

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP: GREG DUTY**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:** HOLIDAY INN-CINCINNATI AIRPORT**ADDRESS:** 1717 AIRPORT EXCHANGE BLVD. ERLANGER, KY 41018 **PHONE:** 855-516-1090☐ Out of State ☒ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging _____**DATE(S) OF TRIP:** APRIL 25, 2018 **DEPARTURE TIME:** 4:15PM **RETURN TIME:** 6:45PM**PURPOSE/EDUCATIONAL VALUE:** THE STUDENTS IN ADVANCED BAND WILL BE SHOWCASING THEIR TALENTS BY PERFORMING AT THE EXCELLENCE IN EDUCATION DINNER.**SOURCE OF FUNDING FOR TRIP:** TRANSPORTATION COST WILL BE PAID THROUGH THE GENERAL 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 _____**NUMBER OF: STUDENTS:** 24**FACULTY SPONSORS:** 1**OTHER CHAPERONES:** 1**TOTAL # OF PARTICIPANTS:** 26**MODE OF TRANSPORTATION**☒ CERTIFICATED COMMON CARRIER; SPECIFY: NEWPORT SCHOOL 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_____
*Signature of Faculty Sponsor*_____
*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