

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 Kentucky Exposition Center ADDRESS 7937 Phillips Ln, Louisville, KY 40209 PHONE-DESTINATION +15023675000

- Out of State Out of County Within County Overnight: give name, address, phone of lodging
HOLIDAY INN LOUISVILLE AIRPORT - FAIR/EXPO 447
FARMINGTON AVE, LOUISVILLE, KY 40209 +15026374500

DATE(S) OF TRIP 02/20/26-02/21/26 DEPARTURE TIME 4:00PM RETURN TIME 11:00 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE competition

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

SOURCE OF FUNDING FOR TRIP lkjdkdjkks

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 15 FEMALE STUDENTS 0

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

- CERTIFICATED COMMON CARRIER; SPECIFY school bus
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

Certified chaperones DECOREUS LEAVELL

Classified chaperones ANTHONY HARRIS, CLAYTON WILHELM JR.

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 parents and message via Parent Square

Recoverable Signature Recoverable Signature

X DeCoreus Leavell

X Robert A. Burnham

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 *Chris Jones*

Signature of Superintendent/Designee

Tom Bell "Xme" 2-17-26
K + Shell 2/17/26
emergency approved

School-Related Student Trip Request Form

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

SCHOOL Christian County 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 Cheekwood ADDRESS 1200 Forrest Park PHONE Nashville TN 615-354-8000

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

DATE(S) OF TRIP 04-17-26 DEPARTURE TIME 8:15 RETURN TIME 4pm

PURPOSE/EDUCATIONAL VALUE Tour ART Museum + Botanical Garden

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

SOURCE OF FUNDING FOR TRIP ART Club

AMOUNT OF STUDENT FEE: \$20

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 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 Virginia Poland Lea Brumfield

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?

Paula Gieseke 02-16-26 [Signature] 2/17/26
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>2-19-26</u> Date
<u>Tom Bell "Xme"</u> Signature of Board Chair	<u>2-19-26</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

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 Home HS ADDRESS 1000 Buccaneer Dr PHONE 205-439-1200
 Out of State Out of County Within County Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 3/28-3/29 DEPARTURE TIME 8:00 AM RETURN TIME 7:00 PM
PURPOSE/EDUCATIONAL VALUE _____
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____
SOURCE OF FUNDING FOR TRIP Booster
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 20 MALE STUDENTS 20 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 Cole Isom, Mitchell Blackman, Tyler Juckett
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
How have they been notified? via their Documentation
Cole Isom 3-09-26 [Signature] 3/10/26
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] 3-10-2026
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

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

[Signature] 3/8/26

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 FACULTY MEMBER(S) SPONSORING TRIP Dison Myers

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 ADDRESS 4089 Iron Works Pkwy PHONE 859-233-4303

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

DATE(S) OF TRIP 2/25 - 2/29 DEPARTURE TIME 3:00 pm RETURN TIME 5:00 pm

PURPOSE/EDUCATIONAL VALUE Girls State Wrestling Tournament

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

SOURCE OF FUNDING FOR TRIP District / School

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 3 MALE STUDENTS 0 FEMALE STUDENTS 3

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 _____

CLASSIFIED CHAPERONES Dison Myers, Anthony Adams, Jessicah Parks

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? _____

[Signature] 2/16/26 [Signature] 2/16/26
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] 2-25-26
Signature of Superintendent/Designee Date

[Signature] 2-25-26
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

Emergency approved
[Signature] 2/25/26

Review/Revised: 11/21/13

School-Related Student Trip Request Form

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

SCHOOL * Christian County High FACULTY MEMBER(S) SPONSORING TRIP Samantha Ortiz
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 Galt House ADDRESS 140 N. Fourth St
Louisville, KY 40202 PHONE-DESTINATION 502-589-5200

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

DATE(S) OF TRIP 4/27/20 4/29/20 DEPARTURE TIME 5:30am RETURN TIME 5:00pm
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE FBLA Leadership State competition

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

AA, AE, AB, AC, AD, AE, AF, AG, etc.

