

Request for Field Trip

Teacher's Name: Paul Pridemore School: Obion County Central High School

Destination (include address): Fort Walton Beach FL

- This request is for a field trip which **IS** listed in the current board-approved edition of the Obion County School District's Field Trip Manual.
- This 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 (for elementary schools): _____ Subject Area (for high schools): Basketball

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:

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

4) Will you be requesting transportation through the transportation department? Yes No

5) What is the date of the trip? 12/26/2018 - 12/30/2018 6) How many substitutes are being requested (if necessary): _____

7) Have you received the Parental Permission Forms? Yes No What is the rain date for this trip? _____

8) What are the plans for students not going on this 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 trips require board-approved chaperones):

1 <u>3</u> coaches	2 _____	3 _____
4 _____	5 _____	6 _____
7 _____	8 _____	9 _____
10 _____	11 _____	12 _____

10) What is the total number of students going on the trip? 16

11) How much regular classroom instructional time will be missed? 0

12) What is the approximate cost of the trip per student? \$ 300.00

13) How are you funding the trip? Raised Money

14) Place a check by the expenses you plan to submit for reimbursement:

- a. Registration b. Meals c. Mileage
- d. Lodging Hotel name: _____ Cost per night: _____
- e. Other anticipated expenses - such as parking (specify): _____

Signed: Paul Pridemore
(Teacher Requesting Trip)

Date: 9/28/2018

Approved by: [Signature]
(Signature of Principal)

Date: 9/28/18

Approved by: [Signature]
(Signature of Assistant Director of Schools)

Date: 10/4/18

Approved by: [Signature]
(Signature of Director of Schools)

Date: 10/4/18

Approved by Board (if necessary): _____

Date: _____

Remarks or Conditions: