

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Rebecca Rossiter and Brandy Marshall

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 Cincinnati Museum Center ADDRESS 1301 Western Ave. cincy OH PHONE 513 287 7021

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

DATE(S) OF TRIP February 24 DEPARTURE TIME we need to arrive by 8:45 RETURN TIME leave museum at 3:30

PURPOSE/EDUCATIONAL VALUE Provides interactive exhibits and artifacts as well as opportunities for creative thinking and problem solving.

SOURCE OF FUNDING FOR TRIP Grant covers admission to museum / students pay transportation
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 40 FACULTY SPONSORS 2 OTHER CHAPERONES possibly 7 staff + parents + parent chaperones
TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

- CERTIFICATED COMMON CARRIER; SPECIFY Betty checking on bus
- 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 They will by time of trip.

Rebecca Rossiter

Signature of Faculty Sponsor

1/22/25

Date

[Signature]

Signature of Principal

1/25/25

Date

Signature of Additional Faculty

Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____ <i>Signature of Board Chairperson</i>	_____ <i>Date</i>

For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.