

NELSON COUNTY SCHOOLS  
OVERNIGHT & OUT-OF-STATE ACTIVITY REQUEST

School Nelson Co HS Grade & Number of Students Attending ~20, various  
Person Making Request Dan Bradley Position coach  
Overnight Activity  Out-of-State Activity  Dates Scheduled \_\_\_\_\_  
Name of Activity Medical Center 10K in  
Location of Activity Bowling Green, KY  
Objectives of Activity reward, over train on 10K distance

Pre-trip preparatory activities planned (please attach appropriate documents)  
training & fundraising prior to trip

Post-trip culminating activities planned ( please attach appropriate documents)  
set new improved PRs at region

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

Name(s) of certified staff attending Dan Bradley, Trevor Mason

Name(s) of other adults attending Tammy & ~~Tom~~ Marvel Ballard, other  
parent chaperones as needed

Plan for supervision (day) depart after school 10/17, return  
to school afternoon of 10/18

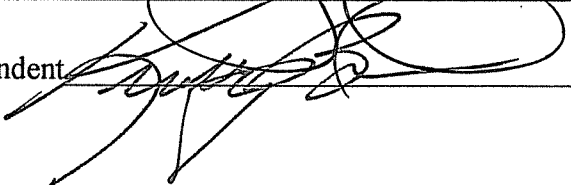
Plan for supervision (night - please be specific for all hours of the night) 3 students to  
each adult in gender-specific  
hotel rooms

Signed 

Date 8/23/2014

Principal 

Date Approved 8-24

Superintendent 

Date Approved 9/15/2014

**Field Trip Request Forms**

**NELSON COUNTY BOARD OF EDUCATION**

**FIELD TRIP REQUEST FORM**

**General Information:**

Teacher Name Dan Bradley School NCHS

Grade/Subject Cross Country Funding Source Cross Country

Destination & Address Med Cntr 10K Bowling Green Date of Trip Oct 17/2014

**Academic Information:**

Core Content +/-or Exiting Criteria Covered \_\_\_\_\_

Academic Objective of Trip \_\_\_\_\_

Academic Pre-Trip Activities (Please attach plan.) sports trip

Academic Post-Trip Activities (Please attach plan.) \_\_\_\_\_

Evaluation Procedures \_\_\_\_\_

**Transportation:**

Number of Buses Needed 1 Time Leaving after school Time Returning Sat afternoon

Number of Students 18 Number of Adults 6 Compartments Needed \_\_\_\_\_

**★ (CENTRAL OFFICE USE ONLY)**

Date Called for Buses \_\_\_\_\_ Driver(s) Assigned \_\_\_\_\_

Date School Notified \_\_\_\_\_

Itemized Cost: Bus Drivers \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_ Cost per Child \$ \_\_\_\_\_

★ May be able to supply own driver!

**Signatures:**

Dan Bradley  
Teacher  
Date 9/4/2014

[Signature]  
Principal  
Date \_\_\_\_\_

[Signature]  
Superintendent/Director of Transportation  
Date 9/5/2014