

Administrative Procedure

Request for Field Trip

Teacher's Name Pam Daniel School OCCHS

Destination (include address) Pigeon Forge, TN

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) OC Cross Country

1. How is this trip an integral part of an approved course of study? \_\_\_\_\_

Cross Country retreat

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

a. Summer workouts

b. \_\_\_\_\_

c. \_\_\_\_\_

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

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

a. Cross Country season

b. \_\_\_\_\_

c. \_\_\_\_\_

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

4. Transportation Requested: already completed

5. Date of Trip: July 26-30, 2015 overnight Needs Board Approval

6. Substitutes Requested (if necessary): no

7. Parental Permission Forms Received: will be by June 26

8. Plans of Students Not Going On Trip: run on their own

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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):

Pam Daniel

Chuketa Parks

Cindy Riley

10. What is the total number of students going on the trip? 22

11. How much regular classroom instructional time will be missed? none

12. What is the approximate cost of the trip per student? \$100<sup>00</sup> but paid by fundraising

13. How are you funding the trip? gym clean-ups, strawberrie sales, out of pocket pay

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) \_\_\_\_\_

*all of this is paid out of restricted account*

Signed: Pam Daniel

Date: June 1, 2015

(Teacher Requesting Trip)

Approved By: [Signature]

Date: 6-1-15

(Signature of Principal)

Approved By: [Signature]

Date: 6-1-15

(Signature of Assistant Director of Schools)

Approved By: [Signature]

Date: 6/1/15

(Signature of Director of Schools)

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

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