



SOUTHWEST LOCAL SCHOOL DISTRICT

230 South Elm Street Harrison, Ohio 45030 (513) 367-4139 Fax (513) 367-2287

John C. Hamstra
Superintendent

Thomas J. Lowe
Treasurer

Corinne M. Hayes
Assistant Superintendent

Adam D. Lohbeck
Director of Operations

EDUCATIONAL FIELD TRIPS

Date of Trip: _____ Number of Students: _____

Departure Time: _____ Arrive back in District at what time: _____

Destination Name and Address: _____

Pick Up Location: _____ Group/Organization: _____

Teachers in Charge:

_____ (bus 1) Driver: _____

_____ (bus 2) Driver: _____

_____ (bus 3) Driver: _____

_____ (bus 4) Driver: _____

Are there any other stops? _____ If yes, where? _____

What group/ fund will be responsible for payment (\$50 per hour per bus)? _____

Approval: _____ (Principal) _____ (Superintendent)

Purpose of Trip:

Educational Objectives:

Please submit (to your building principal) one original/one copy at least 21 days (3 weeks) prior to your trip.

Requested by: _____ Date: _____

Mission: "Academic and Social growth for all students, EVERY DAY!"

Motto: "Excellence through Relationships!"

Core Values: Trust, Respect, Ownership, and Leadership