

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP

Jris Carver

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☐ Organization/Club Trip, specify☒ Other (athletic, band, if applicable) Gifted & Talented

DESTINATION

Contemporary Arts Center

ADDRESS

44 E 6th St

PHONE

513-345-8400☒ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP

12/15

DEPARTURE TIME

9:15

RETURN TIME

12:30

PURPOSE/EDUCATIONAL VALUE

To give student who are gifted in art more exposure to various artists and types of art

SOURCE OF FUNDING FOR TRIP

Free

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

3

FACULTY SPONSORS

1

OTHER CHAPERONES

TOTAL # OF PARTICIPANTS

4

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFYBus☐ 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 ☐ NoJris Carver

Signature of Faculty Sponsor

11/13/14

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

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FACULTY MEMBER(S) SPONSORING TRIP Jvis Carver

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☐ Organization/Club Trip, specify☒ Other (athletic, band, if applicable) Gifted and talentedDESTINATION Thomas More College ADDRESS 333 Thomas More Pkwy PHONE 341-5800☐ Out of State ☒ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodgingDATE(S) OF TRIP 12/16 DEPARTURE TIME 9:00 RETURN TIME 12:45PURPOSE/EDUCATIONAL VALUE To engage students identified in leadership in activities to enhance and enrich their skillsSOURCE OF FUNDING FOR TRIP Free

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFYNUMBER OF: STUDENTS 6 FACULTY SPONSORS 1 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 7

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY Bus (or Van from Bellevue, waiting on approval to drive)☐ 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 ☐ NoJvis Carver
Signature of Faculty Sponsor11/13/14
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval

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Date

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