

Request for Field Trip

Teacher's Name Jessica Winstead School SFHS

Destination (include address) Opryland Hotel 2800 Opryland Drive, TN 37214 Nashville

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? state convention to compete in learned skills and leadership conference

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

a. practicing competition skills

b. studying medical spelling/terminology

c. developing underclassmen for leadership roles

d. _____

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

a. continued skills learning

b. continued learning of medical spelling/terminology

c. implementation of students in leadership roles in HOSA

d. _____

4. Transportation Requested: no, riding with OCCHS

5. Date of Trip: April 16- April 18

6. Substitutes Requested (if necessary): yes

7. Parental Permission Forms Received: before departure

8. Plans of Students Not Going On Trip: students will have lesson plans left with substitute teacher

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):

Jessica Winstead

Russ Davis

10. What is the total number of students going on the trip? 8

11. How much regular classroom instructional time will be missed? 3 class days

12. What is the approximate cost of the trip per student? \$250

13. How are you funding the trip? HOSA funds

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: JWinstead Date: 2/17/12
 (Teacher Requesting Trip)

Approved By: Kend Frazier Date: 2/17/12
 (Signature of Principal)

Approved By: Dal Hillwell Date: 2-17-12
 (Signature of Assistant Director of Schools)

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

Approved by Board (if necessary): _____

Remarks or Conditions: _____