

## Request for Field Trip

Teacher's Name Leigh-Ann Davis School Ridgemont

Destination (include address) Opryland Hotel; Nashville, 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) 7 & 8 Subject Area (secondary) \_\_\_\_\_

1. How is this trip an integral part of an approved course of study? State Jr. Beta Convention

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

a. Preparing for events and competitions

b. Maintaining academic requirements to remain a club member

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

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

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

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

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

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

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

4. Transportation Requested: 1 school bus

5. Date of Trip: November 21 - 23, 2010

6. Substitutes Requested (if necessary): yes

7. Parental Permission Forms Received: 24

8. Plans of Students Not Going On Trip: remain in school

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):

Leigh-Ann Davis

Debbie Ray

Kim Little

Kelly Preuett

10. What is the total number of students going on the trip? 24

11. How much regular classrom instructional time will be missed? 2 days

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

13. How are you funding the trip? fundraisers

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: Leigh-Ann Davis Date: 9-8-10  
 (Teacher Requesting Trip)

Approved By: Don Clapp Date: 09-09-10  
 (Signature of Principal)

Approved By: Dale Hollowell Date: 9-16-10  
 (Signature of Assistant Director of Schools)

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

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

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