  
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 1-14-26  
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 District FACULTY MEMBER(S) SPONSORING TRIP STLP - Shea Walker  
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 Lexington ADDRESS 430W - Vine St. lex PHONE 859-233-4567

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

DATE(S) OF TRIP 4/24/26 DEPARTURE TIME 5:00 RETURN TIME 2:00 pm

PURPOSE/EDUCATIONAL VALUE STLP state

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

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 40 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 Shea Walker, Gina Rose, Chris Mahlick, Kelly Hancock

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? \_\_\_\_\_

[Signature] 2/12/26  
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] Rebecca Martin 2-12-26  
Signature of Superintendent/Designee      Date

[Signature] 2-14-26  
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 NICHOLAS JONES

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 GALT HOUSE ADDRESS 140 N. 4TH ST. LOUISVILLE, KY 40202

PHONE 502-589-5200

Out of State     Out of County     Within County     Overnight: give name, address, phone of lodging Galt House 140 N. 4th St, Louisville, KY 40202

DATE(S) OF TRIP 2/4/26-2/7/26 DEPARTURE TIME 7AM RETURN TIME 3PM

PURPOSE/EDUCATIONAL VALUE KMEA INSERVICE CONFERENCE/ALL STATE BAND

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

SOURCE OF FUNDING FOR TRIP SCHOOL BOARD

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 35      MALE STUDENTS 20      FEMALE STUDENTS 15

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 NICHOLAS JONES, ADDISSON GRIMM, DEAVEN KNOWLES, BRANDON MCKINLEY, ROSS PENDLETON

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 person and via letter home

<u>[Signature]</u> Signature of Faculty Sponsor	<u>1/13/26</u> Date	<u>[Signature]</u> Signature of Principal	<u>1-13-26</u> 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>1-14-26</u> Date
<u>[Signature]</u> Signature of Board Chair	<u>1-14-26</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

[Signature] 1/14/26  
*Emergency approved*

**SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.**  
**NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.**

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

SCHOOL: HHS / CCHS FACULTY MEMBER SPONSORING TRIP: K Marguess / L Cohn

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 Lancaster Pool UK ADDRESS Lexington Ky PHONE 859-257-7940

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

DATE(S) OF TRIP 2/19/26 - 2/21/26 DEPARTURE TIME 12 noon RETURN TIME 10:00 p.m

PURPOSE/EDUCATIONAL VALUE STATE SWIM MEET

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

SOURCE OF FUNDING FOR TRIP CCPS

AMOUNT OF STUDENT FEE: \$ \_\_\_\_\_

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION       SCHOOL COUNCIL       BOARD       OTHER

NUMBER OF: STUDENTS 8 MALE STUDENTS \_\_\_\_\_ FEMALE STUDENTS 8

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

CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

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

CERTIFIED CHAPERONES LYNNE COHN

CLASSIFIED CHAPERONES KEITH MARGUCESS

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? VERBALLY & WRITTEN

Lynne Cohn  
Signature of Faculty Sponsor

1/8/26  
Date

[Signature]  
Signature of Principal

1-13-26  
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]  
Signature of Superintendent/Designee

1-15-2026  
Date

Tom Beld "Tone"  
Signature of Board Chair

1-15-26  
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]  
1/15/26

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 HHS-CCHS FACULTY MEMBER(S) SPONSORING TRIP Barnes

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 Nashville, TN ADDRESS 601 4th Street PHONE

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

DATE(S) OF TRIP Feb 21, 2020 DEPARTURE TIME 8:40 AM RETURN TIME 3:00 PM

PURPOSE/EDUCATIONAL VALUE Cultural Aw

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

SOURCE OF FUNDING FOR TRIP

AMOUNT OF STUDENT FEE:

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

BILL TRIP EXPENSES TO: Sponsoring Organization, School Council, Board, Other

NUMBER OF: STUDENTS 42 MALE STUDENTS 20 FEMALE STUDENTS 22

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? No, Yes (see procedure 09.36 AP. 212.)

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

CERTIFIED CHAPERONES Vicky Barnes, Ainy Berenguer, Aimee Ladd

CLASSIFIED CHAPERONES Ingrid Macario

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, School-CCPS Regulations.

Signatures and dates of Vicky Barnes (Faculty Sponsor) and Andy Diplee (Principal)

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

Approval box containing Superintendent/Designee and Board Chair signatures and dates.

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 FACULTY MEMBER(S) SPONSORING TRIP Tammie Green

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 Hopkinsville Cannons ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE(S) OF TRIP Feb 20, 2026 DEPARTURE TIME 8:30 9:00 RETURN TIME 11:30

PURPOSE/EDUCATIONAL VALUE College Tour

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

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

AMOUNT OF STUDENT FEE: \_\_\_\_\_

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER

NUMBER OF STUDENTS 50 MALE STUDENTS 25 FEMALE STUDENTS 25

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

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

CERTIFIED CHAPERONES Terrill Johnson

CLASSIFIED CHAPERONES Tammie Green

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?

