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

School Bloomfield Elem Grade & Number of Students Attending 4-5

Person Making Request Mitzi Auvil Position Beta Sponsor

Overnight Activity ☑ Out-of State Activity ☑ Dates Scheduled Oct 10-12, 2018

Name of Activity Beta Leadership Summit

Location of Activity Pigeon Forge, TN

Objectives of Activity Leadership Summits curriculum advances core standards beyond the classroom and offers hands on experiences for students to evaluate leadership skills both critically and constructively

Pre-trip preparatory activities planned (please attach appropriate documents) see attachment

Post-trip culminating activities planned (please attach appropriate documents) see attachment

Oral student presentations planned after trip See attachment

Name(s) of certified staff attending Mitzi Auvil

Name(s) of other adults attending To be determined by number of Beta attending

Plan for handling student medication needs When out of state, medications must be self administered. Mitzi Auvil, school nurse, can assist students in taking medications.

Plan for supervision (day) Students will be engaged in leadership activities presented by the National Beta Staff. Chaperones have the opportunity to attend also.

Plan for supervision (night – please be specific for all hours of the night) If suites, chaperones will be in room, if not, rooms in close proximity.

Signed Mitzi Auvil Date 6-27-18

Principal [signature] Date Approved 8/6/18

Superintendent _____ Date Approved _____

Review/Revised:5/17/11

Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM

General Information:

Teacher Name Miti Avvat School _____

Grade/Subject _____ Funding Source Beta Members / Beta Club

Destination & Address Beta Leadership Summit Date of Trip Oct 10-12, 2018

Academic Information:

Core Content +/or Exiting Criteria Covered _____

Academic Objective of Trip _____

Academic Pre-Trip Activities (Please attach plan.) See attachment

Academic Post-Trip Activities (Please attach plan.) _____

Evaluation Procedures _____

Transportation: Charter bus with other Kentucky Beta Clubs

Number of Buses Needed _____ Time Leaving _____ Time Returning _____

Number of Students _____ Number of Adults _____ Compartments Needed _____

(CENTRAL OFFICE USE ONLY)

Date Called for Buses _____ Driver(s) Assigned _____

Date School Notified _____

Itemized Cost: Bus Drivers $_____ Mileage $_____ Cost per Child $_____

Signatures:

Teacher	Principal	Superintendent/Director of Transportation
6-27-18	8/6/18	
Date	Date	Date