

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 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 Wku ADDRESS College Heights, Bowling Green, Ky  
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP Nov. 10 DEPARTURE TIME 7:00am RETURN TIME 8:00pm

PURPOSE/EDUCATIONAL VALUE Men's choral festival

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

performance

SOURCE OF FUNDING FOR TRIP Choir ~~Budget~~ Budget

AMOUNT OF STUDENT FEE: \$22

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 6 MALE STUDENTS 6 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 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

Signature of Faculty Sponsor Tracy Bean Date 9/28/26 Signature of Principal [Signature] Date 10/1/24

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 _____ |
| 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 CCMS-Ag FACULTY MEMBER(S) SPONSORING TRIP Gillian

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 Missouri State ADDRESS 2111 College Farm Rd PHONE 210-809-7030

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

DATE(S) OF TRIP 11/20/26 DEPARTURE TIME 8:00 am RETURN TIME 3:00 pmPURPOSE/EDUCATIONAL VALUE Horse Judging/Vet Science CDE

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

Leadership, Career-ReadySOURCE OF FUNDING FOR TRIP CDE SupplementalAMOUNT OF STUDENT FEE: \$

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHERNUMBER OF: STUDENTS 8 MALE STUDENTS TBD FEMALE STUDENTS TBDMODE 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 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  
 How have they been notified? Writing

Signature of Faculty Sponsor S. JohnsonDate 9/28/26Signature of Principal Andy GynnDate 9/29/26

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 GynnDate 10-6-26

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 CCHS FACULTY MEMBER(S) SPONSORING TRIP A. Cmtchfield

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 WKU ADDRESS 1906 College Heights Blvd. Bowling Green Ky PHONE 270-745-2551

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

DATE(S) OF TRIP Nov 17, 2024 DEPARTURE TIME 8:15 am RETURN TIME 3:00 pm

PURPOSE/EDUCATIONAL VALUE

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

SOURCE OF FUNDING FOR TRIP SAF (BETA) + JAF (BETA)

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 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 Amanda Cmtchfield - Tammy Alexander

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?

Amanda Cmtchfield 9/30/2024 [Signature] 9/30/24  
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]  
Signature of Superintendent/Designee

10-2-2024  
Date

[Signature]  
Signature of Board Chair

[Signature]  
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 CCHS

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 EZ-ACCESS ADDRESS

☒ Out of State☐ Out of County

Within County

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP

DEPARTURE TIME:

RETURN TIME

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: \$014.95

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION☐ SCHOOL COUNCIL☐ BOARD☒ OTHERNUMBER OF: STUDENTS: 52

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:

CLASSIFIED CHAPERONES

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

Have all students been notified of the rules and regulations regarding

How have they been notified? Overview of expectations

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

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 CCHS FACULTY MEMBER(S) SPONSORING TRIP A. Cmtchfield  
TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☐ Under 300 miles ☒ Co-curricular ☐ Extra-curricular  
☐ 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 Oct 21, 2021 DEPARTURE TIME 10:45 am RETURN TIME 3:05 pm

PURPOSE/EDUCATIONAL VALUE Leadership and Employment skills

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

SOURCE OF FUNDING FOR TRIP CTE

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 12 FEMALE STUDENTS 13

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 Amanda Cmtchfield Deborah Cauthen

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?

Amanda Cmtchfield  
Signature of Faculty Sponsor

9/21/21  
Date

[Signature]  
Signature of Principal

9/25/26  
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]  
Signature of Superintendent/Designee

9-21-2021  
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

**School-Related Student Trip Request Form**

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

SCHOOL CHS FACULTY MEMBER(S) SPONSORING TRIP Comperny/William

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 Cherry Expo Center ADDRESS 101 College Farm Rd. PHONE 270-809-3125

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

DATE(S) OF TRIP Oct. 15th DEPARTURE TIME 8:45 AM RETURN TIME 3:00 PM 1:30 pmPURPOSE/EDUCATIONAL VALUE MSU Construction Career Day

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

Hands on experience in construction trades and meet local contractors.SOURCE OF FUNDING FOR TRIP CTE SupplementalAMOUNT OF STUDENT FEE: n/a

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☒ OTHERNUMBER OF STUDENTS 90-100 MALE STUDENTS TBD FEMALE STUDENTS TBDMODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY Bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)CERTIFIED CHAPERONES Comperny, Dunn

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? written form

Signature of Faculty Sponsor Julie WilliamDate 9/14/26Signature of Principal Andy G...Date 9-14-26

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 disapprovalSignature of Superintendent/Designee Clint...Date 9.29.2026Signature of Board Chair Jessie Clark "Kare"Date 9-29-26

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 CCMS 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 EZ-ACCESS ADDRESS 19590 Linville Rd, Hopkinsville, KY 42241

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

DATE(S) OF TRIP 10/27/26 DEPARTURE TIME: 11:00 am RETURN TIME 2:30 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: \$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: \_\_\_\_\_ 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: Reneisha Toppin

CLASSIFIED CHAPERONES Melinda Warren, Michele Davis

Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? X 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 09/23/26

Signature of Principal [Signature]

Date 9/24/26

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 [Signature]

Date 9-25-26

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

Review/Revised: 11/21/13

**School-Related Student Trip Request Form**

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

SCHOOL CCLC DT FACULTY MEMBER(S) SPONSORING TRIP Vice Killebrew

## 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 Superlawn + Garden ADDRESS 1108 N. Main St. PHONE (270) 885-4769

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

DATE(S) OF TRIP 10/2/26 DEPARTURE TIME 8:00 RETURN TIME 10:45PURPOSE/EDUCATIONAL VALUE Community Service for program requirements

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

Science, math, readingSOURCE OF FUNDING FOR TRIP DT - CCCL DT programAMOUNT OF STUDENT FEE: 0

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION    ☐ SCHOOL COUNCIL    ☐ BOARD    ☐ OTHERNUMBER OF: STUDENTS 11 MALE STUDENTS 5 FEMALE STUDENTS 6MODE 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 Ross PetersonCLASSIFIED CHAPERONES Vice Killebrew

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

Signature of Faculty Sponsor [Signature]Date 9/21/2025Signature of Principal [Signature]Date 9/21/26

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 9-21-26Signature of Board Chair [Signature]Date 9-21-26

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

**SchoolRelated Student Trip Request Form**

District STLP

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 EZ-ACCESS ADDRESS Bupp Arena 430 W Vine St Lexington KY

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

DATE(S) OF TRIP April 24-26-27 DEPARTURE TIME: 4:00 PM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE: STLP State Comp

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

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

AMOUNT OF STUDENT FEE: \$0

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

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

NUMBER OF: STUDENTS: 160 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: STLP Sponsors

CLASSIFIED CHAPERONES STLP Sponsors

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? ☒ Yes ☐ No

How have they been notified? Code of Conduct

Signature of Faculty Sponsor [Signature] Date 9/10/26  
 Signature of Principal [Signature] Date 9-14-26

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 9-18-2026  
 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