

Field Trip Request Forms**NELSON COUNTY BOARD OF EDUCATION****FIELD TRIP REQUEST FORM****General Information:**

Teacher Name John Hammond School Thomas Nelson
 Grade/Subject 9th / Agriscience Funding Source Student Fee
 Destination & Address 1401 Kentucky / 21 Date of Trip Sept 13th / 12 & 13th
Murray, KY 42071

Academic Information:*(On Overnight form)*

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:Number of Buses Needed 1 Time Leaving 5:00 Time Returning _____Number of Students 25 Number of Adults _____ 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

Date

Principal

Date

Superintendent/Director of Transportation

Date

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

School Thomas Nelson Grade & Number of Students Attending 9th / 20
Person Making Request John Hammond Position Agriculture Teacher
Overnight Activity ☒ Out-of State Activity ☐ Dates Scheduled Sept. 13-14
Name of Activity Murray State University Racer Roundup
Location of Activity Murray, Kentucky
Objectives of Activity Students will tour college campus plus participate
in numerous leadership building workshops.
Pre-trip preparatory activities planned (please attach appropriate documents) Professionalism /
Career / College Planning
Post-trip culminating activities planned (please attach appropriate documents) Review over
trip and outcomes / observation &
Oral student presentations planned after trip None

Name(s) of certified staff attending Katie Chapman & John Hammond

Name(s) of other adults attending Alisha Hammond

Plan for handling student medication needs Students will give medication to
teachers with dosage & times filled out by parents

Plan for supervision (day) Students will be observed by facilitators / teachers
at all times.

Plan for supervision (night - please be specific for all hours of the night) Teachers will periodically
check rooms throughout night.

Signed [Signature]

Date 7/3/13

Principal [Signature]

Date Approved _____

Superintendent _____

Date Approved _____

Review/Revised: 5/17/11