

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP KINDERGARTEN -3RD GRADE

TYPE OF TRIP (CHECK ONE):

X Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____DESTINATION CINCINNATI MUSEUM CENTER ADDRESS CINCY,
OH _____ PHONE _____X ☐ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP MARCH 25, 2015 DEPARTURE TIME 8:30 RETURN TIME 2:15PURPOSE/EDUCATIONAL VALUE WE WILL BE ATTENDING LEARNING LABS SPECIFIC TO EACH GRADE'S STANDARDS, VIEWING AN OMNIMAX FILM ON HUMPHACK WHALES WHICH FITS INTO CURRICULUM ACROSS THE GRADE LEVELS, AND ENTERING BOTH THE NATURAL HISTORY AND SCIENCE AND CHILDREN'S MUSEUMS. ALL ASPECTS OF THIS TRIP ARE GEARED TOWARD ENHANCING AND EXTENDING LEARNING FROM THE CLASSROOM. ALSO, OUR STUDENT POPULATION, WHICH HAS A HIGH PERCENTAGE OF FREE/ REDUCED, WILL BE GIVEN THE OPPORTUNITY TO VISIT A MUSEUM, WHICH MANY HAVE NEVER DONE BEFORE. LEARNING LABS: K- CELEBRATIONS AROUND THE WORLD; 1ST- ANIMAL ADAPTATIONS; 2ND- ROCK CYCLE; 3RD- SIMPLE MACHINESSOURCE OF FUNDING FOR TRIP PARENTS/ HAILE GRANT PROVIDING REDUCED TICKETS*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY TEACHERS WILL COLLECT MONEY FROM STUDENTSNUMBER OF: STUDENTS 93 FACULTY SPONSORS 6 OTHER CHAPERONES ?

PARENT CHAPERONES _____

TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION _____

X ☐ CERTIFICATED COMMON CARRIER; SPECIFY NEED BUS/ EMAILED PAM☐ 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? X ☐ Yes ☐ NoRebecca Rositer
Signature of Faculty Sponsor3/5/15
DateTrip 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: