

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
Martin 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 National FBLA Leadership Conference ADDRESS 900 E Market St. San Antonio TX 78205 PHONE-DESTINATION 210 2078500

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

DATE(S) OF TRIP 04/28/26 7/3/26 DEPARTURE TIME 3:00am RETURN TIME 11:00pm
(SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE National FBLA Leadership Conference

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
EA, EB, EC, ED, EE, EF, EG, EH, etc.

SOURCE OF FUNDING FOR TRIP CIE Supplemental of Perkins / DFT
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

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

NUMBER OF: STUDENTS 3 MALE STUDENTS 1 FEMALE STUDENTS 2

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

- CERTIFICATED COMMON CARRIER; SPECIFY School Van
- 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 No

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

How have they been notified? Field trip form, verbal

X S Cruz
Faculty/Sponsor Signature

X Adrian B...
Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

Chris Z...

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

KG A Steel 5/4/26

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Kerry A Stouall

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 Campbell House ADDRESS 1375 S Broadway Rd PHONE 859-255-4281

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

DATE(S) OF TRIP June 11-14 DEPARTURE TIME 4pm RETURN TIME 14th 5pm

PURPOSE/EDUCATIONAL VALUE Competitive "Live BK recruiting event"

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

SOURCE OF FUNDING FOR TRIP Athletics - CCHS

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 12 MALE STUDENTS 12 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 Kerry Stouall, Terry Hayes

CLASSIFIED CHAPERONES Anthony Babb, Dec Wilford, Darius Knott

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? signed paperwork

Kerry Stouall 5/5/26 _____
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>	<u>5-6-2011</u>
Signature of Superintendent/Designee	Date
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

Related Procedures:

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

Kerry Stouall 5/5/26

Review/Revised: 11/21/13

School-Related Student Trip Request Form

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

SCHOOL District GT FACULTY MEMBER(S) SPONSORING TRIP Przybylski, Daniel

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 University of Maryland ADDRESS 3973 Campus Dr. PHONE (301) 314-3375

Out of State Out of County Within County Overnight: give name, address, phone of lodging Dept. of Resident Life, Annapolis Hall, 7626 Regents Dr, College Park, MD

DATE(S) OF TRIP 6/14 - 6/18/2016 DEPARTURE TIME 6:14 0530 RETURN TIME 6/18 9 PM 20742

PURPOSE/EDUCATIONAL VALUE National History Day - National Contest.

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
HS. I. & 1, HS. I. UE. 1, HS. I. UE. 2, HS. H. CE. 1, HS. I. CC. 1, HS. I. CC. 2

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 10 MALE STUDENTS 5 FEMALE STUDENTS 5

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

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

CERTIFIED CHAPERONES Daniel Przybylski, Tonya Childs, Mandy Shermanwell, Lea Brumfield

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 CCPS form, expectations, explained.
 How have they been notified? Parent Meeting, written

Daniel Przybylski 4/14/26 Michelle Wald 4/28/26
 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 Date 4.19.2016

 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

W A Still 4/28/26

School Related Student Trip Request Form

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

SCHOOL GATEWAY ACADEMY	FACULTY MEMBER(S) SPONSORING TRIP Griffin Moore
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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 **Rupp Arena (STLP)**
ADDRESS **430 W VINE STREET**
PHONE-DESTINATION **(859) 233-4567**
State)
LEXINGTON, KY 40507

- Out of State
 Out of County
 Within County
 Overnight: give name, address, phone of lodging
HYATT REGENCY, 401 W HIGH ST., LEXINGTON, KY, 859-253-1234

DATE(S) OF TRIP April 23-24, 2026	DEPARTURE TIME 4:45pm (4/23)	RETURN TIME 6:00pm (4/24) (Could change depending on how students do at state competition)
<i>START</i> <i>END</i>	(SELECT AM OR PM FROM DROPDOWN)	(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE **STUDENTS ARE EITHER SEMI-FINALISTS FOR CDA OR PARTICIPATING IN STLP STATE CHALLENGES.**

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Students are attending awards shows and competing in state challenges such as Game Design and Certipaloozas.

