

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

School NCHS Grade & Number of Students Attending 9-12 32  
Person Making Request Mike Glass Position Head Coach  
Overnight Activity ☒ Out-of-State Activity ☐ Dates Scheduled 7/19 - 7/21/14  
Name of Activity Soccer Camp  
Location of Activity St. Catharine College  
Objectives of Activity \_\_\_\_\_

Pre-trip preparatory activities planned (please attach appropriate documents) \_\_\_\_\_

Post-trip culminating activities planned ( please attach appropriate documents) \_\_\_\_\_

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

Name(s) of certified staff attending Mike Glass

Name(s) of other adults attending Wh. Frey Asst Field  
Ashley Glass  
Hallie Hardin

Plan for supervision (day) \_\_\_\_\_  
Players will be in activities  
3x / Day - Eat on site

Plan for supervision (night - please be specific for all hours of the night) Groups of 4 / Room  
all in same wing as  
adults

Signed \_\_\_\_\_

Date \_\_\_\_\_

Principal \_\_\_\_\_

Date Approved 6-3

Superintendent \_\_\_\_\_

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

Heathly Ben 6/15/2014

**Field Trip Permission Form**  
**NELSON COUNTY BOARD OF EDUCATION**

**General Information:**

Teacher Name Mike Glass School NCA S  
 Grade/Subject 9-12 Soccer Team Funding Source Girls Soccer  
 Destination & Address St. Catherine College Date of Trip 7/19 - 7/21-16

**Academic Information:**

Core Content +/-or Exiting Criteria Covered Soccer Camp @ St. Cat.

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

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

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

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

**Transportation:**

No Transport needed  
 Number of Buses Needed \_\_\_\_\_ Time Leaving \_\_\_\_\_ Time Returning \_\_\_\_\_  
 Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_ Compartments Needed \_\_\_\_\_

(CENTRAL OFFICE USE ONLY)

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

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

**Signatures:**

Teacher \_\_\_\_\_

Principal \_\_\_\_\_

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

Date \_\_\_\_\_

Date \_\_\_\_\_

Date 6/3/14

Review/Revised:3/20/07