

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
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FACULTY MEMBER(S) SPONSORING TRIP Shelley Hamberg

## TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip 
 ☒ Class Trip (i.e., junior, senior), specify 8<sup>th</sup> Grade trip  
☐ Organization/Club Trip, specify \_\_\_\_\_ 
 ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION King's Island ADDRESS Mason, OH PHONE \_\_\_\_\_

- ☒ Out of State 
 ☐ Out of County 
 ☐ Within County

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_
DATE(S) OF TRIP 5/23/14 DEPARTURE TIME 8:30 A RETURN TIME 3PPURPOSE/EDUCATIONAL VALUE 8<sup>th</sup> grade trip. They have raised money throughout the year.SOURCE OF FUNDING FOR TRIP 8<sup>th</sup> grade fund*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY 8<sup>th</sup> grade fund
 NUMBER OF: STUDENTS 11 FACULTY SPONSORS 2 OTHER CHAPERONES 2  
 TOTAL # OF PARTICIPANTS 15

## MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Bellvue Bus  
☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

## SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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

Shelley Hamberg  
*Signature of Faculty Sponsor*
4/7/14  
*Date*

 Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

 \_\_\_\_\_  
*Signature of Board Chairperson*

 \_\_\_\_\_  
*Date*

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

## RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:7/11/13