

Administrative Procedure

Request for Field TripTeacher's Name Ped Foster School Black OakDestination (include address) Cannon Center, 255 N Main St Memphis, TN 38103

- 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? Students attending the all-west convention have the opportunity to perform with the best musicians in west Tennessee.
2. Prior to this field trip the class will be involved in the following preliminary activities to prepare for this trip:
- a. rehearsal techniques
- b. sight reading skills
- c. concert etiquette
- d. _____
3. Follow-up activities for this unit will include the following activities:
- a. performance evaluation
- b. self-evaluation
- c. _____
- d. _____
4. Transportation Requested: bus will be requested through OC
5. Date of Trip: January 30-February 1st, 2014
6. Substitutes Requested (if necessary): Shonda Long
7. Parental Permission Forms Received: forms will be on hand prior to departure
8. Plans of Students Not Going On Trip: Lesson plans will be left with the substitute teacher.
- _____

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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):

Ped Foster, Jeanne Foster, Beth McDavid, Jonathan Byrd

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

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

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

13. How are you funding the trip? Funds on hand at the school.

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) Milceage
- (5) Other anticipated expenses such as parking (specify) _____

Signed: *Ped Foster* Date: 11-04-13
(Teacher Requesting Trip)

Approved By: *[Signature]* Date: 11-4-13
(Signature of Principal)

Approved By: *[Signature]* Date: 11-4-2013
(Signature of Assistant Director of Schools)

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

Approved by Board (if necessary): _____

Remarks or Conditions: _____