

**School-Related Student Trip Request Form****THIS FORM MUST BE SUBMITTED AT LEAST THREE (3) WEEKS PRIOR TO THE DATE OF THE TRIP.**

SCHOOL \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

*FULL ITINERARY MUST BE ATTACHED TO THIS REQUEST FORM.***TYPE OF TRIP (CHECK ONE):**

- ☐ Classroom Field Trip ☐ Class Trip ☐ Organization/Club Trip, specify \_\_\_\_\_  
☐ Athletic ☐ Band ☐ Other, specify \_\_\_\_\_

DESTINATION \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- ☐ Within Greater Cincinnati Area ☐ Within Kentucky ☐ Out of State ☐ International  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_

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

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

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY \_\_\_\_\_

NUMBER OF: STUDENTS \_\_\_\_\_ FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES \_\_\_\_\_ TOTAL # OF PARTICIPANTS \_\_\_\_\_

STUDENTS ATTENDING: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ TOTAL \_\_\_\_\_

MALE & FEMALE CHAPERONES REQUIRED: ☐ YES ☐ NOSTUDENTS MAY REQUIRE MEDICATION/MEDICAL SERVICES: ☐ AED ☐ Epi-pen (allergies)

- ☐ glucagon (diabetes) ☐ diastat (seizures) ☐ Other, specify: \_\_\_\_\_

CHAPERONES WITH REQUIRED MEDICAL TRAINING: \_\_\_\_\_

**MODE OF TRANSPORTATION**

- ☐ Rental Vehicle ☐ District Van ☐ District Bus ☐ Plane\*  
☐ Certificated common carrier; specify \_\_\_\_\_

Drivers: \_\_\_\_\_ District Approved: ☐ Yes ☐ NoTravel overnight during the hours of 1:00 AM – 5:00 AM will be prohibited. The Superintendent may grant travel that extends into a portion of the timeframe for return trips.

\*If flying, describe transportation to/from the airports: \_\_\_\_\_

SUPERVISION (NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP; USE REVERSE SIDE IF NEEDED.): \_\_\_\_\_

\_\_\_\_\_  
*Signature of Faculty Sponsor*\_\_\_\_\_  
*Date*Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_\_\_\_\_\_  
*Signature of Athletic Director (if required)*\_\_\_\_\_  
*Date*Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_\_\_\_\_\_  
*Signature of Principal/Designee (if required)*\_\_\_\_\_  
*Date*Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_\_\_\_\_\_  
*Signature of Superintendent/Designee (if required)*\_\_\_\_\_  
*Date*

RELATED PROCEDURE: 09.36 AP.211