

Request for Field Trip

Teacher's Name Chastity Homra School OCCHS

Destination (include address) Orlando FL Cheer Nationals

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) 9-12th Subject Area (secondary) Cheer

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

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

- a. _____
- b. No Transport they are flying!
- c. _____
- d. _____

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

- a. _____
- b. _____
- c. _____
- d. _____

4. Transportation Requested: N/A

5. Date of Trip: Feb 3 - Feb 9, 2014 Overnight needs Board Approval

6. Substitutes Requested (if necessary): _____

7. Parental Permission Forms Received: Yes

8. Plans of Students Not Going On Trip: _____

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):

Chastity Homra
Jenny Wilder

10. What is the total number of students going on the trip? 14

11. How much regular classroom instructional time will be missed? 4 days

12. What is the approximate cost of the trip per student? \$830

13. How are you funding the trip? Fundraisers / Parents

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: Chastity Homra Date: Dec 10, 16
(Teacher Requesting Trip)

Approved By: Linda Crigger Date: 12/14/15
(Signature of Principal)

Approved By: [Signature] Date: 12/15/15
(Signature of Assistant Director of Schools)

Approved By: [Signature] Date: 12/15/15
(Signature of Director of Schools)

Approved by Board (if necessary): _____

Remarks or Conditions: _____