

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING.

SCHOOL PHSFACULTY MEMBER(S) SPONSORING TRIP Bersaglio

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Kings Island ADDRESS Mason, OH PHONE \_\_\_\_\_☒ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP May 20 2017 DEPARTURE TIME 6:00 am RETURN TIME 10:00 pmPURPOSE/EDUCATIONAL VALUE Recruitment RetentionSOURCE OF FUNDING FOR TRIP Band Producer

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 35 FACULTY SPONSORS 1 OTHER CHAPERONES 0  
TOTAL # OF PARTICIPANTS 36 SCOTT BERSAGLIA

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_☐ PRIVATE VEHICLE, IF 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 ☐ NoScott Bersaglio  
Signature of Faculty SponsorJune 24, 2017  
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_D. 2017  
Signature of Superintendent/Designee4-7-17

Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

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

Review/Revised: 8/20/01