

## FIELD TRIP REQUEST FORM

Name of School: Ockerman M.S.

Date of Field Trip: 05 / 20 / 2024

Days of School Missed: 1

Location of Field Trip: Kings Island

Grade Level and Number of Students Attending: Gr 8 175 students

Number of Chaperones Attending: 15

What form of transportation will be used? \* Be Specific. Bus -> Petermann LLC

Have field trip rules been explained to the students and chaperones?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Are there students being denied the right to attend due to finances?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Does this trip comply with Title IX equity issues?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

Brief Description (Be specific regarding educational purpose):

This trip is an Eighth Grade End of  
Year Celebration.

Please check the appropriate box:

☒ To be used for 1 (one) day trips using school bns or private automobile.\*  
**NEEDS PRINCIPAL APPROVAL ONLY. PLEASE SEND ALL FORMS TO DISTRICT OFFICE.**

☐ To be used for overnight trips, trips of more than one instructional day and Co-curricular/  
Extracurricular trips.  
**TO BE APPROVED BY THE ASSISTANT SUPERINTENDENT.**

☒ To be used for trips taken by common carrier.  
**TO BE APPROVED BY THE BOARD OF EDUCATION.**

**NOTE: FOR BOARD APPROVAL, THIS REQUEST SHOULD BE SUBMITTED TO THE SUPERINTENDENT'S OFFICE BY NOON AT LEAST (11) WORKING DAYS PRIOR TO THE NEXT BOARD MEETING.**

Sponsor Signature: Jennifer D Darks

Principal Signature: M. Poiry

Date Approved: 3/8/24

**DISTRICT OFFICE USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

\* Drivers of private automobiles need to complete the Auto Insurance Affidavit Form.

# Charter Price Quote

Elmwood Place, OH  
Petermann LLC  
211 Township Ave, Cincinnati, OH 45216



Purchase Order #: JENNIFER.DAVIS@BOONE.KYSCHOOLS.US  
Customer: OCKERMAN MIDDLE SCHOOL  
Attention: JENNIFER DAVIS  
Address: OCKERMAN MIDDLE SCHOOL (6033)  
8300 US HIGHWAY 42  
City: FLORENCE  
Trip Date: Monday, May 20, 2024  
e-mail: JENNIFER.DAVIS@BOONE.KYSCHOOLS.US  
State: KY  
ZIP: 41042  
Phone: (513) 482-0717  
Fax #:

Trip ID: CH6033-4820  
Trip Name: KINGS ISLAND  
Trip Description: D/R - 4 BUSES 9:15 AM (6:15 PM)  
Bus Type:  
Bus Quantity: 4

Address Description	Address	Arrival Time	Departure Time
Ockerman Middle School	8300 US-42, , Florence, KY, 41042 US	09:05 AM	09:15 AM
Kings Island	6300 Kings Island Dr, , Mason, OH, 45040 US		10:15 AM

Kings Island	6300 Kings Island Dr, , Mason, OH, 45040 US	06:00 PM	06:15 PM
Ockerman Middle School	8300 US-42, , Florence, KY, 41042 US	07:15 PM	

## Special Instructions for Driver

DROP - 4 BUSES, BUSES WILL RETURN FOR LOADING BY 6PM,  
CONFIRM LOADED AND LEAVING BY 6:15  
PLEASE FILL IN YOUR EXACT TIMES

## Special Notations

## Estimated Charges :

Start Time	End Time	Return Start Time	Return End Time	Miles	Description	Additional	Total
08:15 AM	11:00 AM	05:15 PM	08:00 PM	0	KINGS ISLAND		\$385.00
08:15 AM	11:00 AM	05:15 PM	08:00 PM	0	KINGS ISLAND		\$385.00
08:15 AM	11:00 AM	05:15 PM	08:00 PM	0	KINGS ISLAND		\$385.00
08:15 AM	11:00 AM	05:15 PM	08:00 PM	0	KINGS ISLAND		\$385.00
=		Subtotal: \$1,540.00	= \$1,540.00				

Trip booked by: Kimberly Scott  
Email: kscott@petermannbus.com

## PRICING ESTIMATE

## CUSTOMER ACKNOWLEDGEMENT/SIGNATURE

X Jennifer Davis 03/08/24

I acknowledge information, itinerary fee estimate is correct

If signed confirmation is not returned within 10 days,  
your reservation will be canceled

Sign and return copy of confirmation with payment information

We Accept



Customer is responsible to pay all parking fees/tolls

Prepay Amount :

Receipt #

I have read and accepted Terms And Conditions: