

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

*Just Saturday  
out of State*

School OKHMS Grade & Number of Students Attending \_\_\_\_\_  
Person Making Request Damon King Position \_\_\_\_\_  
Overnight Activity \_\_\_\_\_ Out-of-State Activity \_\_\_\_\_ Dates Scheduled May 14 (Saturday)  
Name of Activity Holiday world Rewards for band  
Location of Activity 452 East Christmas BLVD Santa Claus IN 47579  
Objectives of Activity Reward for band assessment in March

Pre-trip preparatory activities planned (please attach appropriate documents) Rules / Expectations

Post-trip culminating activities planned ( please attach appropriate documents) None

Oral student presentations planned after trip None

Name(s) of certified staff attending Damon King + Beth Dones

Name(s) of other adults attending Beth Faulkner, Stacy Faulkner, DJ Dickerson,  
Melanie Dickerson, others - waiting for confirmation of trip

Plan for supervision (day) 5 Students per 1 adult all day

Plan for supervision (night - please be specific for all hours of the night) \_\_\_\_\_

Signed Damon King Date 4/22/16

Principal [Signature] Date Approved 4-19-16

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

[Signature]

4/22/2016

Field Trip Permission Form

## NELSON COUNTY BOARD OF EDUCATION

**General Information:**

Teacher Name Darren King School OKHMS  
 Grade/Subject 6-8 Band Funding Source Band  
 Destination & Address Holiday World Date of Trip 5/14/16

**Academic Information:**

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

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

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

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

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

**Transportation:**

Number of Buses Needed 2 Time Leaving 10:am Time Returning 7:00pm

Number of Students 60 Number of Adults 15 Compartments Needed \_\_\_\_\_

(CENTRAL OFFICE USE ONLY)

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

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

**Signatures:**

Darren King  
Teacher

5/25/16  
Date

[Signature]  
Principal

4-25-16  
Date

\_\_\_\_\_  
Superintendent/Director of Transportation

\_\_\_\_\_  
Date

Review/Revised: