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

| School New Haver | Grade & Num | ber of Students Attending |
|--|--------------------|---------------------------|
| Person Making Request Renec Met | caff | |
| Overnight Activity Out-of State | Activity 🔟 | Dates Scheduled 127018 |
| Name of Activity Dev by Dinne | _ 1 | ouse |
| Location of Activity 525 Marrion | Dr. Clar | ksville, IN 47129 |
| Objectives of Activity retell family | r stories | including Key detail |
| identify charater setting | ¿ major | events, compare contrast |
| Pre-trip preparatory activities planned (please attach appropriate documents) | | |
| ntroduce retell sequence, comp | arinalcont | rasting character setting |
| Post-trip culminating activities planned (please attach appropriate documents) | | |
| Visual presentation display comparing Contrasting Retelling | | |
| Oral student presentations planned after trip DVSCN VISUA display | | |
| | | |
| Name(s) of certified staff attending Kerne | e Metcalf | Emily-Ann Gann |
| Name (a) a Said and All and a said a said a said a said and a said and a said a sa | V4 V 4 O | |
| Name(s) of other adults attending Renet Metral Emily Ann Gamn | | |
| Blan Cark Deboie Moores Annette Rust Pavent Chaperones | | |
| Plan for handling student medication needs Staff trained | | |
| Plan for supervision (day) Day and the | 11/2016 1/21 | |
| Plan for supervision (day) parent i te | ucher an | aperone in groups |
| Plan for supervision (night – please be specific for all hours of the night) NA | | |
| 2 mil for expervision (linguit – prease de specific | c for all hours of | t the night) NA |
| Signed Reno Motca 01 | | 20.10 |
| Principal Principal | , | Date 8-29-18 |
| Superintendent | | _ Date Approved |
| 0 00 | · · · · · · | Date Approved |
| | E | Review/Revised: 5/17/11 |