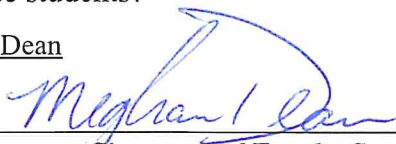


SchoolRelated Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP MEGHAN DEAN**TYPE OF TRIP (CHECK ONE):**☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☐ Organization/Club Trip, specify X Other (athletic, band, if applicable)DESTINATION NANCY AND DAVID WOLF HOLOCAUST AND HUMANITY CENTER AT UNION TERMINALADDRESS 1301 WESTERN AVE, SUITE 2101, CINCINNATI, OH 45203 PHONE (513) 487-3055☒ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP TUESDAY MARCH 8, 2022 DEPARTURE TIME 8:15 AM RETURN TIME 3:00 PM**PURPOSE/EDUCATIONAL VALUE**THROUGH INTERACTIVE SESSIONS, STUDENTS WILL ENGAGE IN DIALOGUE WITH PARTICIPANTS FROM ACROSS THE TRI-STATE, CONSIDER THE ROLE OF HISTORY IN INSPIRING ACTION TODAY, AND GAIN LEADERSHIP SKILLS THAT THEY CAN USE TO AFFECT POSITIVE CHANGE.**SOURCE OF FUNDING FOR TRIP**NO FUNDING IS REQUIRED*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 4FACULTY SPONSORS 1OTHER CHAPERONES 0TOTAL # OF PARTICIPANTS 5**MODE OF TRANSPORTATION**☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☒ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) TBD

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 ☐ NoMeghan Dean


Signature of Faculty Sponsor
2/7/22

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