

STUDENTS

09.36 AP.21

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 SPONSOR _____ CELL _____

FULL ITINERARY & ROSTER 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 _____ ~~PICK UP~~ 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 ☐ No

Travel 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 additional transportation at destination 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