

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Courtney Scott

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify PreK & MSD
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____
DESTINATION Jump & Jacks ADDRESS 7102 Office PK PHONE 513-779-5867
☐ Out of State ☐ Out of County ☐ Within County West Chester OH 45069
☐ Overnight; give name, address, phone of lodging _____
DATE(S) OF TRIP March 10 DEPARTURE TIME 9:30 RETURN TIME 12:45PURPOSE/EDUCATIONAL VALUE Gross ~~motorplay~~ motorplay

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY preschoolNUMBER OF STUDENTS 24 FACULTY SPONSORS 8 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 32

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY ~~Campbell County~~ Campbell County 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 ☐ NoCourtney Scott
Signature of Faculty Sponsor2/10/25
Date[Signature]
Signature of Principal2/10/25
Date_____
Signature of Additional Faculty_____
DateTrip 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