

Request for Field Trip

Teacher's Name Phillip Darnall School SFHS

Destination (include address) Gatlinburg, 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) Agriculture 9-12

1. How is this trip an integral part of an approved course of study? State FFA Convention

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

a. FFA CDES _____

b. Leadership Activities _____

c. _____

d. _____

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

a. _____

b. _____

c. _____

d. _____

4. Transportation Requested: Bus for both chapters SFHS and OCCHS

5. Date of Trip: March 28-31 st

6. Substitutes Requested (if necessary): Yes

7. Parental Permission Forms Received: Yes

8. Plans of Students Not Going On Trip: Continue planned lessons

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):

Mrs. Johansen

10. What is the total number of students going on the trip? 13

11. How much regular classroom instructional time will be missed? 3 days

12. What is the approximate cost of the trip per student? 30 for tickets plus meals

13. How are you funding the trip? FFA account

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) Glenstone Lodge, \$78

(4) Mileage

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

Signed: [Signature] Date: 02/25/2010
(Teacher Requesting Trip)

Approved By: [Signature] Date: 2/25/2010
(Signature of Principal)

Approved By: [Signature] Date: 3/2/10
(Signature of Assistant Director of Schools)

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

Approved by Board (if necessary): _____

Remarks or Conditions: _____