

Overnight

# Request for Field Trip

Teacher's Name Mr. Kerr

School Obion Co. Central

Destination (include address) 201 West Main Street Memphis TN Canon Performing Arts Center

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) Band

1. How is this trip an integral part of an approved course of study? This is the All West Band Clinic

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

a. Prepare extra music for adjudication

b. Prepare and memorize all 12 major scales

c. Learn how to audition for a judge

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

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

a. Students will asked to share experience with others in band

b. Students will share new techniques and skills learned during the trip

c. Students will be encouraging others who may need motivation to improve on their skills

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

4. Transportation Requested: 1 van

5. Date of Trip: February 2 - 4

6. Substitutes Requested (if necessary): Yes

7. Parental Permission Forms Received: Yes

8. Plans of Students Not Going On Trip: Continue with band activities

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):

Mr. Kerr

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

11. How much regular classroom instructional time will be missed? 1 1/2 days

12. What is the approximate cost of the trip per student? 150.00

13. How are you funding the trip? Band Boosters will pay for expenses

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: Mr. Jon W. Kern  
(Teacher Requesting Trip)

Date: 8/30/11

Approved By: Linda Crispin  
(Signature of Principal)

Date: 9/7/11

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

Date: 9-8-11

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

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

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

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