

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING.

SCHOOL Pikeville High School FACULTY MEMBER(S) SPONSORING TRIP Dr. Barsaglia

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 Kings Island ADDRESS Mason, OH PHONE \_\_\_\_\_

☒ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP May 26, 2018 DEPARTURE TIME 5 AM RETURN TIME 10 PM

PURPOSE/EDUCATIONAL VALUE Recruitment & Retention

SOURCE OF FUNDING FOR TRIP Band Fundraising

**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 40 FACULTY SPONSORS 1 OTHER CHAPERONES 0

TOTAL # OF PARTICIPANTS 41

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

☐ PRIVATE VEHICLE, IF 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]  
Signature of Faculty Sponsor

9 May 2018  
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

5-9-18  
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 8/20/01