

STUDENTS

09.36 AP.21  
(CONTINUED)

**Field Trip Request Form- Overnight & Out-of-State Activity Request**

School OKHMS Grade & Number of Students Attending 6, 7, 8 35

Person Making Request Megan Williams Position \_\_\_\_\_

Overnight Activity ☒ Out-of-State Activity ☐ Dates Scheduled 7-14-18

Name of Activity Basketball Camp

Location of Activity Lindsey Wilson College

Objectives of Activity Team building, Improving Skills

Pre-trip preparatory activities planned (please attach appropriate documents) \_\_\_\_\_

Post-trip culminating activities planned (please attach appropriate documents) \_\_\_\_\_

Oral student presentations planned after trip \_\_\_\_\_

Name(s) of certified staff attending Angie White, Megan Williams

Name(s) of other adults attending Sandy Crawford, Carrie Wilson, Caroline Greer, Tara Boone, Tiffany Buckman

Plan for handling student medication needs \_\_\_\_\_

Plan for supervision (day) Parent Chaperones

Plan for supervision (night - please be specific for all hours of the night) Parent Chaperones

Signed \_\_\_\_\_ Date 6-28-18

Principal [Signature] Date Approved 6-28-18

Superintendent [Signature] Date Approved 7-6-16

Review/Revised: 5/17/11  
7-5-18

STUDENTS

09.36 AP.21

**Field Trip Request Forms**  
**NELSON COUNTY BOARD OF EDUCATION**

**FIELD TRIP REQUEST FORM**

**General Information:**

Teacher Name Megan Williams School OKHMS  
Grade/Subject Basketball Girls Funding Source Booster  
Destination & Address Lindsey Wilson College Date of Trip July 16-18  
210 Lindsey Wilson ST Columbia Ky, 42328

**Academic Information:**

Core Content +/-or Exiting Criteria Covered \_\_\_\_\_

Academic Objective of Trip \_\_\_\_\_

Academic Pre-Trip Activities (Please attach plan.) \_\_\_\_\_

Academic Post-Trip Activities (Please attach plan.) \_\_\_\_\_

Evaluation Procedures \_\_\_\_\_

**Transportation:**

Number of Buses Needed 1 Time Leaving 9:00 am Time Returning 6 pm  
Number of Students 35 Number of Adults \_\_\_\_\_ Compartments Needed 0

(CENTRAL OFFICE USE ONLY)

Date Called for Buses \_\_\_\_\_ Driver(s) Assigned \_\_\_\_\_

Date School Notified \_\_\_\_\_

Itemized Cost: Bus Drivers \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_ Cost per Child \$ \_\_\_\_\_

**Signatures:**

Megan Williams  
Teacher

Robert Anderson  
Principal

\_\_\_\_\_  
Superintendent/Director of Transportation

Date

Date

Date