

NELSON COUNTY SCHOOLS  
OVERNIGHT & OUT-OF-STATE ACTIVITY REQUEST

School Nelson Co High School Grade & Number of Students Attending 15 Students  
Person Making Request Michael Menifee Position Head Coach  
Overnight Activity ☒ Out-of-State Activity ☐ Dates Scheduled Dec 27 - 29  
Name of Activity Hilton Classic Allen Co Scottsville  
Location of Activity Allen Co Scottsville  
Objectives of Activity Basketball Tourney

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 \_\_\_\_\_

Name(s) of other adults attending \_\_\_\_\_

Plan for supervision (day) \_\_\_\_\_

Plan for supervision (night - please be specific for all hours of the night) \_\_\_\_\_

Signed [Signature] Date 11/8/2018

Principal [Signature] Date Approved 11-8-18

Superintendent [Signature] Date Approved 11-13-18

STUDENTS

09.36 AP.21

**Field Trip Permission Form**  
**NELSON COUNTY BOARD OF EDUCATION**

**General Information:**

Teacher Name Michael Menfee School Nelson Co High  
Grade/Subject Girls Basketball Funding Source Girls Basketball  
Destination & Address Allen Co Scottsville Date of Trip Dec 27 - 29  
1545 Bowling Green Rd Scottsville, Ky  
Return after game Dec 28  
Drive back for game Dec 29

**Academic Information:**

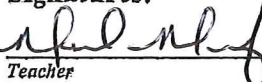
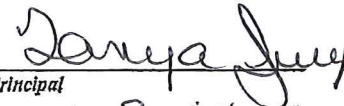
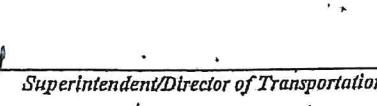
Core Content +/-or Exiting Criteria Covered \_\_\_\_\_  
Academic Objective of Trip \_\_\_\_\_  
Academic Pre-Trip Activities (Please attach plan.) \_\_\_\_\_  
Academic Post-Trip Activities (Please attach plan.) \_\_\_\_\_  
Evaluation Procedures \_\_\_\_\_

**Transportation:**

Dec 27

Number of Buses Needed 1 Time Leaving 2:30 Time Returning After game on Dec 28  
Number of Students 15 Number of Adults 3 Compartments Needed Yes  
(CENTRAL OFFICE USE ONLY)  
Date Called for Buses \_\_\_\_\_ Driver(s) Assigned \_\_\_\_\_  
Itemized Cost: Bus Drivers \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_ Cost per Child \$ \_\_\_\_\_

**Signatures:**

<u></u> Teacher	<u></u> Principal	<u></u> Superintendent/Director of Transportation
<u>Nov 8, 2018</u> Date	<u>11-8-18</u> Date	<u>                    </u> Date

Review/Revised: 3/20/07