

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Shannon Hansman

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION The Children's Theatre ADDRESS 317 E 5th St. PHONE 859-569-8080

- Out of State Out of County Within County Cincinnati OH
- Overnight; give name, address, phone of lodging 45202

DATE(S) OF TRIP 4/19 DEPARTURE TIME 9:00 RETURN TIME 11:30

PURPOSE/EDUCATIONAL VALUE Arts in Education

SOURCE OF FUNDING FOR TRIP AIM Grant 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 AIM Grant Funds

NUMBER OF: STUDENTS 86 FACULTY SPONSORS 8 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 94

MODE OF TRANSPORTATION

- CERTIFICATED COMMON CARRIER; SPECIFY Beechwood Bus Service
- 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]
Signature of Faculty Sponsor

3/1/23
Date

[Signature]
Signature of Principal

3/9/23
Date

[Signature]
Signature of Additional Faculty

3/9/23
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.