

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Grace Adamson

## 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 Blooms & Berries ADDRESS 900904-48 Loveland, OH 45140 PHONE \_\_\_\_\_

☒ Out of State ☐ Out of County ☐ Within County

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

DATE(S) OF TRIP 10/7/25 DEPARTURE TIME 8:45 RETURN TIME 2:00PURPOSE/EDUCATIONAL VALUE Learn about farm animals & the life cycle of a pumpkinSOURCE OF FUNDING FOR TRIP Parent payment

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,  
 SPECIFY Classroom & general funds

NUMBER OF: STUDENTS 21 FACULTY SPONSORS 2 OTHER CHAPERONES 7TOTAL # OF PARTICIPANTS 30

## MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY 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

Grace Adamson  
 Signature of Faculty Sponsor

8/20/25  
 Date

[Signature]  
 Signature of Principal

8/21/25  
 Date

Betty Green  
 Signature of Additional Faculty

8/20/25  
 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