

SG

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Alvis 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

DESTINATION Dreamfest/NKSU ADDRESS Nunn Drive Highland Heights KY 41022 PHONE _____

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

DATE(S) OF TRIP 3/12 DEPARTURE TIME 8:30 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE To enhance gifted students in their individual areas of creativity

SOURCE OF FUNDING FOR TRIP Student - \$5 each

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 18-22 FACULTY SPONSORS 1 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 25

MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Bellevue 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

[Signature]
Signature of Faculty Sponsor

2/2/15
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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STUDENTS

09.36 AP.21

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SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Chris 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

DESTINATION Contemporary Art Center ADDRESS 44 E 6th St Cincinnati, OH 45202 PHONE 513-345-8400

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

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/27 DEPARTURE TIME 9:15 RETURN TIME 12:30

PURPOSE/EDUCATIONAL VALUE To enhance the learning of students gifted in Art

SOURCE OF FUNDING FOR TRIP N/A

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; SPECIFY Bellerue 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

[Signature]
Signature of Faculty Sponsor

2/2/15
Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> 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:

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Review/Revised: 7/11/13