

Request for Field Trip

Teacher's Name Micheal Adams School OCCHS

Destination (include address) Fall Creek Falls

The request is for a field trip listed in the current board-approved edition of the Obion County School District's Field Trip Manual

The request is for a field trip which is not listed in the current board-approved edition of the Obion County School District's Field Trip Manual

Grade Level (elementary) _____ Subject Area (secondary) Agriculture

1. How is this trip an integral part of an approved course of study? This trip is Forestry Camp.

Forestry is a course offered at OCCHS.

2. Prior to this field trip the class will be involved in the following preliminary activities to prepare for this trip:

a. N/A- School will not be in session.

b. _____

c. _____

d. _____

3. Follow-up activities for this unit will include the following activities:

a. Students will use knowledge gained from the camp in Forestry class as well as the FFA

b. Forestry contest.

c. _____

d. _____

4. Transportation Requested: County Van

5. Date of Trip: May 31, 2009 AND June 5, 2009

6. Substitutes Requested (if necessary): N/A

7. Parental Permission Forms Received: Will have the Friday before the trip.

8. Plans of Students Not Going On Trip: N/A

9. List of Chaperones (All High School trips must have 1 chaperone per 20 students. All Elementary trips must have 1 chaperone per 10 students. Overnight field trips require board-approved chaperones):

N/A

10. What is the total number of students going on the trip? OCCHS 2 students; South Fulton 1-2 students

11. How much regular classroom instructional time will be missed? None

12. What is the approximate cost of the trip per student? \$60

13. How are you funding the trip? OCCHS and South Fulton FFA

14. Place a check by the expenses you plan to submit for reimbursement:

(1) Registration

(2) Meals

(3) Lodging (include name of hotel and cost per night) _____

(4) Mileage

(5) Other anticipated expenses such as parking (specify) _____

Signed: [Signature] Date: 4/29/09
(Teacher Requesting Trip)

Approved By: [Signature] Date: 4/30/09
(Signature of Principal)

Approved By: [Signature] Date: 4/30/09
(Signature of Assistant Director of Schools)

Approved By: _____ Date: _____
(Signature of Director of Schools)

Approved by Board (if necessary): _____

Remarks or Conditions: Students will be dropped off on May 31st & picked up on June 5th.