School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
FACULTY MEMBER(S) SPONSORING TRIP Meghan Dean Brian Tolle, Brittany Griffith
TITE OF THE CHECK ONE,
□ Classroom Field Trip A Class Trip (i.e., junior, senior), specify 6th Grade □ Organization/Club Trip, specify □ Other (athletic, band, if applicable) □ DESTINATION Kings Island Address Mason, OH Phone 513-754-5700
Out of State Out of County Within County Overnight; give name, address, phone of lodging
DATE(S) OF TRIP May 20, 2025 DEPARTURE TIME 9:00 RETURN TIME 6:00
DATE(S) OF TRIP May 20, 2025 DEPARTURE TIME 9:00 RETURN TIME 6:00 PURPOSE/EDUCATIONAL VALUE Celebrate the 8th grade class'
accomplishments and graduation
Source of Funding For TRIP Some have passes of they's are paying: 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 13 FACULTY SPONSORS 4 OTHER CHAPERONES 1 TOTAL # OF PARTICIPANTS 18
MODE OF TRANSPORTATION
☐ CERTIFICATED COMMON CARRIER; SPECIFY
PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) By an Egan Dena Cosne
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
Signature of Faculty Sponsor 5-8-25 Date
Signature of Faculty Sponsor Date
3/8/25
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