

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Rebecca Rossiter, K-4 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 Cincy Zoo ADDRESS Cincy, OH PHONE 513 2814700

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

☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP May? (schedule around testing) DEPARTURE TIME 9am RETURN TIME 2³⁰ pmPURPOSE/EDUCATIONAL VALUE Allow students to see animals in person in habitats they have learned about/researched over the year.SOURCE OF FUNDING FOR TRIP parents*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 approx. 100 FACULTY SPONSORS K-4 teachers (5) OTHER CHAPERONES Donna H. Michele C. Parents
 TOTAL # OF PARTICIPANTS approx. 140

MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Pam will contact Bellevue once a date is set.
☐ 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 Rossiter

Signature of Faculty Sponsor

2/5/18

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