

STUDENTS

09.36 AP.21  
(CONTINUED)

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

School TNHS Grade & Number of Students Attending 6-12/25

Person Making Request Robinson Position Band Director

Overnight Activity ☒ Out-of-State Activity ☐ Dates Scheduled 4-14/14-15

Name of Activity Morehead St. Jazz Clinic

Location of Activity Morehead St. University

Objectives of Activity Perform for Festival Rating

Pre-trip preparatory activities planned (please attach appropriate documents) Band Rehearsal & prep

Post-trip culminating activities planned (please attach appropriate documents) Review of score & outcomes

Oral student presentations planned after trip \_\_\_\_\_

Name(s) of certified staff attending Robinson

Name(s) of other adults attending Stephanne Robinson

Plan for handling student medication needs \_\_\_\_\_

Plan for supervision (day) \_\_\_\_\_

Plan for supervision (night – please be specific for all hours of the night) 10pm-2am  
Students will be taped into their rooms

Signed \_\_\_\_\_

Date 1/13/14

Principal Wes Bradley

Date Approved 1/13/14

Superintendent \_\_\_\_\_

Date Approved \_\_\_\_\_

Review/Revised:5/17/11