Signature of Faculty Sponsor Tammie Green Date 2/11/26  
Signature of Principal [Signature] Date 2/11/26

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>2-14-26</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: 1/24/13

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 Vicky Barnes, Ingrid Macario, Joseph Riley

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 Dave's Buster's ADDRESS 2801 Wilma Rudolph Blvd Clarksville, TN 37040 PHONE 931-241-5056

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

DATE(S) OF TRIP March 6th, 2026 DEPARTURE TIME 9:15 RETURN TIME 12:45

PURPOSE/EDUCATIONAL VALUE Student Reward

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

SOURCE OF FUNDING FOR TRIP SAF

AMOUNT OF STUDENT FEE: \$0.00

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 62 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 Vicky Barnes, Ingrid Macario, Joseph Riley

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? \_\_\_\_\_

[Signature]  
Signature of Faculty Sponsor

2/16/26  
Date

[Signature]  
Signature of Principal

2/17/26  
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>2-16-2026</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 Goins

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 Alhambra ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 2/19/26 DEPARTURE TIME 8:30 am RETURN TIME 10:30

PURPOSE/EDUCATIONAL VALUE live Musical performance

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

SOURCE OF FUNDING FOR TRIP Student pays for ticket, District pays for buses  
AMOUNT OF STUDENT FEE: 5.00

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 150 MALE STUDENTS TBA FEMALE STUDENTS TBA

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 Goins plus 5 chaperones

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 the trip? permission slip  
2/11/26 [Signature] 2/11/26  
 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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>2-14-26</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 Hopkinsville High FACULTY MEMBER(S) SPONSORING TRIP Robert Shearon  
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 1375 Chestnut St. Murray PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 1/21/26 DEPARTURE TIME 6:45 RETURN TIME 2:30

PURPOSE/EDUCATIONAL VALUE FCA Leadership Training

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

SOURCE OF FUNDING FOR TRIP FCA

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 12 MALE STUDENTS 1 FEMALE STUDENTS 11

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?  NO  YES (SEE PROCEDURE 09.36 AP. 212.)  CERTIFICATED COMMON CARRIER; SPECIFY Sherris bus with CCHS

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

CERTIFIED CHAPERONES Robert Shearon

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? At last FCA Meeting

Robert Shearon  
Signature of Faculty Sponsor

1/14/26  
Date

[Signature]  
Signature of Principal

1/14/26  
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 <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>1-15-2026</u> Date
<u>Tom Belle "Kme"</u> Signature of Board Chair	<u>1-15-26</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

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 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 Owensboro Christian Church ADDRESS 2818 Hartford Rd Owensboro PHONE \_\_\_\_\_

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging N/A

DATE(S) OF TRIP April 16, 2026 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_

PURPOSE/EDUCATIONAL VALUE KMEA Assessment Competition

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

performance

SOURCE OF FUNDING FOR TRIP Choral Fund

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 45 MALE STUDENTS 12 FEMALE STUDENTS 33

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  
acceptable behavior?  Yes  No  
Have all students been notified of the rules and regulations regarding How have they been notified? In class discussion

Signature of Faculty Sponsor Tracy Bean Date 2/9/26

Signature of Principal Andy Campbell Date 2/9/26

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 _____	
Signature of Superintendent/Designee <u>[Signature]</u>	Date <u>2-10-2026</u>
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

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

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

DESTINATION Galt House ADDRESS Louisville, Ky PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 2/4 - 2/7/26 DEPARTURE TIME 2/4 @ 7:30am RETURN TIME 2/7 @ 12pm

PURPOSE/EDUCATIONAL VALUE Performance @ KMEA All-State

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

SOURCE OF FUNDING FOR TRIP CCPS

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 3 MALE STUDENTS 3 FEMALE STUDENTS 0

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 270-836-9982

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 to parents / discussion  
Naughton 2/3/26 Under Davis 2/3/26  
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 Chris Jorg Date 2-4-26  
Signature of Board Chair Tom Bell "KMEA" Date 2-4-26

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

Related Procedures:  
09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

K.A. Jorg 2/3/26

emergency approved



### School-Related Student Trip Request Form

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

SCHOOL Millbrooke FACULTY MEMBER(S) SPONSORING TRIP Melissa Lassiter

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 Mammoth Cave National Park ADDRESS 1 Visitor Center Parkway, Mammoth Cave, KY 42297-0007 PHONE (270) 758-2180

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging N/A

DATE(S) OF TRIP March 19, 26 DEPARTURE TIME 8:00 am RETURN TIME 5:00 pm

PURPOSE/EDUCATIONAL VALUE High movement, engagement, and investment in understanding Earth's Features

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)  
4-ESS1-1 and SEP, DCI, CCC - W.4.1 - 4-ESS2-1 and SEP, DCI, CCC - 4-ESS2-2 and SEP, DCI, CCC - 4-LS4-1 and SEP DCI, and CCC - 4-ESS3-2 and SEP, DCI, CCC  
SOURCE OF FUNDING FOR TRIP Millbrooke Elementary school

AMOUNT OF STUDENT FEE: No Cost to Students

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 96 MALE STUDENTS 58 FEMALE STUDENTS 38

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

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

CERTIFIED CHAPERONES Melissa Lassiter, Chris Beard, Taylor Butler, Jaslyn Rivera, Norma Tucker, and a principal -

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? Poster form sent home and Parent Square

Signature of Faculty Sponsor Melissa Lassiter Date 2/10/26  
Signature of Principal [Signature] Date 2/10/26

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 2-10-2026

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