

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY      MEMBER(S)      SPONSORING      TRIP      K-3      TEACHERS**TYPE OF TRIP (CHECK ONE):**

- ☒ Classroom Field Trip      ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_

**DESTINATION CINCINNATI MUSEUM CENTER ADDRESS CINCINNATI, OH PHONE 513-763-2316**

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

- ☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

**DATE(S) OF TRIP SOMETIME IN MARCH, DEPENDING ON MUSEUM AND BUS AVAILABILITY DEPARTURE TIME 8:30 RETURN TIME 2:30**

**PURPOSE/EDUCATIONAL VALUE WE PLAN TO ATTEND LEARNING LABS SPECIFIC TO EACH GRADE'S STANDARDS (TO BE DETERMINED), VIEW THE VIKINGS EXHIBIT, AND ENTER THE CHILDREN'S MUSEUMS. ALL ASPECTS OF THIS TRIP ARE GEARED TOWARD ENHANCING AND EXTENDING LEARNING FROM THE CLASSROOM. ALSO, OUR STUDENT POPULATION WILL BE GIVEN THE OPPORTUNITY TO VISIT A MUSEUM, WHICH MANY ARE NOT ABLE TO DO OUTSIDE OF FIELD TRIPS.**

**SOURCE OF FUNDING FOR TRIP APPLYING FOR HAILE GRANT WHICH PROVIDES REDUCED TICKETS (WE HAVE ALWAYS QUALIFIED FOR THIS IN THE PAST- WE WILL NOT GO IF THE GRANT DOES NOT COME THROUGH). REDUCES THE COST OF THE MUSEUM TICKET TO \$2.50, PLUS TRANSPORTATION.**

***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 78**

**FACULTY SPONSORS 4**

**OTHER CHAPERONES MINIMUM**

**OF 15**

**TOTAL # OF PARTICIPANTS MINIMUM 97**

**MODE OF TRANSPORTATION**

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY I WILL GET WITH PAM TO SCHEDULE A BUS AS SOON AS THE DATE IS CONFIRMED

- ☐ 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

*Rebecca Rosotte*

***Signature of Faculty Sponsor***

*2/3/17*

***Date***

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