SOURCE OF FUNDING FOR TRIP CTE 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 upto 16 MALE STUDENTS 5 FEMALE STUDENTS 1

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

CERTIFICATED COMMON CARRIER; SPECIFY _____

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

Certified chaperones Samantha Ortiz, Marvin Harness

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 verbal, permission Form

X S. Ortiz

Faculty/Sponsor Signature

X Paul Brown

Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

Ann Benz 3-6-2026

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

Ky d Still 3/2/26

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 198 W 9TH ST, HOPKINSVILLE KY 42240

PHONE (270 839-6629)

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

DATE(S) OF TRIP 4/22/2026 DEPARTURE TIME 8:10 AM RETURN TIME 12:00 PM

PURPOSE/EDUCATIONAL VALUE STUDENTS ARE PLANTING IN THE POTS AND HANGING BASKETS DOWNTOWN.

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 25 MALE STUDENTS 6 FEMALE STUDENTS 19

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 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

<u>Madri Wilmoth</u> Signature of Faculty Sponsor	<u>3/2/26</u> Date	<u>Polycy A. Science</u> Signature of Principal	<u>3/2/26</u> Date
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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 Gault</u> Signature of Superintendent/Designee	<u>3.3.2026</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.

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 High School FACULTY MEMBER(S) SPONSORING TRIP CCPS Athletics : David Knight
TYPE OF TRIP (CHECK ONE):

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

DESTINATION Ky Expo Center ADDRESS 937 Phillips Lane PHONE 502-367-5000

- Out of State
- Out of County
- Within County
- Overnight: give name, address, phone of lodging Hampton Inn Louisville Downtown 101 East Jefferson St Louisville, KY (502) 585-2200

DATE(S) OF TRIP March 13-14, 2026 DEPARTURE TIME 3/13 4:30pm RETURN TIME 3/14 8:00pm

PURPOSE/EDUCATIONAL VALUE NASP State Archery Tourney

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

SOURCE OF FUNDING FOR TRIP District

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 27 MALE STUDENTS 11 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 _____

CLASSIFIED CHAPERONES David Knight, Kevin Hancock, Hope Hancock, Whitney Ehrenberg

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? signed documentation

[Signature]
Signature of Faculty Sponsor

3 MAR 2026
Date

[Signature]
Signature of Principal

3/3/26
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 3-5-26
Date

[Signature]
Signature of Board Chair 3-5-26
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

Review/Revised:11/21/13

[Signature] 3/4/26

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 County MS FACULTY MEMBER(S) SPONSORING TRIP Andrea Armour

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 EKU Center for the Arts ADDRESS 822 Hall Dr. Richmond, KY 40475 PHONE (606) 881-8235
 Out of State Out of County Within County Overnight: give name, address, phone of lodging Holiday Inn Express & Suites 1990 Colby Taylor Dr. Richmond, KY 40475 859-624-745

DATE(S) OF TRIP 3/5 - 3/11/26 DEPARTURE TIME 4:30 PM RETURN TIME 7:00 PM 3/11/26

PURPOSE/EDUCATIONAL VALUE KMEA Middle School Allstate Band
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

SOURCE OF FUNDING FOR TRIP District Fine Arts

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 22 MALE STUDENTS 1 FEMALE STUDENTS 21

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 Andrea Armour

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 Andrea Armour Date 2/10/26
Signature of Principal Stephanie [Signature] Date 2/13/26

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 2-17-26
Signature of Board Chair Tom Bell "Kme" Date 2-17-26

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

Ky A Steel 2/16/26

emergency approved

School-Related Student Trip Request Form

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

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Gait House ADDRESS 140 N Fourth St. Louisville PHONE 502-589-5700

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

DATE(S) OF TRIP 3/24-3/27 DEPARTURE TIME 8:00am RETURN TIME 4:00pm

PURPOSE/EDUCATIONAL VALUE FCCLA State Competition

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

SOURCE OF FUNDING FOR TRIP DFT

AMOUNT OF STUDENT FEE: \$130

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.) CERTIFICATED COMMON CARRIER; SPECIFY Realty vans

