

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Lois Ellison

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify 4-8th Grade
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION URBAN AIR ADDRESS 3321 Alamo Ave PHONE _____

- Out of State Out of County Within County Cincinnati, OH 45209
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP MAY 1st DEPARTURE TIME 9:00 AM RETURN TIME 1:00 PM

PURPOSE/EDUCATIONAL VALUE KSA growth of our school from 23-34 to 24-25 assessments.

SOURCE OF FUNDING FOR TRIP _____

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

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

NUMBER OF: STUDENTS 95 FACULTY SPONSORS 10 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 105

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? Yes No

Signature of Faculty Sponsor

Date

Lois Ellison

Signature of Principal

4/16/20

Date

Signature of Additional Faculty

Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	

_____ <i>Signature of Board Chairperson</i>	_____ <i>Date</i>

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