Request for Field Trip

Teacher's Name Heath Cunningham	School Obion Co. Central HS
Destination (include address) Crown Plaza Downto	wn 1301 Wyandotte Ave. Kansas City, MO 64105
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 County School District's Field Trip Manual	n the current board-approved edition of the Obion
Grade Level (elementary)	Subject Area (secondary) T&I (Skills USA)
1. How is this trip an integral part of an approved co	ourse of study? Skills USA is the CTSO for the
T&I Programs and all students are exposed to it	and encouraged to join and compete
2. Prior to this field trip the class will be involved in this trip:a. Skills USA has been introduced to all T&I pro	
b. Skills USA membership drive	
c. Local and State competitions in Skills USA te	chnical skills
d. Monthly Skills USA meetings and events for s	students
3. Follow-up activities for this unit will include the	following activities:
a. Students will share national convention and competition experiences with classmates	
b. Students will be encouraged to seek officer status in local Skills USA Chapter	
c. Students will serve as role models for first year students	
d.	
4. Transportation Requested: car	
5. Date of Trip: June 23-28, 2012	
6. Substitutes Requested (if necessary): n/a	
7. Parental Permission Forms Received: yes	
8. Plans of Students Not Going On Trip: n/a	

Administrative Procedure

 List of Chaperones (All High School trips must have 1 chaperone per 20 students. 1 chaperone per 10 students. Overnight field trips require board-approved chaperones. 	
Heath Cunningham	
10. What is the total number of students going on the trip? 2	
11. How much regular classrom instructional time will be missed? n/a	
12. What is the approximate cost of the trip per student? no cost to student	t
13. How are you funding the trip? Skills USA funds, board of ed. 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) parking \$7	per day
1/1/1	
Signed: Trally	Date:
(Teacher Requesting Trip)	6-9-10
Approved By: Signature of Principal)	Date:
Approved By:	Date: 5-9-12
(Signature of Assistant Director of Schools)	Date: O / //C
Approved By:	Data
(Signature of Director of Schools)	Date:
Approved by Board (if necessary):	1966
Remarks or Conditions:	

Administrative Procedure

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.

Part A:		
Date Submitted: 5-9-2012 School: OCCHS		
Group or Activity Requesting Transportation: Heath Cunningham		
Sponsor: Charged or bill to: OCCHS		
Trip Date: June 23 - 28 # of Buses: CAR # of Students: # of Chaperones:		
Do You Need A Driver? (Yes (No If Not, Who Is Driving?		
Specific Location of Loading Place: OCCHS		
Times: Loading: Leaving School: Arrive First Destination:		
Leave Last Destination: Return: Trip Itineary 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: CROWN Plaza Downtown 1301 Wyandotte		
Ave. Kansas City No 64105		
Part B: (For administrative use - building level) Request Approved Request Denied		
Date of Approval/Denial Building Principal Signature		
Part C: (For transportation office)		
Request Approved Request Denied		
Type of Transportation: District Bus: Other:		
Supervisor of Transportation Signature Approximate Cost:		