School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Middle School, Brian Tolle

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 Kings Island **ADDRESS** 6300 Kings Island Dr. Mason, OH 45040 **PHONE** _____

☑ Out of State ☐ Out of County ☐ Within County

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

DATE(S) OF TRIP May 19, 2026 **DEPARTURE TIME** 9 am **RETURN TIME** 5 pm

PURPOSE/EDUCATIONAL VALUE Provides students hands-on real world connections using grade level physical science & math standards

SOURCE OF FUNDING FOR TRIP Activity Funds

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☑ OTHER, SPECIFY Southgate Public School

NUMBER OF: STUDENTS 10 **FACULTY SPONSORS** 3 **OTHER CHAPERONES** _____

TOTAL # OF PARTICIPANTS 13

MODE OF TRANSPORTATION

☐ **CERTIFICATED COMMON CARRIER; SPECIFY** _____

☑ **PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S)** Brian Tolle, Suzann Derickson, Christy L.

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

BTolle _____ 4.3.26

Signature of Faculty Sponsor ***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:7/11/13