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

CERTIFIED CHAPERONES _____

CLASSIFIED CHAPERONES Rayven Bethis, Ella Rasche

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

Signature of Faculty Sponsor Rayven Bethis

Date 2/13/26

Signature of Principal Kenny Knight

Date 2-18-26

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 2.23.26

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

[Signature] 2/23/26

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Hartman High School FACULTY MEMBER(S) SPONSORING TRIP Robert Shearon

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 First Baptist ADDRESS 1400 S Main PHONE _____

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

DATE(S) OF TRIP March 5th 2026 DEPARTURE TIME 8:30 RETURN TIME 2:30

PURPOSE/EDUCATIONAL VALUE FCA Summit

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

SOURCE OF FUNDING FOR TRIP FCA Western Kentucky

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 60 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 Robert Shearon

CLASSIFIED CHAPERONES Jettie Payne, Barry Payne

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? Permission Slip

Signature of Faculty Sponsor Robert Shearon

Date 2/18/26

Signature of Principal Andy Miller

Date 2/20/26

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>Chris Jay</u> Signature of Superintendent/Designee	<u>2-23-2026</u> Date
<u>Tom Bred "xme"</u> Signature of Board Chair	<u>2-23-26</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 Hopkinsville HS FACULTY MEMBER(S) SPONSORING TRIP Cameron DeArmond
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. ADDRESS 1751 Lexington Road PHONE 859-316-0446

- Out of State Out of County Within County Overnight: give name, address, phone of lodging Clarion Pointe Conference Center Lexington North

DATE(S) OF TRIP 2/25-2/28 DEPARTURE TIME 1:00 pm RETURN TIME 11:00 pm

PURPOSE/EDUCATIONAL VALUE KHSAA state Wrestling

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

SOURCE OF FUNDING FOR TRIP Wrestling

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 4 MALE STUDENTS 4 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 Cameron DeArmond

CLASSIFIED CHAPERONES Hand Pinner

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? 4

[Signature] 2/23/26 [Signature] 2/24/26
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>2-25-26</u> Date
<u>Tom Bell "kme"</u> Signature of Board Chair	<u>2-25-26</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: emergency approved
09.36 AP.211, 09.36 AP.212, 09.36 AP.23

[Signature] 2/25/26

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 Tracey 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 CCMS PAC ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP March 20, 26 DEPARTURE TIME 1:30pm RETURN TIME Drop off only

PURPOSE/EDUCATIONAL VALUE performance - All County Honors Choir

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

SOURCE OF FUNDING FOR TRIP Choir

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 44 MALE STUDENTS 12 FEMALE STUDENTS 32

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 Tracey 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? Discussion in class

Signature of Faculty Sponsor Tracey Bean Date 2/26/26
 Signature of Principal Andy O'Neil Date 2/26/26

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 Tom Bell Date 2-27-26
 Signature of Board Chair Karen Date 2-27-26

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

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 FACILITY 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 South Christian elem. ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 3/18/26 DEPARTURE TIME 8:15am RETURN TIME 9:45am

PURPOSE/EDUCATIONAL VALUE performance - recruitment

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

SOURCE OF FUNDING FOR TRIP Choir

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 24 MALE STUDENTS 7 FEMALE STUDENTS 17

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? Discussion in class

Signature of Faculty Sponsor Tracy Bean

Date 2/26/26

Signature of Principal Audrey [unclear]

Date 2/26/26

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 _____ Date _____

Signature of Board Chair Tom Bell "kmo" Date 2-27-26

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

Emergency Approved

Review Revised: 11/21/13

Chris [unclear] 2-27-26

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 Millbrooke Elem / Indian Hills Elem ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP March 16, 26 DEPARTURE TIME 12:15pm RETURN TIME Drop off 1:30 @

PURPOSE/EDUCATIONAL VALUE performance - recruitment for choir IHES

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

SOURCE OF FUNDING FOR TRIP choir
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 24 MALE STUDENTS 7 FEMALE STUDENTS 17

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? Discuss in class

Signature of Faculty Sponsor Tracy Bean Date 2/26/26
 Signature of Principal Andy Craybill Date 2-26-26

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 Chris [unclear] Date 2-26-26
 Signature of Board Chair Dom Bell "Knee" Date 2-26-26

