

Administrative Procedure

Request for Field Trip

Teacher's Name Michelle Johnston School OCCHS

Destination (include address) Orlando Florida

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) HOSA

1. How is this trip an integral part of an approved course of study? HOSA students

prepare to compete in medical related competitions throughout the year & students qualified for Nationals.

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

a. Students prepared to compete all year.

b. Students qualified for Nationals from State.

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

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

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

a. Students will share experiences & leadership

b. Skills obtained from National experience

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

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

4. Transportation Requested: yes 2 vehicles

5. Date of Trip: June 22 - June 27

6. Substitutes Requested (if necessary): no - out of school

7. Parental Permission Forms Received: yes

8. Plans of Students Not Going On Trip: na

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):

Michelle Johnston, ~~Vicki Gresham~~  
Daniel Johnston, ~~Tim & Pam Darkow~~

10. What is the total number of students going on the trip? 6

11. How much regular classroom instructional time will be missed? n/a

12. What is the approximate cost of the trip per student? ~~Food cost; Park ticket cost~~

13. How are you funding the trip? 2700 (Mr. Huss); Park Pass; Donations

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) \_\_\_\_\_

Student  
Act. 000.00

Signed: Michelle Johnston Date: 043010  
(Teacher Requesting Trip)

Approved By: Jonda Crager Date: 5/4/10  
(Signature of Principal)

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

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

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

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