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

School Boston School Grade & Number of Students Attending K-2

Person Making Request S. Burke, T Lowery, V. Terestegge, N. Smith Position K-2 Teacher

Overnight Activity ☐ Out-of State Activity ☒ Dates Scheduled Nov. 1 2013

Name of Activity Derby Dinner Playhouse-

Location of Activity 525 Marriott Dr. Clarksville IN

Objectives of Activity I can compare/contrast the story/play. I can identify the story elements, sequence the story

Pre-trip preparatory activities planned (please attach appropriate documents) We will read story in class to identify the story element

Post-trip culminating activities planned (please attach appropriate documents) the students will complete open response by comparing the play & story. And give opinion about which they like better.

Oral student presentations planned after trip

Name(s) of certified staff attending Sara Burke, Nancy Smith Teresa Lowery, Vicky Terstegge

Name(s) of other adults attending

Plan for handling student medication needs Barbara M. will be able give medicine

Plan for supervision (day) We will attend the play and stop at Mr. Gatti's for lunch.

Plan for supervision (night – please be specific for all hours of the night)

Signed [signatures] Date

Principal Dana Cull Date Approved 9-12-13

Superintendent Date Approved

Review/Revised:5/17/11

Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM

General Information:

Teacher Name Burke, Smith, Vicky, Lowery School _____

Grade/Subject K-2 Funding Source _____

Destination & Address Derby Dinner Date of Trip Nov 1

Academic Information:

Core Content +/or Exiting Criteria Covered LK 5-4, RL 4.5, RL K 5.7 WK-5.8 SL 1.2. SL 1.4, SL K-5-1, W 1.5-3 WK-5.8 W 3-5 4

Academic Objective of Trip I can identify story elements, sequence a story, compare/contrast book/story

Academic Pre-Trip Activities (Please attach plan.) We will read story in class to identify the story element

Academic Post-Trip Activities (Please attach plan.) The students will complet OR by comparing the play & book. Also giving opinion about the book play

Evaluation Procedures OR, V list

Transportation:

Number of Buses Needed 2 Time Leaving 8:30 Time Returning 2:30

Number of Students 80 Number of Adults 8 Compartments Needed No

(CENTRAL OFFICE USE ONLY)

Date Called for Buses _____ Driver(s) Assigned _____

Date School Notified _____

Itemized Cost: Bus Drivers $_____ Mileage $_____ Cost per Child $_____

Signatures:

Victoria Terstegge
Teacher

Principal

Superintendent/Director of Transportation

Date *Date* *Date*