

Administrative Procedure

### Request for Field Trip

Teacher's Name Jennifer Godwin School OCCHS

Destination (include address) Gaylord Opryland Hotel

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) Beta (all subjects)

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

Compete in National Beta Club's Creative Writing

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

a. Competed in Tennessee State Beta Convention

b. Won 2nd Place

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

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

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

a. \_\_\_\_\_

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

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

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

4. Transportation Requested: no

5. Date of Trip: June 21-24

6. Substitutes Requested (if necessary): none

7. Parental Permission Forms Received: yes

8. Plans of Students Not Going On Trip: —

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):

Jennifer Godwin (Teacher + Parent)

10. What is the total number of students going on the trip? 1

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

12. What is the approximate cost of the trip per student? \$750

13. How are you funding the trip? funded by T-shirt sales + donut sales from Beta Club

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) Parking

Signed: Laura Clitts  
(Teacher Requesting Trip)

Date: 5-20-11

Approved By: Linda Gussner  
(Signature of Principal)

Date: 5-20-11

Approved By: Al Hillwell  
(Signature of Assistant Director of Schools)

Date: 5-23-11

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

Date: \_\_\_\_\_

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

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

# OBION COUNTY BOARD OF EDUCATION

## PRIVATE VEHICLE APPROVAL FORM

The Board recognizes that certain employees may need to use their private vehicles for school purposes or designate other responsible adult drivers\*. Proof of vehicle liability insurance coverage is required.

School Obion County Central

Team/Group/Club OCCHS Beta Club

I certify that I have proper vehicle insurance coverage (documentation attached).

Jennifer J. Hedwin  
Employee or Approved Driver

\_\_\_\_\_  
Director of Schools or Designee

Date \_\_\_\_\_

Reference: Board Policy 3.404

The Board recognizes that volunteer parent drivers are often needed to use their private vehicles for school purposes. The volunteer parent drivers who use a private vehicle must provide proof of vehicle liability insurance coverage in the form of an insurance certificate issued to the insured indicating limits of at least \$100,000/300,000/50,000.<sup>1</sup>

\_\_\_\_\_  
Legal References:

<sup>1</sup> TCA 29-20-403(b)(3); OP Tenn. Atty. Gen. 04-136 (August 24, 2004)



THIS IS NOT TO BE USED AS A CHANGE FORM

Tennessee Farmers Mutual Insurance Company

<b>Policy Number</b> 0384041	<b>Policy Period</b> 01-13-2011 to 07-13-2011	<b>Control No.</b> 17-09096	<b>Agent No.</b> 0017900	<b>Producer</b> 0017900	<b>Branch</b> 01
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<b>Member Since:</b> 07-2000	<b>Membr Pay Mode:</b> COUNTY	<b>Membr Status:</b> PAID
<b>Next Customer Review:</b> 2012-11-01		

<b>Inception Date:</b> 04-1997	<b>Billed To:</b> Insured	<b>Pay Mode:</b> Quarterly Installments
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**Insured Name/Address:**  
HAROLD D GODWIN JR  
2208 W HIGHWAY 22  
TROY, TN 38260-3076

**Phone Numbers:**  
Home:

Work:

**Lienholder:**  
Unit 002

FIRST STATE BANK  
PO BOX 639  
UNION CITY TN 38281-0639

Unit 003

FIRST STATE BANK  
PO BOX 839  
UNION CITY TN 38281-0839

**Covered Vehicles:**

Unit	Year	Make-Description	Serial Number	Comp Sym	Col Sym	Class	Ter
002	2008	GATOR NON-REC TRLR	4Z1GF252X8S005173		07	615010	017
003	2008	FORD FOCUS	1FAHP3SN48W216307		15	138130	017

**Covered Drivers**

HAROLD D GODWIN JR  
JENNIFER GODWIN  
KACEE WARREN

Excluded

**Drivers License Number**

063704903  
070531372  
114561967

**Date of Birth**

08-11-1966  
12-26-1972  
07-17-1993

Coverage	Limit of Liability	Prem
<u>Unit 002</u>		
COMPREHENSIVE	100	\$17.00
COLLISION	200	\$19.00
	<b>Total:</b>	<b>\$36.00</b>

<u>Unit 003</u>		
BODILY INJURY	250-500	\$52.00
PROPERTY DAMAGE	250	\$45.00
MEDICAL PAYMENTS	10	\$16.00
UNINSURED MOTORIST-BI	250-500	\$25.00
UNINSURED MOTORIST-PD	25	\$12.00
COMPREHENSIVE	0	\$111.00
COLLISION	1,000	\$95.00
EMERGENCY ROAD SERVICE 50		\$2.00
	<b>Total:</b>	<b>\$358.00</b>

Status: Paid

**Forms and Endorsements**

000	END-81	DRIVER EXCLUSION
	TFMIC10/06	POLICY JACKET
003	END-10	ACCIDENTAL DEATH

**Customer Claims History**

Loss Date	Policy Mod	Cause/Condition	CAT	Accident Injury Analysis
08-23-2006	7232483	Water Damage	N	
	Outstanding: \$0.00			Paid: \$4,191.31
	Primary Claim Handler: JOSHUA FORTNER			

Total Net Paid:

\$4,191.31