Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM

General Information:

Teacher Name Darrell Parks School Nelson County H.S.

Grade/Subject Drama Club Funding Source Students pay

Destination & Address Derby Dinner Playhouse 525 Marriott Drive, Clarksville IN 47129 Date of Trip 3/26/14

Academic Information:

Core Content +/or Exiting Criteria Covered Bonnie And Clyde the Musical Drama and Music Performence Content

Academic Objective of Trip To see a professional/regional theatre performance. To experience live musical theatre.

Academic Pre-Trip Activities (Please attach plan.) Discuss Rehearsal Techniques and Character development in our own show & the together

Academic Post-Trip Activities (Please attach plan.) Critique & discussion

Evaluation Procedures Student discussion on critiques.

Transportation:

Number of Buses Needed 1 Time Leaving 4:45 Time Returning 10:45

Number of Students 20 Number of Adults 5 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:

Darrell Parks
Teacher
1/27/15
Date

Principal
1-28
Date

Superintendent/Director of Transportation
1/29/2015
Date

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

School NCHS Grade & Number of Students Attending 9-12 / 20 students

Person Making Request Darrell Parks Position ~~Music Teacher~~ Drama Coach

Overnight Activity ☐ Out-of State Activity ☒ Dates Scheduled March 26, 2015

Name of Activity Derby Dinner Playhouse "Bonnie and Clyde the Musical"

Location of Activity Derby Dinner Playhouse, 525 Marriott Drive, Clarksville IN 47129

Objectives of Activity To see a musical performed live by a professional cast.

Pre-trip preparatory activities planned (please attach appropriate documents) Discussion of Audition & rehearsal process while we Audition/rehearse our own show

Post-trip culminating activities planned (please attach appropriate documents) Discussion, Critique, Ideas for improvement, with our show

Oral student presentations planned after trip

Name(s) of certified staff attending Darrell Parks, Carrie Chowning

Name(s) of other adults attending Jeffrey Lutz, Ralph Chowning

Plan for handling student medication needs I have been trained for medication distribution (Darrell Parks)

Plan for supervision (day) We will ride bus together & sit together

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

Signed Darrell Parks Date 01/28/15

Principal Date Approved 1-28

Superintendent Date Approved

1/29/15

Review/Revised:5/17/11