Administrative Procedure

Request for Field Trip

request to Freid Trip	
Teacher's Name Jeanne Foster	School Lake Road
Destination (include address) Canon Cent	er in Memphis, TN for the All West TN Band Clinic
The request is for a field trip listed in the School District's Field Trip Manual	current board-approved edition of the Obion County
The request is for a field trip which is no County School District's Field Trip Man	ot listed in the current board-approved edition of the Obion ual
Grade Level (elementary)	Subject Area (secondary) 7th/8th Band
	proved course of study? This allows the students who
made the All-West TN band to perform	with higher level musicians and perform higher level music
this trip:	volved in the following preliminary activities to prepare for West TN band on January 11th in Jackson, TN
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c	
d	
3. Follow-up activities for this unit will incl	ude the following activities:
a. A concert will be presented on Febru	ary 2nd in Memphis, TN
b	
c.	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
d.	
4. Transportation Requested: van	
5. Date of Trip: January 30-February 2, 20	13
6. Substitutes Requested (if necessary): 1 se	ub for 1 1/2 days
7. Parental Permission Forms Received: W	ill receive before the day of the trip
8. Plans of Students Not Going On Trip: M	usic and band class will be run as normal.
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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):	
Jeanne Foster, Ped Foster, Jonathan Byrd, and Ed Pledge	
	PERSONAL ACCESSION AND A STATE OF THE PERSON
10. What is the total number of students going on the trip? Around 2 or 3	will know for sure after try-outs
11. How much regular classrom instructional time will be missed? 1/1/2	days
12. What is the approximate cost of the trip per student? There will not be	be any cost for the students
13. How are you funding the trip? Lake Road and OCCHS band funds.	-11de
14. Place a check by the expenses you plan to submit for reimbursement:	The state of the s
(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: Signed	Date: <u> 2013</u>
Approved By: Shula Stone (Signature of Principal)	Date: <u>//-20-13</u>
Approved By:	Date:
(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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