STUDENT'S

6064339937

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING. SCHOOL Pileville Jr High FACULTY MEMBER(S) SPONSORING TRIP Michelle Scott TYPE OF TRIP (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify X Other (athletic, band, if applicable) Check Destination Great with I adde Address 2501 Great will Dr. Phone 1-900-913-916 Out of State Out of County Within County Mason, OH 45040 Overnight; give name, address, phone of lodging Great wolf Lodge - address to phone # Above Date(s) OF TRIP 7-11 to 7-14 DEPARTURE TIME 8:10) and RETURN TIME 5:00 P PURPOSE/EDUCATIONAL VALUE ICA Chaper Camp			
			V
		Source of funding for trip Baslus (Cult	Fundraisize & Donations
		NO STUDENT SHALL BE DENIED THE TRIP BECAUSE O	DE AN INABILITY TO PAY.
		BILL TRIP EXPENSES TO: A SPONSORING ORGANIZATION SPECIFY	
		NUMBER OF: STUDENTS 2 FACULTY SPO April Hall Works 5 TOTAL # OF PARTICIPANTS 5	NSORS OTHER CHAPERONES MICHEUE SCOT
		Mode of Transportation	•
		is district transportation needed? \square no	YES, SEE PROCEDURE 09.36 AP.212.
		☐ CERTIFICATED COMMON CARRIER; SPECIFY	
		☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SP	ECIFY DRIVER(S)
A THE CULTST OF NAMES OF ADULTS ACCO	mpanying students on trip.)		
Have all chaperones undergone the required reco	rds check and been designated by the		
principal/designee to supervise students? A Yes D	10		
Michaello deset	5-19-16		
Signature of Faculty Sponsor	Date		
Trip has been approved disapproved. Reason for disapproval			
	F 34 //		
Woon_	5-27-16 Date		
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the Superintendent an	d/or Board may be required by policy 09,36.		
For evernight and/or out-of-state trips, approval of the Superintendent an			

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.22, 09.36 AP.23

Review/Revised: 8/20/01