

# Request for Field Trip

Teacher's Name Jessica Winstead School SFHS

Destination (include address) Camp Clements 5401 Sparkmantown Rd Doyle 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 38559

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) HOSA

1. How is this trip an integral part of an approved course of study? students will be working with other HOSA students across the state to build leadership skills

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

a. team building exercises

b. discussion of leadership opportunities in HOSA

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

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

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

a. campaign for state office for Kyle Crawford

b. continued leader and team building exercises

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

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

4. Transportation Requested: yes, school car

5. Date of Trip: Oct 17-19, overnight

6. Substitutes Requested (if necessary): none

7. Parental Permission Forms Received: upon departure

8. Plans of Students Not Going On Trip: students will be on fall 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):

Jessica Winstead

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

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

12. What is the approximate cost of the trip per student? \$100

13. How are you funding the trip? HOSA funds

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: *J Winstead*

(Teacher Requesting Trip)

Date: 10/2/14

Approved By: *Tom Frigo*

(Signature of Principal)

Date: 10/2/14

Approved By: *Chelle Hollowell*

(Signature of Assistant Director of Schools)

Date: 10/6/14

Approved By: *Tom Frigo*

(Signature of Director of Schools)

Date: 10/6/14

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: 10/6/14 School: SFHS

Group or Activity Requesting Transportation: HOSA

Sponsor: JWinstead Charged or bill to: HOSA

Trip Date: 10/17-10/19 # of Buses: County car # of Students: \_\_\_\_\_ # of Chaperones: \_\_\_\_\_

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

Specific Location of Loading Place: SFHS

Times: Loading: 8:00am Leaving School: 8:15am Arrive First Destination: 4:00pm

Leave Last Destination: 11:00am Return: 4:00pm

Destination: Dayle TN

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.

Physical Address: Camp Clements 5401 Sparkmantown Rd Dayle TN 38557

Part B: (For administrative use - building level)

Request Approved  Request Denied \_\_\_\_\_

Date of Approval/Denial 10/6/14 Building Principal Signature Kath Frazer

Part C: (For transportation office)

Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_

Type of Transportation: District Bus: \_\_\_\_\_ Chartered Bus: \_\_\_\_\_ Other: \_\_\_\_\_

Supervisor of Transportation Signature \_\_\_\_\_ Approximate Cost: \_\_\_\_\_