

School-Related Student Trip Request Form

Submit this form two (2) weeks prior to the trip.

SCHOOL ILEAD ACADEMY FACULTY MEMBER(S) SPONSORING TRIP JENNA GRAY

TYPE OF TRIP (CHECK ONE):

- Overnight (Submit to Board)
- Classroom Field Trip Class (i.e., junior, senior) Trip, specify Senior trip
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION OMNI FUNPLEX ADDRESS CINCINNATI, OH PHONE 513-671-7529

- Out of State Out of County Within County

X Overnight; give name, address, phone of lodging Aloft Newport on the Levee, 201 East Third Street, Newport, KY 40171 859-916-5306

Date(s) of Trip 5/9-5/10/2020 Departure Time 5/9/2020 Return Time 5/10/2020

PURPOSE/EDUCATIONAL VALUE _____

No student shall be denied the trip because of an inability to pay.

SOURCE OF FUNDING FOR TRIP STUDENT FUNDRAISERS AND STUDENT FUNDED

BILL TRIP EXPENSES TO:

X SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

SUPERVISION: (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

NUMBER OF: STUDENTS 2 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 18 ILEAD STUDENTS _____

ALL CHAPERONES HAVE UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? YES NO

MODE OF TRANSPORTATION:

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____



Signature of Faculty Sponsor _____
Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____
Date

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:8/23/2018