

**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 The Emery Theatre ADDRESS 1112 Walnut St. PHONE \_\_\_\_\_

Out of State  Out of County  Within County Cincinnati OH 45202

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

DATE(S) OF TRIP 5/11/2026 DEPARTURE TIME 11:30 RETURN TIME 1:45

PURPOSE/EDUCATIONAL VALUE experience musical theatre

SOURCE OF FUNDING FOR TRIP parents pay

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER, SPECIFY activity funds

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 OTHER CHAPERONES 0  
TOTAL # OF PARTICIPANTS 27

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  No

Grace Adamson  
Signature of Faculty Sponsor

3/2/26  
Date

Lois Green  
Signature of Principal

3/2/26  
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