

Overnight

Administrative Procedure

Request for Field Trip

Teacher's Name Lynsey Butler & Nick Lucas

School OCCHS

Destination (include address) Camp Clements in Doyle, 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? This is FFA Leadership Training Camp

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

a. must be a member of FFA

b. _____

c. _____

d. _____

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

a. leadership skills will be demonstrated

b. _____

c. _____

d. _____

4. Transportation Requested: 1 bus

5. Date of Trip: 6/21/10 thru 6/25/10

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

7. Parental Permission Forms Received: Will collect prior to departure

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

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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):

Lynsey Butler, Nick Lucas, and possibly Phillip Darnell

10. What is the total number of students going on the trip? 10-20

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

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

13. How are you funding the trip? OCCHS 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: Lynsey Butler Date: 4/7/10
(Teacher Requesting Trip)

Approved By: Jinda Crigger Date: 4/7/10
(Signature of Principal)

Approved By: James J. Fuller Date: 4/7/10
(Signature of Assistant Director of Schools)

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

Approved by Board (if necessary): _____

Remarks or Conditions: _____