

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP MELISA HERALD

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ **Class Trip** (i.e., junior, senior), specify 8th grade class trip
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION KINGS ISLAND ADDRESS: 6300 KINGS ISLAND DR, MASON, OH 45040☒ **Out of State** ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 5/12/17 DEPARTURE TIME 8:00AM RETURN TIME 8:00PMPURPOSE/EDUCATIONAL VALUE MATH AND SCIENCE DAYSOURCE OF FUNDING FOR TRIP 8TH GRADE TRIP FUND*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY 8TH GRADE TRIP FUND
 NUMBER OF: STUDENTS 21 FACULTY SPONSORS 1 OTHER CHAPERONES 3
 TOTAL # OF PARTICIPANTS 24

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY: **NEWPORT IND. SCHOOL DISTRICT BUS**☐ **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
Melissa Herald*Signature of Faculty Sponsor*4/10/17*Date*

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> _____ <i>Signature of Board Chairperson</i> </div> <div> _____ <i>Date</i> </div> </div>
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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