School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
FACULTY MEMBER(S) SPONSORING TRIP <u>MELISA HERALD</u>
TYPE OF TRIP (CHECK ONE):
□ Classroom Field Trip X Class Trip (i.e., junior, senior), specify 8 th grade class trip □ Organization/Club Trip, specify □ Other (athletic, band, if applicable)
DESTINATION KINGS ISLAND ADDRESS: 6300 KINGS ISLAND DR, MASON, OH 45040
X Out of State Image: Out of County Image: Within County Image: Overnight; give name, address, phone of lodging
DATE(S) OF TRIP5/12/17DEPARTURE TIME8:00 AMRETURN TIME3:30
PURPOSE/EDUCATIONAL VALUE <u>MATH AND SCIENCE DAY</u>
SOURCE OF FUNDING FOR TRIP <u>8th Grade trip fund</u> 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 _21 FACULTY SPONSORS _1 OTHER CHAPERONES _3 TOTAL # OF PARTICIPANTS _24 24 000000000000000000000000000000000000
MODE OF TRANSPORTATION
CERTIFICATED COMMON CARRIER; SPECIFY
<u>X Private vehicle, as allowed by policy; specify driver(s):</u> Melissa Herald, Brack herald, Mandy Stephens, Tonia and Dave Shwegman, Michele and Eddie Erhman
Ms. Stephens and Ms. herald will be the main drivers-the others will be back-up drivers.
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? $X Yes \square$ No
<u>Melissa Herald</u> <u>4/10/17</u>
Signature of Faculty Sponsor 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