

STUDENTS

09.36 AP.21
(CONTINUED)

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

School Thomas Nelson Grade & Number of Students Attending 10, HS

Person Making Request Kyra Mills Position Captain

Overnight Activity ☒ Out-of State Activity ☐ Dates Scheduled March 15-16

Name of Activity KHSSL State Speech Tourney

Location of Activity University of Kentucky - 140 Patterson Dr.

Objectives of Activity To compete in the State Championship

Pre-trip preparatory activities planned (please attach appropriate documents) Speech & Debate Team

Post-trip culminating activities planned (please attach appropriate documents) Speech & Debate Team

Oral student presentations planned after trip Speech & Debate Team

Name(s) of certified staff attending _____

Name(s) of other adults attending Suzanne Hite

Plan for handling student medication needs Sponsor will carry medicine

Plan for supervision (day) attendance on sight

Plan for supervision (night - please be specific for all hours of the night) Nightly room checks, curfew - 10 pm.

Signed Suzanne Hite Date 2-20-19

Principal [Signature] Date Approved _____

Superintendent [Signature] Date Approved _____

Review/Revised: 5/17/11

3-5-19

Field Trip Request Forms
Nelson County Board of Education
 Field Trip Request Form

General Information:

Teacher Name SUZANNE HITE School TNHS
 Grade/Subject SPEECH TEAM Funding Source STUDENT ACTIVITY FUNDS/SPEECH ACCOUNT
 Destination & Address U OF K/140 PATTERSON DR Date of Trip 3-15-2019 TO 3-16-2019

Academic Information:

Core Content +/-or Exiting Criteria Covered _____

Academic Objective of Trip TO COMPETE IN THE STATE SPEECH CHAMPIONSHIP

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

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

Evaluation Procedures _____

Transportation:

Number of Buses Needed Parents driving only Time Leaving _____ Time Returning _____

Number of Students 9 Number of Adults 3 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

Date Date Date