SOURCE OF FUNDING FOR TRIP **Voc Fund 975118 0894 106M**

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

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

NUMBER OF STUDENTS **11** **MALE STUDENTS** **7** **FEMALE STUDENTS** **4**

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

- CERTIFICATED COMMON CARRIER; SPECIFY **Vans 2 Gateway Vans - Drivers G. Moore M. Stays**
 PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____


Certified chaperones GRIFFIN MOORE, NICOLE MATTHEWS, & MAXIE STAMPS
Classified chaperones _____

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

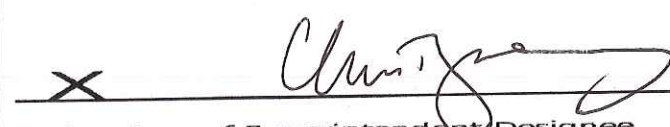
Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No

How have they been notified? **Parents will be given permission slips via ParentSquare.**

X 
 Faculty/Sponsor Signature

X 
 Principal Signature

Trip has been approved disapproved. Reason for disapproval _____

X 
 Signature of Superintendent/Designee

TAM BELL "X" 4-16-26

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

14 ASell 4/15/26

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 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 Middle town Christian Church ADDRESS 500 N. Wattersm PHONE _____

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

DATE(S) OF TRIP 4/20/2026 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE State KMEA Choral Assessment

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

SOURCE OF FUNDING FOR TRIP Choir budget

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 34 MALE STUDENTS 10 FEMALE STUDENTS 24

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

4/16/25
Date

[Signature]
Signature of Principal

4/16/25
Date

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

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent Designee	<u>4-16-25</u> Date
<u>Tom Bell "KME"</u> Signature of Board Chair	<u>4-16-25</u> Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36	

Related Procedures:

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

Emergency approved

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 Andrew Goins

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 HOLIDAY World ADDRESS 452 E Christmas PHONE 812 937 4401
Santa Claus TN

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

DATE(S) OF TRIP MAY 13 DEPARTURE TIME 6:00 RETURN TIME 6:00

PURPOSE/EDUCATIONAL VALUE Senior Trip

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

SOURCE OF FUNDING FOR TRIP SAP

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 239 MALE STUDENTS 119 FEMALE STUDENTS 120

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, Thomas Wise,
Sevi Lewis Thomas

CLASSIFIED CHAPERONES _____

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

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

Signature of Faculty Sponsor [Signature] Date 5/6/26 Signature of Principal [Signature] Date 5/6/26

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>5-6-26</u>
Signature of Board Chair <u>Tom Bell "kme"</u>	Date <u>5-6-26</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 Hopkinsville 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 Sportsplex ADDRESS 155 Tillet Wy Hopkinsville PHONE 270-98-1700

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

DATE(S) OF TRIP May 11th DEPARTURE TIME 8:30 RETURN TIME 11:00

PURPOSE/EDUCATIONAL VALUE PBIS 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:

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 200 MALE STUDENTS 100 FEMALE STUDENTS 100

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, A. Strang

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?

Signature of Faculty Sponsor Andrew Goins

Date 5/1/12

Signature of Principal Andy Bell

Date 5/6/12

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

Trip has been approved disapproved Reason for disapproval

Signature of Superintendent Designee Tom Bell "Knee"
Signature of Board Chair

Date 5-6-2012

Date 5-6-2012

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

Related Procedures:

09.36 AP.21, 09.36 AP.212, 09.36 AP.23

Review Revised 11/21/13

emergency approved

STUDENTS

09/30/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 Thomas/Gilliam

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Central Bank Ctr. ADDRESS 420 W Vine St Lexington, KY PHONE (859) 233-4567

- Out of State
- Trip of 1-3 days
- Within County
- Overnight (give name, address, phone of contact) Hilton Lexington Downtown

DATE(S) OF TRIP 6/8/26 - 6/12/26 DEPARTURE TIME 8 AM RETURN TIME 5 PM

PURPOSE EDUCATIONAL VALUE State FFA Convention - Competitive

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

SOURCE OF FUNDING FOR TRIP CTE Supplemental

AMOUNT OF STUDENT FEE: None

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF STUDENTS 12 MALE STUDENTS TBD FEMALE STUDENTS TBD

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

CERTIFICATED COMMON CARRIER; SPECIFY 2 Vans

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

CERTIFIED CHAPERONES Leah Thomas + Julie Gilliam

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 Sponsor

2/10/26
Date

Christy Gilliam
Signature of Principal

Parent Square/Permission
Date 5-5-26

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 Jones Date 5-6-26

Signature of Board Chair _____ Date _____

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

Related Procedures:

09.36 AP 211, 09.36 AP 212, 09.36 AP 23

h + staff 5/5/26

***This paperwork left Leah Thomas' hands at HHS on 2/10/26. This is a copy of the original that has been lost in the process.**

Review Revised: 11/21/13

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