

STUDENTS

09.36 AP.21  
(CONTINUED)Field Trip Request Form- Overnight & Out-of-State Activity Request

School TNHS Grade & Number of Students Attending 2, 10th Grade  
 Person Making Request Ashley Dykes Position Performing Arts leader  
 Overnight Activity ☒ Out-of State Activity ☐ Dates Scheduled 2/16/2019 - 2/19/2019

Name of Activity KY All-State Band & ChoirLocation of Activity The Galt House, KY Exposition Center, Hyatt RegencyObjectives of Activity KY All-State Band and Choir rehearsals & performance as part of Kentucky Music Educators Association conference

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

Regional rehearsal

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

performance

Oral student presentations planned after trip

Name(s) of certified staff attending Ashley DykesName(s) of other adults attending N/APlan for handling student medication needs N/APlan for supervision (day) students will be in rehearsals for all day-time hours except for meal times, where I will be with themPlan for supervision (night - please be specific for all hours of the night) students are required to be in their rooms 1 hour after their last rehearsal ends.Signed Ashley DykesDate 1/11/2019

Principal

Date Approved 1/14/19

Superintendent

Date Approved

Review/Revised: 5/17/11

1-14-14

KMEA

STUDENTS

09.36 AP.21

**Field Trip Request Forms**

NELSON COUNTY BOARD OF EDUCATION

**FIELD TRIP REQUEST FORM****General Information:**

Teacher Name Ashley Dykes School TNHS

Grade/Subject Performing Arts Funding \_\_\_\_\_ Source \_\_\_\_\_

Band & choir

Destination & Address 2/10/2019 - 2/19/2019 Date of Trip The Galt House  
140 N. Fourth St. Louisville, KY 40202

**Academic Information:**

Core Content +/-or Exiting Criteria Covered All-State Band and All-state choir  
rehearsals and performance

Academic Objective of Trip Performance

Academic Pre-Trip Activities (Please attach plan.) Performance

Academic Post-Trip Activities (Please attach plan.)

Evaluation Procedures Performance

**Transportation:**

Number of Buses Needed 0 Time Leaving \_\_\_\_\_ Time Returning \_\_\_\_\_

Number of Students 2 Number of Adults 1 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:**

Ashley Dykes [Signature] \_\_\_\_\_  
 Teacher Principal Superintendent/Director of Transportation

1/11/2019 1-14-19 \_\_\_\_\_  
 Date Date Date