SchoolRelated 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

TYPE OF TRIP (CHECK ONE):

☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular

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

DESTINATION ADDRESS: 500 S CAPITOL AVE, INDIANAPOLIS, IN 46255

X Out of State X Out of County ☐ Within County X Overnight: Name, Address, Phone of lodging: TBD

DATE(S) OF TRIP: 11/12/26 through 11/14/26 DEPARTURE TIME: TBA ON 11/12/26 RETURN TIME: TBD ON 11/14/26

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: $50.00

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: 190 MALE STUDENTS: 64 FEMALE STUDENTS: 126

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY: 4 BUSSES AND SCHOOL/BOARD VANS

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

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III, GRANT JONES, ROSS PENDLETON, NOAH GAWARECKI, NOAH SIEGFRIED, BONNIE CROSS, BRANDON MCKINLEY, LINCOLN ROWE

CLASSIFIED CHAPERONES:

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

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

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

Signature of Faculty Sponsor — 9/2/26 Date — Signature of Principal — 8-31-26 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 — 9.8.26 *Date*

SchoolRelated 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
TYPE OF TRIP (CHECK ONE):

☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular

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

DESTINATION ADDRESS: 2800 SOUTH FLOYD STREET, LOUISVILLE, KY 40209

☐Out of State X Out of County ☐ Within County X Overnight: Name, Address, Phone of lodging: TBD

DATE(S) OF TRIP: 10/2/26 AND 10/3/26 DEPARTURE TIME: TBA ON 10/2/26 RETURN TIME: TBD ON 10/3/26

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: $50.00

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: 190 MALE STUDENTS: 64 FEMALE STUDENTS: 126

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY: 4 BUSSES AND SCHOOL/BOARD VANS

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

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III, GRANT JONES, ROSS PENDLETON, NOAH GAWARECKI, NOAH SIEGFRIED, BONNIE CROSS, BRANDON MCKINLEY, LINCOLN ROWE

CLASSIFIED CHAPERONES:

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

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

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

Signature of Faculty Sponsor	Date	Signature of Principal	Date
	9/2/26		8-31-26

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*
	8.9.26

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.

SchoolRelated 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
TYPE OF TRIP (CHECK ONE):

☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular

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

DESTINATION ADDRESS: 1605 AVENUE OF CHAMPIONS, BOWLING GREEN, KY 42101

☐Out of State X Out of County ☐ Within County X Overnight: Name, Address, Phone of lodging: TBD

DATE(S) OF TRIP: 10/30/26 AND 10/31/26 DEPARTURE TIME: TBA ON 10/30/26 RETURN TIME: TBD ON 10/31/26

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: $50.00

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: 190 MALE STUDENTS: 64 FEMALE STUDENTS: 126

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY: 4 BUSSES AND SCHOOL/BOARD VANS

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

CERTIFIED CHAPERONES: ANTHONY DARNALL, CALVIN WARREN III, GRANT JONES, ROSS PENDLETON, NOAH GAWARECKI, NOAH SIEGFRIED, BONNIE CROSS, BRANDON MCKINLEY, LINCOLN ROWE

CLASSIFIED CHAPERONES:

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

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

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

Signature of Faculty Sponsor — 7/2/26 Date — Signature of Principal — 8-31-26 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 — 8.9.2026 *Date*

SchoolRelated Student Trip Request Form

SCHOOL
TYPE OF TRIP — SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

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

DESTINATION Brescia Uni ADDRESS 717 Frederica St PHONE 270-685-3131

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

DATE(S) OF TRIP Aug. 28 - Aug. 29 DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE volleyball tournament

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: _____

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 _____ FEMALE STUDENTS 22

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 Zach Hardison, Brooke Hall, Jennifer Belcher, Miranda Ezell

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, verbally

Signature of Faculty Sponsor	Date	Signature of Principal	Date
[signature]	8/12/26	[signature]	

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]	8-28-26
Lindsey Clark "Kae"	8-28-26

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.

8-28-26

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

Review/Revised:11/21/13

Emergency approved

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

STEM Event

STUDENTS 09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL District wide **FACULTY MEMBER(S) SPONSORING TRIP** Jennifer Starks

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 First Baptist Ch **ADDRESS** 216 Jenkins Rd Eddyville **PHONE** _____

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

DATE(S) OF TRIP Oct 23, 2026 **DEPARTURE TIME** 8:00 am **RETURN TIME** 2 pm

PURPOSE/EDUCATIONAL VALUE STEM event for Visually Impaired

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
• Expanded Core Curriculum – Assistive Tech., Compensatory, Social, Independent Living

SOURCE OF FUNDING FOR TRIP Sp Ed

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** 2 **FEMALE STUDENTS** 2

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

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

CERTIFIED CHAPERONES Jennifer Starks

CLASSIFIED CHAPERONES TBD

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 Verbal & notice

Signature of Faculty Sponsor	Date	Signature of Principal	Date
[signature]	8/31/26	[signature]	9/3/26

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]	9.5.2026
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

School-Related Student Trip Request Form

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

SCHOOL District Wide FACULTY MEMBER(S) SPONSORING TRIP Jennifer Starks, TVI

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 1st Baptist ADDRESS Eddyville, KY PHONE _____

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

DATE(S) OF TRIP Sept 25, 2026 DEPARTURE TIME 8:00 am RETURN TIME 2:00pm

PURPOSE/EDUCATIONAL VALUE Expanded Core Curriculum for Students with low vision

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Expanded Core Curriculum - Independent living skills

SOURCE OF FUNDING FOR TRIP Sp Ed

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 up to 8 MALE STUDENTS 6 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 Starks

CLASSIFIED CHAPERONES TBD after permission slips are returned

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	Date	Signature of Principal	Date
	8/24/26		8/24/26

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	*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