

Request for Field Trip

Teacher's Name Jim West

School OCCHS

Destination (include address) Austin Peay State University, Clarksville, TN

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) Academic Decathlon

1. How is this trip an integral part of an approved course of study? state competition

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

a. work on the ten events all year

b. _____

c. _____

d. _____

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

a. debriefing when we return

b. start work on 2010-2011 curriculum

c. _____

d. _____

4. Transportation Requested: one bus

5. Date of Trip: February 18-20, 2010

6. Substitutes Requested (if necessary): two

7. Parental Permission Forms Received: 11

8. Plans of Students Not Going On Trip: work test in class

Administrative Procedure

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):

Jim West

Pam Kangelos

10. What is the total number of students going on the trip? 11

11. How much regular classroom instructional time will be missed? one day

12. What is the approximate cost of the trip per student? \$5.00

13. How are you funding the trip? Central Office account and OCCHS budget money

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) to be determined ASAP

(4) Mileage

(5) Other anticipated expenses such as parking (specify) Bus and driver

Signed: Jim West (Teacher Requesting Trip) Date: 01/25/10

Approved By: Linda Crosser (Signature of Principal) Date: 1/25/10

Approved By: [Signature] (Signature of Assistant Director of Schools) Date: 1/26/10

Approved By: Dad W. H. (Signature of Director of Schools) Date: 1/27/10

Approved by Board (if necessary): _____

Remarks or Conditions: _____