

Overnight

Administrative Procedure

Request for Field Trip

Teacher's Name Michelle Johnston & Vicki Crenshaw School OCCHS

Destination (include address) Opryland Hotel - State HOSA Competition

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

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) 10-12 Subject Area (secondary) Health Science

1. How is this trip an integral part of an approved course of study? Students in HOSA who placed at Regional competition advance to State Competition

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

- a. Students prepare for hours to compete at the State level for
- b. HOSA events. Leadership Activities will be offered for
- c. Health Careers.
- d. _____

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

- a. Students will Bring leadership training back to local HOSA
- b. chapter.
- c. Students who advance will go to National HOSA Competition
- d. in Orlando.

4. Transportation Requested: yes - Bus x1 -

5. Date of Trip: April 5-7

6. Substitutes Requested (if necessary): yes x2 1) Johnston 2) Crenshaw

7. Parental Permission Forms Received: yes

8. Plans of Students Not Going On Trip: Activities to be provided

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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):

Daniel, Michelle Johnston

Randall & Vicki Orenshaw

Tim & Pam Barbouf

10. What is the total number of students going on the trip? 24

11. How much regular classroom instructional time will be missed? 2 days

12. What is the approximate cost of the trip per student? ~~COST of food~~ 0

13. How are you funding the trip? Perkins / HSA

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: Michelle Johnston
(Teacher Requesting Trip)

Date: 3-2-10

Approved By: Linda Cragg
(Signature of Principal)

Date: 3/2/10

Approved By: Nancy Hamilton, Supervisor of Instruction
(Signature of Assistant Director of Schools)

Date: 3/2/10

Approved By: _____
(Signature of Director of Schools)

Date: _____

Approved by Board (if necessary): _____

Remarks or Conditions: _____