

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

School OKHMS Grade & Number of Students Attending 6-8 / ~40
Person Making Request Amber Ervin Position Beta Sponsor
Overnight Activity ☒ Out-of State Activity ☐ Dates Scheduled 1.16.19 - 1.18.19
Name of Activity Beta Convention
Location of Activity Louisville, Kentucky
Objectives of Activity Individual Student competitions at Beta convention
Pre-trip preparatory activities planned (please attach appropriate documents) Preparation for ind. competitions
Post-trip culminating activities planned (please attach appropriate documents) TBD
Oral student presentations planned after trip TBD
Name(s) of certified staff attending Amber Ervin, Angie White
Name(s) of other adults attending TBD (at least 2? 1 adult / 10 students)
Plan for handling student medication needs Amber Ervin is trained for medications and emergency meds.
Plan for supervision (day) Each adult will have a group to check in with depending on competition schedules
Plan for supervision (night - please be specific for all hours of the night) Adults will check rooms at night at lights out and first thing in am.
Signed Amber Ervin Date 9.14.18
Principal [Signature] Date Approved 9.24.18
Superintendent [Signature] Date Approved _____
Review/Revised: 5/17/11
10-22-18

STUDENTS

09.36 AP.21

Field Trip Request Forms
NELSON COUNTY BOARD OF EDUCATION
FIELD TRIP REQUEST FORM

General Information:

Teacher Name Amber Ervin School OKHMS
Grade/Subject Beta Club Funding Source DKH Beta Club
Destination & Address Beta Convention - Louisville, KY
Conv.Center/GaltHouse 140 N. 4th St., Louisville, KY 40202

Academic Information:

Academic Objective of Trip
Compete in variety of Beta Competitions to showcase OKHMS
Academic Pre-Trip Activities (Please attach plan.) Preparation for
Convention competitions. Students will register for
Academic Post-Trip Activities (Please attach plan.) individual events.

Transportation:

Number of Buses Needed 1 Time Leaving 1.16.19 TBD (PM) Time Returning 1.18.19 TBD (PM)
Number of Students ~40 Number of Adults ~4 Compartments Needed TBD
(CENTRAL OFFICE USE ONLY)
Date Called for Buses _____ Driver(s) Assigned _____
Date School Notified _____
Itemized Cost: Bus Drivers \$ _____ N/A _____ Mileage \$ _____ N/A _____ Cost per Child \$ _____ N/A _____

*Transport
may be
shared with
another
school
going to
convention.

Signatures:

Amber Ervin M. Miller _____
Teacher Principal Superintendent/Director of Transportation
9.14.18 09.17.18 _____
Date Date Date

STUDENTS

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(CONTINUED)