

FIELD TRIP REQUEST FORM

Teacher Mike Matley School/Class Boys Basketball  
 Request Date 5/13 Trip Date 6/9-6/10 Destination University of Findlay  
 Number of Students 28 Number of Staff/Chaperones 3  
 Purpose of Trip Team Camp  
 Course of Study \_\_\_\_\_

Specific Learning Objectives to be Accomplished:

Basketball Skills

Student Behaviors that will Confirm Achievement of the Learning Objectives:

Course Objectives Related to the Learning Objectives:

Pre-Trip Lessons/Activities to be Done in the Classroom:

Post Trip Activities/Lessons to Reinforce/Extend Learning:

I have utilized the guidelines in 2340A to plan, conduct, and evaluate the trip and, upon approval of the trip, I will obtain parental permission (2340 F2 or F2A) and use the Checklist for Trips (2340 F3).

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**Field Trip Approval**

Trip Approved: ☒ Trip Disapproved: \_\_\_\_\_ Principal: [Signature] Date: 5/13/26  
 Trip Approved: \_\_\_\_\_ Trip Disapproved: \_\_\_\_\_ Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

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(Over)

TRANSPORTATION DEPARTMENT

(To be completed by the originator of the field trip)

Date of Trip: 6/9 - 6/10 Destination: University of FindlayAddress: 1000 N. Main St  
Findlay, OH 45840Load Time: 6:45 A.M. Leave Time: 7:00 A.M. Return Time: ~~1:20 P.M. - 2:00 P.M.~~Number of Buses: 1 or Van: 1

Driver Admittance Provided to the Event: Yes/No

Meal Plan

Destination with Address: \_\_\_\_\_  
\_\_\_\_\_

Meal Provided for the Driver: \_\_\_\_\_ Pack: \_\_\_\_\_ Driver Purchase at Restaurant: \_\_\_\_\_

## CERTIFICATION

This is to certify that this Trip, as requested, is in conformity with the Administrative Guidelines established by the District as well as any applicable State Regulations.

Date: \_\_\_\_\_ Transportation Supervisor: \_\_\_\_\_

FIELD TRIP REQUEST FORMTeacher Michael Matthey School/Class \_\_\_\_\_Request Date 5/13/26 Trip Date 6/21-6/23 Destination Eastern OhioNumber of Students 10 Number of Staff/Chaperones 2Purpose of Trip Varsity Team CampCourse of Study Basketball

Specific Learning Objectives to be Accomplished:

Team Bonding

Student Behaviors that will Confirm Achievement of the Learning Objectives:

Course Objectives Related to the Learning Objectives:

Pre-Trip Lessons/Activities to be Done in the Classroom:

Post Trip Activities/Lessons to Reinforce/Extend Learning:

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Field Trip Approval
 Trip Approved: ☒ Trip Disapproved: \_\_\_\_\_ Principal: [Signature] Date: 5/13/26

Trip Approved: \_\_\_\_\_ Trip Disapproved: \_\_\_\_\_ Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

(Over)

TRANSPORTATION DEPARTMENT

(To be completed by the originator of the field trip)

Date of Trip: 6/21 Destination: Eastern Ohio Sports Complex  
Address: 8155 Dawn Rd SW  
Sherradsville, OH 44675

Load Time: 6:00 Leave Time: 6:15 Return Time: 2:00 P.M.

Number of Buses: 1 or Van: \_\_\_\_\_

Driver Admittance Provided to the Event: Yes/No

Meal Plan

Destination with Address: McDonalds off of Rt 30 in Dalton

Meal Provided for the Driver: \_\_\_\_\_ Pack: \_\_\_\_\_ Driver Purchase at Restaurant: ✓

**CERTIFICATION**

This is to certify that this Trip, as requested, is in conformity with the Administrative Guidelines established by the District as well as any applicable State Regulations.

Date: \_\_\_\_\_ Transportation Supervisor: \_\_\_\_\_

FIELD TRIP REQUEST FORM

Teacher Michael Mathey School/Class Boys Basketball  
 Request Date 5/13/26 Trip Date 6/23/26 Destination Back to Ridgedale  
 Number of Students 10 Number of Staff/Chaperones 2  
 Purpose of Trip Basketball Camp  
 Course of Study Team Bonding

Specific Learning Objectives to be Accomplished:

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Student Behaviors that will Confirm Achievement of the Learning Objectives:

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Course Objectives Related to the Learning Objectives:

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Pre-Trip Lessons/Activities to be Done in the Classroom:

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Post Trip Activities/Lessons to Reinforce/Extend Learning:

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**Field Trip Approval**

Trip Approved: \_\_\_\_\_ Trip Disapproved: \_\_\_\_\_ Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Trip Approved: \_\_\_\_\_ Trip Disapproved: \_\_\_\_\_ Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

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(Over)



## TRANSPORTATION DEPARTMENT

Return Trip

(To be completed by the originator of the field trip)

Date of Trip: 6/23/26 Destination: HomeAddress: ~~3165 Hillman Ford~~ 8165 Hillman Ford R.  
8155 Dawn Rd SW Slerodsville, OH 44675Load Time: 11:30 Leave Time: 12:00 Return Time: 4:00Number of Buses: 1 or Van: \_\_\_\_\_

Driver Admittance Provided to the Event: Yes/No

Meal Plan

Destination with Address: Restaurant in New PhillyMeal Provided for the Driver: \_\_\_\_\_ Pack: \_\_\_\_\_ Driver Purchase at Restaurant: ☒

## CERTIFICATION

This is to certify that this Trip, as requested, is in conformity with the Administrative Guidelines established by the District as well as any applicable State Regulations.

Date: \_\_\_\_\_ Transportation Supervisor: \_\_\_\_\_

\* Need picked  
up from Eastern  
at about Noon!