

Request for Field Trip

Teacher's Name Jeremy Roney School OCCHS

Destination (include address) Skills National Convention-1301 Wyandatte Street Kansas City MO

- 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) CTE

1. How is this trip an integral part of an approved course of study? All quality CTE programs have active CTSO organizations
2. Prior to this field trip the class will be involved in the following preliminary activities to prepare for this trip:
 - a. One student placed at regional competition in Memphis
 - b. Both students were recognized as state champions at the state competition in Chattanooga
 - c. Each student is completing a program of study in the program area they are competing in
 - d. Students have been provided instruction and training in the skills necessary to compete
3. Follow-up activities for this unit will include the following activities:
 - a. Each student will write a one-page summary detailing their experiences at state and nationals
 - b. Career planning to utilize the scholarships awarded as a result of state championship finish
 - c. Students will be asked to speak to future classes to encourage skills membership/competition
 - d. _____
4. Transportation Requested: 12 passenger van (4 passengers, luggage and equipment)
5. Date of Trip: June 22-27, 2013
6. Substitutes Requested (if necessary): n/a
7. Parental Permission Forms Received: yes
8. Plans of Students Not Going On Trip: n/a

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):

Jeremy Roney-Collision Repair Instructor

Will Simmons-Welding Instructor

10. What is the total number of students going on the trip? 2

11. How much regular classroom instructional time will be missed? n/a

12. What is the approximate cost of the trip per student? no cost to students

13. How are you funding the trip? Skills funds, school district 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: [Signature] Date: 5-1-13
(Teacher Requesting Trip)

Approved By: [Signature] Date: 5-1-13
(Signature of Principal)

Approved By: [Signature] Date: 5-2-13
(Signature of Assistant Director of Schools)

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

Approved by Board (if necessary): _____

Remarks or Conditions: _____

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: May 1, 2013 School: OCCHS

Group or Activity Requesting Transportation: Skills USA

Sponsor: Jeremy Roney/Will Simmons Charged or bill to: Skills USA

Trip Date: June 22-28, 2013 # of Buses: 1 van # of Students: 2 # of Chaperones: 2

Do You Need A Driver? Yes No If Not, Who Is Driving? Roney/Simmons

Specific Location of Loading Place: OCCHS

Times: Loading: 8:00am Leaving School: 8:30am Arrive First Destination: 4:30pm

Leave Last Destination: 8:00am Return: 4:30pm

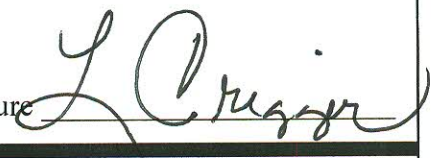
Destination: SkillsUSA National Convention Kansas CityMO

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: Crowne Plaza Downtown 1301 Wyandatte Street Kansas City, MO 64105

Part B: (For administrative use - building level)

Request Approved _____ Request Denied _____

Date of Approval/Denial 5-1-13 Building Principal Signature 

Part C: (For transportation office)

Request Approved _____ Request Denied _____

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

Supervisor of Transportation Signature _____ Approximate Cost: _____