

## School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

**FACULTY MEMBER(S) SPONSORING TRIP**

Shiloh Schweitzer

**TYPE OF TRIP (CHECK ONE):**

☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Preschool  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Newport Aquarium ADDRESS 1 Aquarium Way PHONE 1-800-406-3474

☐ Out of State    ☐ Out of County    ☒ Within County

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 2/16/2022 DEPARTURE TIME 10:15 RETURN TIME 1:00

**PURPOSE/EDUCATIONAL VALUE** Hands on learning, ability to see many exotic aquatic animals we wouldn't normally see

SOURCE OF FUNDING FOR TRIP Preschool grant

***NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.***

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER,  
SPECIFY Preschool grant

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 5 OTHER CHAPERONES 10

**TOTAL # OF PARTICIPANTS** 40

### MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY Campbell County school bus  
☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S)

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**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

☒ Yes    ☐ No

*Signature of Faculty Sponsor*

*Signature of Faculty Sponsor*

02/1/2022  
Date

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