

Request for Field Trip

Teacher's Name Daniel Johnston School OCHSDestination (include address) Kennis Institute of Healthcare Services Smyrna, 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) Nursing Ed.

1. How is this trip an integral part of an approved course of study? State CNA Board exam - the capstone event for the entire class/health sciences program
2. Prior to this field trip the class will be involved in the following preliminary activities to prepare for this trip:
- lecture
 - lab scenerio practice
 - nursing home practice
 - _____
3. Follow-up activities for this unit will include the following activities:
- opportunity to go straight into the work force as a CNA
 - _____
 - _____
 - _____
4. Transportation Requested: Van
5. Date of Trip: 5-10-2016 thru 5-11-2016
6. Substitutes Requested (if necessary): only for 5-11-2016
7. Parental Permission Forms Received: in process
8. Plans of Students Not Going On Trip: All students going

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):

Daniel Johnston

10. What is the total number of students going on the trip? 11

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

12. What is the approximate cost of the trip per student? \$25 + food

13. How are you funding the trip? ~~Student Fee~~ CTE Funds/George Leake

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) Comfort Suites \$98 + fees
Smyrna

(4) Mileage

(5) Other anticipated expenses such as parking (specify) _____

Signed: [Signature] Date: 4-29-16
(Teacher Requesting Trip)

Approved By: [Signature] Date: 4/29/16
(Signature of Principal)

Approved By: [Signature] Date: 5-2-16
(Signature of Assistant Director of Schools)

Approved By: [Signature] Date: 5/2/16
(Signature of Director of Schools)

Approved by Board (if necessary): _____

Remarks or Conditions: _____

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.

VAN if possible

Part A:

Date Submitted: 4-29-16 School: OCCHS

Group or Activity Requesting Transportation: Nursing Ed.

Sponsor: Daniel Johnston Charged or bill to: _____

Trip Date: 5-10-16/5-11-16 # of Buses: VAN # of Students: 11 # of Chaperones: 1

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

Specific Location of Loading Place: OCCHS

Times: Loading: 9:00pm Leaving School: 9:00pm Arrive First Destination: 12:00am

Leave Last Destination: 2:00pm Return: 5:00pm

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.

Destination: Kennis Institute of Healthcare Services

Physical Address: Smyrna, TN

Part B: (For administrative use - building level)

Request Approved Request Denied

Date of Approval/Denial 4/29/16 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: _____