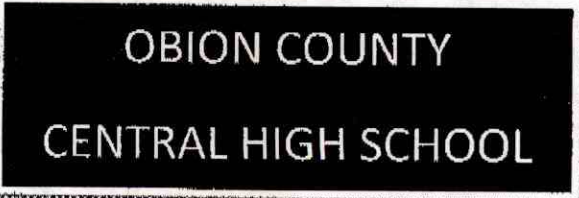


528 Highway 51 North
Troy, TN 38260
Phone: 731-536-4688
Fax: 731-536-0469



FAX

To: Mr. Dale Hollowell

From: Ms. Linda Crigger

Fax: _____

Pages: 4

Phone: _____ Date: 1/29/15

Re: Field Trip Request CC: _____

Urgent For Review Please Comment Please Reply

COMMENTS: *Jonathan Byrd - Concert Band
Memphis In
All State Band Clinic
4/8 - 4/11/15*

Overnight

Administrative Procedure

Request for Field Trip

Teacher's Name Jonathan Byrd School OCCHS

Destination (include address) All State Band Clinic: 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) Concert Band

1. How is this trip an integral part of an approved course of study? This clinic allows our students to play as a member of the All State Band.

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

- a. Prepare and Audition for All-West TN Band.
- b. Earn Top Placements in All-West TN Band
- c. Prepare audition music for All-State Chair Placement
- d. _____

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

- a. Written critique of All-State Band Performances
- b. _____
- c. _____
- d. _____

4. Transportation Requested: Yes

5. Date of Trip: 4/8-11/15

6. Substitutes Requested (if necessary): No

7. Parental Permission Forms Received: Yes

8. Plans of Students Not Going On Trip: Students not going on trip will be on Spring Break.

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):

Jonathan Byrd and Jennifer Kerr

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

11. How much regular classroom instructional time will be missed? 0

12. What is the approximate cost of the trip per student? 0

13. How are you funding the trip? Band Boosters

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: 1/29/15
(Teacher Requesting Trip)

Approved By: [Signature] Date: 1-29-15
(Signature of Principal)

Approved By: [Signature] Date: 1-30-15
(Signature of Assistant Director of Schools)

Approved By: [Signature] Date: 1-30-15
(Signature of Director of Schools)

Approved by Board (if necessary): _____

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: 1/29/15 School: OCCHS

Group or Activity Requesting Transportation: OCCHS Band

Sponsor: Jonathan Byrd Charged or bill to: Band Boosters

Trip Date: 4/8-11/15 # of Buses: 1 # of Students: 2 # of Chaperones: 2

Do You Need A Driver? Yes No If Not, Who Is Driving? Need Car

Specific Location of Loading Place: OCCHS Band Room

Times: Loading: 11:00 a.m. Leaving School: 11:15 a.m. Arrive First Destination: 1:45 p.m.

Leave Last Destination: 1:00 p.m. Return: 4:00 p.m.

Destination: Cannon Performing Arts Center

Physical Address: 255 N Main St., Memphis, TN 38103

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.

Part B: (For administrative use - building level)

Request Approved _____ Request Denied _____

Date of Approval/Denial 1/29/15 Building Principal Signature [Signature]

Part C: (For transportation office)

Request Approved _____ Request Denied _____

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

Supervisor of Transportation Signature _____ Approximate Cost: _____