

## Request for Field Trip

Teacher's Name Katie Gray School S.F. H. S.

Destination (include address) Opryland Hotel, 2800 Opryland Dr., Nashville, tn. 37214

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) 9-12 Subject Area (secondary) FACS

1. How is this trip an integral part of an approved course of study? This is for our FCCLA convention

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

a. Fccla Activities

b. Training for Competions

c. \_\_\_\_\_

d. \_\_\_\_\_

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

a. Explaining and reporting our trip to other members in the club.

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

4. Transportation Requested: One vehicle- mine- jeep liberty' mileage. as per Board Policy, reimbursement

5. Date of Trip: April 5 -April 8, 2010

for fuel receipts

6. Substitutes Requested (if necessary): 1

7. Parental Permission Forms Received: yes

8. Plans of Students Not Going On Trip: materials will be left to be assigned and covered in class

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):

1. Brandi Cantrell

10. What is the total number of students going on the trip? 3

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

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

13. How are you funding the trip? Through FCCLA account ( Previous fund raisings)

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) Gaylord Opryland \$ 189.00

(4) Mileage

(5) Other anticipated expenses such as parking (specify) Valet parking for one night

Signed: Katee Gray Date: 3-10-10  
(Teacher Requesting Trip)

Approved By: [Signature] Date: 3-10-10  
(Signature of Principal)

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

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Director of Schools)

Approved by Board (if necessary): \_\_\_\_\_

Remarks or Conditions: \_\_\_\_\_