Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM

| General Information: | | |
|---|--|--|
| Teacher Name Jill Mattingly School Thomas Nelson High School | | |
| Grade/Subject 9-12, STLP Funding Source KDE Technology/STLP | | |
| Destination & Address Galt House Louisville, Ky | | |
| | | |
| Academic Information: | | |
| Academic Objective of Trip Supporting teachers: others w/technology issues during conference. Academic Pre-Trip Activities (Please attach plan.) Student had to interview and was Selected for this position. | | |
| Academic Post-Trin Activities (Please attach plan) Knowled as a Gined will be | | |
| Academic Post-Trip Activities (Please attach plan.) Knowledge gained will be Used to support School helpdesk. | | |
| used to support server herpdesk. | | |
| | | |
| Transportation: | | |
| Number of Buses Needed Time Leaving Time Returning 3 pm | | |
| Number of Students Number of Adults Compartments Needed | | |
| (CENTRAL OFFICE USE ONLY) | | |
| Date Called for Buses Driver(s) Assigned | | |
| Date School Notified | | |
| Itemized Cost: Bus Drivers \$N/AMileage \$N/ACost per Child \$N/A | | |
| Signatures: Teacher Principal Superintendent/Director of Transportation 2 18 19 | | |
| STUDENTS (CONTINUED) 09.36 AP.21 | | |

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

| School Thomas Nelson H.S. Grade & Number of Students Attending 1/th - I student | | |
|---|--|--|
| Person Making Request Jill Mattingly Position LMS | | |
| Overnight Activity \(\sqrt{\overlight} \) Out-of State Activity \(\sqrt{\overlight} \) Dates Scheduled \(\frac{3/12 - 3/15}{15} \) | | |
| Name of Activity KySTE Conference | | |
| Location of Activity <u>Galt House</u> ; Louisville, KY | | |
| Objectives of Activity Student Engineer of STLP at KySTE. | | |
| Pre-trip preparatory activities planned (please attach appropriate documents) Student | | |
| interviewed and was selected for the position. | | |
| Post-trip culminating activities planned (please attach appropriate documents) Knowledge gained will be used to support school helpdesk. | | |
| Oral student presentations planned after trip | | |
| | | |
| Name(s) of certified staff attending Till Mattingly | | |
| Name(s) of other adults attending Non E | | |
| | | |
| Plan for handling student medication needs | | |
| | | |
| Plan for supervision (day) Supervision via Jeff Sebulsky, Casey Woods, | | |
| and Jill Mattingly | | |
| Plan for supervision (night – please be specific for all hours of the night) Student in the rum | | |
| with other STLP student and monitored by Jeff Sebulsky, Casey Woods, & Jill Marthy | | |
| Signed Date 2/18/19 | | |
| Principal Date Approved | | |
| Superintendent Date Approved | | |
| Review/Revised:5/17/11 | | |

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

| School Thomas Nelson Grade & Number of Stu | dents Attending 10, HS |
|---|------------------------|
| Person Making Request Wills Person Making Request Person Making Republic Person Making | osition <u>Captain</u> |
| Overnight Activity Out-of State Activity Dates Sci | |
| Name of Activity KHSSL State Speech Tourn | ney |
| | |
| Location of Activity <u>University of Kentucky - 140 particles of Activity</u> To compete in the State | e Championship |
| Pre-trip preparatory activities planned (please attach appropriate documents) | ments) Speech Y |
| Post-trip culminating activities planned (please attach appropriate doc | cuments) Speech 4 |
| Debate Team | |
| Oral student presentations planned after trip Speech + D | ebate Team |
| Name(s) of certified staff attending | |
| Name(s) of other adults attending Suzanne Hite | |
| Plan for handling student medication needs Sponsor will C | arry medicine |
| Plan for supervision (day) attendance on Sight | |
| Plan for supervision (night – please be specific for all hours of the nig | ht) Nightly |
| room checks, curfew - 10 pm. | |
| Signed Da | ute 2-20-19 |
| Principal Da | ate Approved |
| Superintendent Da | ite Approved |
| | Review/Revised:5/17/11 |

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