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

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 MSU, Murray Ky ADDRESS Lovett Auditorium PHONE _____

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

DATE(S) OF TRIP March 3rd, 26 DEPARTURE TIME 7:30 am RETURN TIME 9:30 pm

PURPOSE/EDUCATIONAL VALUE Honors Choir performance

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

performing

SOURCE OF FUNDING FOR TRIP Choir fund

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 25 MALE STUDENTS 9 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 Tracy Bean / Dr. Jen Adam

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 home to parents

Signature of Faculty Sponsor Tracy Bean

Date _____

Signature of Principal Andy Corallo

Signature of Principal

Date 2/26/26

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>Tom Bell "Kne"</u>	Date <u>2-26-26</u>
Signature of Board Chair <u>Tom Bell "Kne"</u>	Date <u>2-26-26</u>

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 Hopewellville High FACULTY MEMBER(S) SPONSORING TRIP Andrew 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 Holiday World ADDRESS 452 E Christmas Blvd, Santa Claus, IN PHONE _____

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

DATE(S) OF TRIP May 5th 2026 DEPARTURE TIME 6:00 AM RETURN TIME 4:00 PM

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 263 MALE STUDENTS 131 FEMALE STUDENTS 132

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

CLASSIFIED CHAPERONES Tammy 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? _____

Andrew Goins
Signature of Faculty Sponsor

2/26/26
Date

Andrew Goins
Signature of Principal

2/26/26
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 _____

Andrew Goins
Signature of Superintendent/Designee

2-21-2026
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

3
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Hopkinsville High FACULTY MEMBER(S) SPONSORING TRIP Andrew Goins

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Holiday World ADDRESS 452 E Christmas PHONE 505-122

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

MAY 14th

DATE(S) OF TRIP MAY 14-20, 2020 DEPARTURE TIME 6:00 AM RETURN TIME 4 PM

PURPOSE/EDUCATIONAL VALUE CLASS TRIP

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 236 MALE STUDENTS 122 FEMALE STUDENTS 118

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

CLASSIFIED CHAPERONES Tammie Green

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? _____

Signature of Faculty Sponsor Andrew Goins Date 2/20/20
Signature of Principal Andy Caplan Date 2/26/20

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>Clemmie Jones</u> Signature of Superintendent/Designee	<u>2-27-20</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
- Co-curricular
- Extracurricular
- Classroom Field Trip
- Organization/Club Trip
- Other (athletic, band, if applicable)

DESTINATION CCMS PAC ADDRESS Glass Ave. PHONE _____

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

DATE(S) OF TRIP 5/7/26 DEPARTURE TIME 2:00pm RETURN TIME Drop off only

PURPOSE/EDUCATIONAL VALUE Concert Performance

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

SOURCE OF FUNDING FOR TRIP choir

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 44 MALE STUDENTS 12 FEMALE STUDENTS 32

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

Tracy Bean
Signature of Faculty Sponsor

2/27/26
Date

Tracy Bean
Signature of Principal

3/5/26
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 type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chris</u> Signature of Superintendent/Designee	<u>3.5.26</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

*Pembroke
Sinkin Fork
Crofton*

School-Related Student Trip Request Form

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

SCHOOL Freedom S. Christian 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 UK Ext. Office ADDRESS 2850 Pembroke Rd. PHONE (270) 886-6328

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

DATE(S) OF TRIP 3-19-26 DEPARTURE TIME 9:00 am RETURN TIME 1:00 pm

PURPOSE/EDUCATIONAL VALUE Economic importance of the Ky Derby

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
4.H.KH.1

SOURCE OF FUNDING FOR TRIP Title III 354 K

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 _____ MALE STUDENTS 30 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 Mary Calhoun, 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
acceptable behavior? Yes No

Have all students been notified of the rules and regulations regarding
How have they been notified? in class discussion of expectations

Signature of Faculty Sponsor _____ Date _____ Signature of Principal Tracy Walth Date 2/18/26

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>2-19-26</u> Date
<u>Tom Bell "Kne"</u> Signature of Board Chair	<u>2-19-26</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