

Overnight

Administrative Procedure

Request for Field Trip

Teacher's Name Denise Bell School Lake Road SchoolDestination (include address) Cumberland Caverns
1437 Cumberland Caverns Rd MEMINNVILLE, TN.
37110-4673 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 ManualGrade Level (elementary) 6-8 Subject Area (secondary) _____1. How is this trip an integral part of an approved course of study? It will help us learn more about Tennessee's geography and landforms

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

a. Finding information about rocks native to Middle Tenn.b. Look at land formations of that area.

c. _____

d. _____

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

a. Compare/contrast with rocks and land formationsb. in West Tennessee.

c. _____

d. _____

4. Transportation Requested: 1 Bus5. Date of Trip: May 13 + 14, 20116. Substitutes Requested (if necessary): NONE7. Parental Permission Forms Received: 128. Plans of Students Not Going On Trip: follow their regular schedules for classes.

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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):

Denise Bell

Robert Trish

Other parents said they will go.

10. What is the total number of students going on the trip? 12

11. How much regular classroom instructional time will be missed? 1 day

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

13. How are you funding the trip? Fund raising and 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) _____

Signed: Denise Bell Date: 3-22-11
(Teacher Requesting Trip)

Approved By: [Signature] Date: 3-22-11
(Signature of Principal)

Approved By: [Signature] Date: 3-22-11
(Signature of Assistant Director of Schools)

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

Approved by Board (if necessary): _____

Remarks or Conditions: _____