

## School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Grace Adamson Pott 25048 00

## 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

CERTIFIED 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 Sponsor*9/29/2025*Date*Joe*Signature of Principal*9/29/25*Date*Beth Ginn*Signature of Additional Faculty*9/29/25*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