

**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 \_\_\_\_\_  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION

Little Diggers ADDRESS 9442 Water Front Dr PHONE 513 966 9427

- ☒ Out of State ☐ Out of County ☐ Within County

West Chester OH

- ☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 5/1/25DEPARTURE TIME 9:15RETURN TIME 12:45

PURPOSE/EDUCATIONAL VALUE

Sand Play

SOURCE OF FUNDING FOR TRIP

preschool

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER,  
 SPECIFY preschool

NUMBER OF: STUDENTS

23

FACULTY SPONSORS

5

OTHER CHAPERONES

TOTAL # OF PARTICIPANTS

MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Campbell County

- ☐ 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

Courtney Scott  
 Signature of Faculty Sponsor

3/11/25  
 Date

SSA  
 Signature of Principal

3/11/25  
 Date

\_\_\_\_\_  
 Signature of Additional Faculty

\_\_\_\_\_  
 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.

Related Procedures: 09.36 AP.211, 09.36 AP.23

Review/Revised:3/2/23