

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: 9/3/14

Re: Field Trip Request CC:

Urgent For Review Please Comment Please Reply

Comments: Cassie Hendon - A3/FFA
 10/28 - 10/31/14
 Louisville KY

Needs Board Approval

Administrative Procedure

Request for Field TripTeacher's Name Cassie Hendon School OCCHSDestination (include address) 937 Phillips Ln. Louisville KY

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) high school Subject Area (secondary) Ag/FFA

1. How is this trip an integral part of an approved course of study? FFA Leadership & Agriculture

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

a. Be an involved officer of OCCHS FFA

b. Expressed leadership skills

c. Worked as a team to build leaders

d. Developed communication & leadership skills to represent OCCHS.

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

a. Teach fellow members about what they learned

b. Report new ideas developed back to the chapter.

c. Track learned data from convention

d. Communicate industry standards discovered

4. Transportation Requested: Yes.

5. Date of Trip: October 28-31

6. Substitutes Requested (if necessary): Yes

7. Parental Permission Forms Received: Yes

8. Plans of Students Not Going On Trip: Continue class work as normal

Issued 01/01/2007

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):

Cassie Hendon, Carrie Chambers, Kyle Gehring

10. What is the total number of students going on the trip? 8

11. How much regular classroom instructional time will be missed? 3 days

12. What is the approximate cost of the trip per student? food/spending/etc.

13. How are you funding the trip? FFA

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: Cassie Hendon, Carrie Chambers Date: 9-3-14
(Teacher Requesting Trip)

Approved By: Linda Kupper Date: 9-3-14
(Signature of Principal)

Approved By: Paul Hillwell Date: 9-4-14
(Signature of Assistant Director of Schools)

Approved By: [Signature] Date: 9-5-14
(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: 9-3-14 School: OCCHS

Group or Activity Requesting Transportation: FFA

Sponsor: Hendon/Chambers Charged or bill to: FFA (S.F.H.S. will share)

Trip Date: 10/28-31/14 # of Buses: 1 # of Students: 8 # of Chaperones: 2

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

Specific Location of Loading Place: OCCHS then S.F.H.S.

Times: Loading: _____ Leaving School: _____ Arrive First Destination: _____

Leave Last Destination: 5:00 pm Return: 9:00 pm

Destination: Louisville, KY

Physical Address: 937 Phillips Ln. Louisville, KY

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.

South Foulton is sharing the bus.

Part B: (For administrative use - building level)

Request Approved Request Denied

Date of Approval/Denial 9-3-14 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: _____

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