

School-Related Student Trip Request Form

THIS FORM MUST BE SUBMITTED AT LEAST THREE (3) WEEKS PRIOR TO THE DATE OF THE TRIP.

SCHOOL _____ FACULTY SPONSOR _____ CELL _____

FULL ITINERARY & ROSTER MUST BE ATTACHED TO THIS REQUEST FORM.

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip Organization/Club Trip, specify _____
- Athletic Band Other, specify _____

DESTINATION _____ **ADDRESS** _____ **PHONE** _____

- Within Greater Cincinnati Area Within Kentucky Out of State International
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP _____ **DEPARTURE TIME** _____ **PICK UP TIME** _____

PURPOSE/EDUCATIONAL VALUE _____

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 _____

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____ **TOTAL # OF PARTICIPANTS** _____

STUDENTS ATTENDING: _____ **MALE** _____ **FEMALE** _____ **TOTAL** _____

MALE & FEMALE CHAPERONES REQUIRED: YES NO

STUDENTS MAY REQUIRE MEDICATION/MEDICAL SERVICES: AED Epi-pen (allergies)

glucagon (diabetes) diastat (seizures) Other, specify: _____

CHAPERONES WITH REQUIRED MEDICAL TRAINING: _____

MODE OF TRANSPORTATION

- Rental Vehicle District Van District Bus Plane*
- Certificated common carrier; specify _____

Drivers: _____ **District Approved:** Yes No

Travel overnight during the hours of 1:00 AM – 5:00 AM will be prohibited. The Superintendent may grant travel that extends into a portion of the timeframe for return trips.

*Describe additional transportation at destination: _____

SUPERVISION (NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP; USE REVERSE SIDE IF NEEDED.): _____

Signature of Faculty Sponsor _____
Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____ <i>Signature of Athletic Director (if required)</i>	_____ <i>Date</i>
Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____ <i>Signature of Principal/Designee (if required)</i>	_____ <i>Date</i>
Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____ <i>Signature of Superintendent/Designee (if required)</i>	_____ <i>Date</i>