

**School-Related Student Trip Request Form**

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| SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING. |
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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 Bloom's + Berries ADDRESS 9669 OH-48, Loveland PHONE 513-697-9173

- ☒ Out of State ☐ Out of County ☐ Within County  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

OH 45140DATE(S) OF TRIP 10/12/26 DEPARTURE TIME 8:45 AM RETURN TIME 2:30pmPURPOSE/EDUCATIONAL VALUE Learn about the life cycle of a pumpkin and learn/work on behavior & social skillsSOURCE 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 Classroom funds

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 4 OTHER CHAPERONES 10  
 TOTAL # OF PARTICIPANTS 39

## 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

Grace Adamson  
 \_\_\_\_\_  
 Signature of Faculty Sponsor

9/10/26  
 \_\_\_\_\_  
 Date

[Signature]  
 \_\_\_\_\_  
 Signature of Principal

9/10/26  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Additional Faculty

\_\_\_\_\_  
 Date

|                                                                                                                    |               |
|--------------------------------------------------------------------------------------------------------------------|---------------|
| Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ |               |
| _____<br>Signature of Board Chairperson                                                                            | _____<br>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