STUDENTS

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
FACULTY MEMBER(S) SPONSORING TRIPGRACE ADAMSON
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 TAFT THEATRE ADDRESS: 317 E 5 TH STREET, CINCINNATI OH 45202
PHONE: (513) 232-5882
■ Out of State □ Out of County □ Within County □ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP: 12/13/2024 DEPARTURE TIME: 11:30 RETURN TIME 1:45
PURPOSE/EDUCATIONAL VALUE: GIVE STUDENTS THE OPPORTUNITY TO LEARN MORE ABOUT PERFORMING ARTS AND ALLOW THEM TO EXPERIENCE A PLAY IN PERSON.
SOURCE OF FUNDING FOR TRIP: PARENTS PAY NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY
NUMBER OF: STUDENTS: 22 FACULTY SPONSORS: 2 OTHER CHAPERONES: 0 TOTAL # OF PARTICIPANTS: 24
MODE OF TRANSPORTATION
■ CERTIFICATED COMMON CARRIER; SPECIFY
□ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)
-Grace Adamson: Kindergarten Teacher
-Audrey Cliff: Kindergarten Aide
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? NA
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:3/2/23