

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP

Robin Jones

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 Music Hall ADDRESS 650 Walnut St. PHONE 513-621-2787

- ☒ Out of State ☐ Out of County ☐ Within County Cincinnati, OH  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_ Chamber Theatre Ph# 1-800-225-7988

DATE(S) OF TRIP 10/30/17 DEPARTURE TIME 9:30 a.m. RETURN TIME 1:00 p.m.PURPOSE/EDUCATIONAL VALUE Chamber Theatre Performance of "The Tell-Tale Heart", "The Monkey's Paw", "The Legend of Sleepy Hollow" + 3 more

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

*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 27 FACULTY SPONSORS 3 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 30

MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Newport Schools 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 ☐ NoRobin Jones  
Signature of Faculty Sponsor9/21/17  
DateTrip 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