

Administrative Procedure

Request for Field Trip

Teacher's Name Stuart Watson School OCCHS

Destination (include address) Camp Clements, Doyle, 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) _____ Subject Area (secondary) FFA

1. How is this trip an integral part of an approved course of study? This trip is to attend FFA leadership camp.

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

- a. _____
- b. _____
- c. _____
- d. _____

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

- a. _____
- b. _____
- c. _____
- d. _____

4. Transportation Requested: Yes

5. Date of Trip: July 2 - July 6

6. Substitutes Requested (if necessary): _____

7. Parental Permission Forms Received: Yes

8. Plans of Students Not Going On Trip: _____

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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):

10. What is the total number of students going on the trip? 18

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

12. What is the approximate cost of the trip per student? \$50.00

13. How are you funding the trip? FFA, Alumni, Student

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: [Signature] Date: 5-21-12
(Teacher-Requesting Trip)

Approved By: [Signature] Date: 5-21-12
(Signature of Principal)

Approved By: [Signature] Date: 5-21-12
(Signature of Assistant Director of Schools)

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

Approved by Board (if necessary): _____

Remarks or Conditions: _____

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Request for Transportation

INSTRUCTIONS:

1. Complete all items in Part A and submit to your principal for his/her approval.
2. This form must be approved and forwarded to the transportation office by the principal at least two weeks preceding the date of the trip.
3. Time: **Trips are to be planned, if at all possible, between the hours of 9:00 a.m. and 2:00 p.m.** If a trip is to extend beyond these times, special arrangements will be needed. Special arrangements to be completed by the director of transportation and the principal.
4. *Bus Conduct Rules and Regulations* shall be enforced by the sponsor.
5. Approval of trips is subject to availability of busses.
6. No more than five(5) chaperones per bus.
7. Approved and scheduled requests will be returned to the building principal.

RECEIVED

Part A:

Date Submitted: 5-21-12 School: OCCHS

Group or Activity Requesting Transportation: FFA

Sponsor: Watson Charged or bill to: _____

Trip Date: July 2 - July 6 # of Buses: 1 # of Students: _____ # of Chaperones: _____

Do You Need A Driver? Yes No If Not, Who Is Driving? Russ Davis

Specific Location of Loading Place: OCCHS Vocational Wing

Times: Loading: 6:00 am Leaving School: 6:15 am Arrive First Destination: 2:00 pm

Leave Last Destination: 12:00 pm Return: 6:00 pm

Destination: Camp Clements

Trip Itinerary and Item(s) of Special Note should be included on the back of this form. Any stops between points must be approved by the principal.

Physical Address: 5401 Sparkmantown Rd, Doyle, TN

Part B: (For administrative use - building level)

Request Approved Request Denied _____

Date of Approval/Denial 5/21/12 Building Principal Signature [Signature]

Part C: (For transportation office)

Request Approved _____ Request Denied _____

Type of Transportation: District Bus: _____ Chartered Bus: _____ Other: _____

Supervisor of Transportation Signature _____ Approximate Cost: _____