Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM

General Information:

Teacher Name Palumbo, Holly School OCHMS

Grade/Subject 4-8 / Beta Club Funding Source Beta Club

Destination & Address Galt House/Louisville Convention Center Date of Trip 2/19-2/21

Academic Information:

Core Content +/or Exiting Criteria Covered Students will be competing in multiple core content areas at the state level

Academic Objective of Trip Student competitions / Opportunity for students to experience Jr. Beta Club at the state level

Academic Pre-Trip Activities (Please attach plan.) Student academic achievement and intense preparation for all competitions

Academic Post-Trip Activities (Please attach plan.) N/A

Evaluation Procedures N/A

Transportation:

Number of Buses Needed 2 Time Leaving 5 PM on 2/19/14 Time Returning to school at 2:30 PM 2/21/14

Number of Students 46 Number of Adults 5 Compartments Needed As many as possible

(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
Holly Palumbo	J. Miller	S Dietrich
Date 1/27/14	Date 1/27/14	Date 1.28.2014

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

School OYHMS Grade & Number of Students Attending 6-8 / 46

Person Making Request Holly Palumbo Position Teacher

Overnight Activity ☒ Out-of State Activity ☐ Dates Scheduled 2/19 - 2/21

Name of Activity State Beta Convention

Location of Activity Louisville, Kentucky

Objectives of Activity Students entering multiple academic and arts related competition / Beta students participating in state event

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

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

Oral student presentations planned after trip Students will present to the remaining club members

Name(s) of certified staff attending Holly Palumbo

Name(s) of other adults attending Shellie Thompson, Beverly Sims, Denise Hayden, Sheila Mattingly

Plan for handling student medication needs Parents will give to the sponsor to hold / handle through entirety of trip

Plan for supervision (day) All adults have a group of students they will supervise

Plan for supervision (night – please be specific for all hours of the night) All adults have specific rooms of students they are responsible for / room planned checks

Signed Holly Palumbo Date 1/27/14

Principal _____ Date Approved _____

Superintendent Anthony Orr Date Approved 1/30/14

Review/Revised:5/17/11