

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP

Rebecca Rossiter

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip
 ☐ Class Trip (i.e., junior, senior), specify K-4
☐ Organization/Club Trip, specify _____
 ☐ Other (athletic, band, if applicable) _____
DESTINATION Cincinnati Zoo ADDRESS _____ PHONE _____
☒ Out of State

 ☐ Out of County

 ☐ Within County

☐ Overnight; give name, address, phone of lodging _____
DATE(S) OF TRIP May 6, 2025 DEPARTURE TIME 8:45 am RETURN TIME 2:00 pmPURPOSE/EDUCATIONAL VALUE • observe animals in their environments
• learn about various species, their habitats, and behaviorsSOURCE OF FUNDING FOR TRIP partial SBDM funds, rest parents
(awaiting approval)**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 103 FACULTY SPONSORS 15 OTHER CHAPERONES Parents estimated 10 per grade
 TOTAL # OF PARTICIPANTS 103 + 15 = 118

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY Betty arranging busing
☒ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) parents to transport own student as in previous years

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 ☐ NoRebecca Rossiter

Signature of Faculty Sponsor

3/19/25

Date

[Signature]

Signature of Principal

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