

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Grace Adamson P.O.# 2504800

TYPE OF TRIP (CHECK ONE):

- ☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Kindergarten
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION The Emery Theater ADDRESS 1112 W. Walnut St. PHONE _____
Cincinnati, OH 45202

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

☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 12/12/2025 DEPARTURE TIME 9:00 AM RETURN TIME 11:30 AMPURPOSE/EDUCATIONAL VALUE To learn about musical arts & how to behave outside of schoolSOURCE 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 _____NUMBER OF: STUDENTS 22 FACULTY SPONSORS 2 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 24

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? N/A ☐ Yes ☐ NoGrace Adamson
Signature of Faculty Sponsor9/29/2025

Date

[Signature]
Signature of Principal9/29/25

Date

Betty Ginn
Signature of Additional Faculty9/29/25

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