School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.
A SEATING CHART FOR ALL TRIPS MUST BE SUBMITTED TO THE PRINCIPAL PRIOR TO THE TRIP.

SCHOOL MCHS FACULTY MEMBER(S) SPONSORING TRIP Stacy Carter

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 Cincinnati Zoo ADDRESS 3400 Vine St. Cincinnati, OH PHONE ______

☑ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging ______

DATE(S) OF TRIP Oct. 24th DEPARTURE TIME 8:00 am RETURN TIME 6:30pm

PURPOSE/EDUCATIONAL VALUE real world experience

SOURCE OF FUNDING FOR TRIP Special Education

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY Special Education

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 6 OTHER CHAPERONES Stacy Carter, Amanda Seabolt, Tiffany Jones, Denita Cobb, Marcy Martin, Tamera Stidham

TOTAL # OF PARTICIPANTS 21

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?

☐ NO ☑ YES, # OF STUDENTS ______ - COMPLETE PAGE 2 AND SUBMIT 2 WEEKS PRIOR TO TRIP

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☑ YES, SEE PROCEDURE 09.36 AP.212.

☐ CERTIFICATED COMMON CARRIER; SPECIFY ______

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) ______

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

☑ YES ☐ NO I HAVE AN EVENT-SPECIFIC EMERGENCY ACTION PLAN FOR THE TRIP SITE AND WILL DISTRIBUTE TO ALL PERSONNEL ATTENDING THE EVENT IN AN OFFICIAL CAPACITY.

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No

[signature] 9-10-25

Signature of Faculty Sponsor *Date*

Trip has been ☑ approved ☐ disapproved. Reason for disapproval ______

Laura Reed

Signature of Superintendent/Designee *Date*

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

School-Meal Request Form – Field Trips

Date: 9/11/25

School Location: (Please check one)

- Botts Elementary School ____
- Menifee Elementary School ✓ (C7)
- Menifee High School ✓ (C8)

Number of student meal requested: 15

Date needed: 10/24/25

Time needed: 8:00 am

Contact or Pick-up Person: Stacy Carter / Denita Cobb

Contact Telephone Number: H132

Special Needs:

follow William G's dietary needs.

Requesting Person Name: Stacy Carter

Requesting Person Signature: Stacy Carter

Please submit list of students who participated on the field trip to the Cafeteria Manager at time of pick-up.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:8/16/2023

Event Specific Emergency Action Plan (EAP) for School Sanctioned Nonathletic Event Held Off-Campus

Destination/Venue Cincinnati Zoo

Venue Address: 3400 Vine St. Cincinnati, OH

Person or email contacted at venue to discuss EAP Carol Whiteman

Position/title of person contacted dSP

Date(s) of contact 9/11/25

Is there an Automatic External Defibrillator (AED) on site? ☑ yes ☐ no

If yes, where is it located. medical Station (front of zoo)

Does venue have an emergency response team (ERT)? ☑ yes ☐ no

Process to request AED and/or ERT if needed at the scene: ask personnel

Will a portable AED be taken from school on this trip? ☑ yes ☐ no

If yes, who will be responsible for oversight and location of AED? Tiffany Jones

Is any other assigned emergency equipment available on field trip? N/A

If yes, list location of equipment: —

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs;
- If possible, how to gain access;
- Steps that must be taken quickly to initiate the chain of survival:
  - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
  - Call 9-1-1 using cell phone or other means of communication.
  - Begin Hands only CPR (push hard and fast in center of chest about 100 times/minute).
  - Retrieve and use the nearest Automated External Defibrillator (AED).
  - Continuing supporting the victim until the local EMS arrives and takes over care.
  - Direct EMS to the scene.

Review/Revised:8/16/2023

Requisition Form
For
Purchase Orders

*Vendor Number: _____ PO Number: _____

*Employee: Stacy Carter *Date of Request: 9/11/25

*Contact Number: #132 *Account Code: _____

*School/Dept: MCHS/ Special Ed _____

*Business: Fifth third

*CompleteAddress Cincinnati Zoo
3400 Vine St. Cincinnati, oH

Code:	Quantity	*Description	Unit Price	Total Price
	15	student admission	$9.00	$135.00
	21	All day rides	$4.00	$84.00
	1	large bus parking	$50.00	$50.00
	15	student snacks	$10.00	$150.00

*Requesting Personnel

Total: $420.00

Authorized Administrator/Program Coordinator

**All information fields must be completed for processing

Superintendent

Reviewed/Revised :6/30/2019