

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Teachers K-4, contact Rebecca Rossiter

## 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 Taft Theater ADDRESS Cincy, OH PHONE 513 342 1466

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

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP Hoping to schedule for April 12 (could be April 10-16) DEPARTURE TIME 9:00am RETURN TIME 11:30 (ish)PURPOSE/EDUCATIONAL VALUE We will see a live play in a theater, a first for many of these students. We will make connections to many skills, including plot, characters, summary, etc.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 K-4 100 FACULTY SPONSORS K-4 Teachers OTHER CHAPERONES Denna Hoffman Michele Ciolino  
TOTAL # OF PARTICIPANTS approx 107

## MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Pam checking on Bellevue bus alternate = TRUCK  
☐ 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 ☐ NoRebecca Rossiter  
Signature of Faculty Sponsor2/5/18  
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