

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Shiloh Schweitzer, Marlene Jones, Courtney Scott

**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 Cincinnati Museum Ctr ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- Out of State  Out of County  Within County
- Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 2/23/23 DEPARTURE TIME 9:30 RETURN TIME 18:30

PURPOSE/EDUCATIONAL VALUE 8 educational themed play areas  
Fine motor skills, socialization

SOURCE OF FUNDING FOR TRIP Preschool funds

*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

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 OTHER CHAPERONES 6  
TOTAL # OF PARTICIPANTS 30

**MODE OF TRANSPORTATION**

- CERTIFICATED COMMON CARRIER; SPECIFY Executive Transportation
- 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

Shiloh Schweitzer \_\_\_\_\_ 1/13/23  
*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