

Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM

General Information:

Teacher Name Mitzi Arnold School Coxs Creek Elementary
 Grade/Subject 4th & 5th Funding Source Beta Members
 Destination & Address Kentucky Beta Convention Date of Trip Feb 15-17, 2017

Academic Information:

Core Content +/- or Exiting Criteria Covered Math, science, social studies, poetry, essay, spelling, language arts, book bottle, quiz bowl, arts, crafts, talent, career
 Academic Objective of Trip students will compete in various academic, art, craft and talent competitions and participate in an electoral process

Academic Pre-Trip Activities (Please attach plan.) _____

Academic Post-Trip Activities (Please attach plan.) see attachment

Evaluation Procedures Awards and recognitions are given at the state convention. Those that qualify move on to Nationals.

Transportation:

Number of Buses Needed 2 Time Leaving 8:00 Time Returning 3:00
 Number of Students 70+ Number of Adults 8+ Compartments Needed yes

(CENTRAL OFFICE USE ONLY)

Date Called for Buses _____ Driver(s) Assigned _____

Date School Notified _____

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

Signatures:

Teacher _____

Principal _____

Ann Marie Wilcox
 Superintendent/Director of Transportation

Date _____

Date _____

Date _____

STUDENTS

09.36 AP.21

(CONTINUED)

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

School Coxs Creek Elementary Grade & Number of Students Attending 4th & 5th

Person Making Request Miti Aunt

Position Beta Sponsor

Overnight Activity ☐

Out-of State Activity ☐

Dates Scheduled Feb 15-17, 2017

Name of Activity Kentucky Junior Beta State Convention

Location of Activity Lexington, Ky

Objectives of Activity Students will compete in various academic, art, craft and talent competitions

Pre-trip preparatory activities planned (please attach appropriate documents) see attachment

Post-trip culminating activities planned (please attach appropriate documents) see attachment

Oral student presentations planned after trip see attachment

Name(s) of certified staff attending Miti Aunt

Name(s) of other adults attending unsure at this time

Plan for handling student medication needs Miti Aunt RV will be available to administer medications if needed

Plan for supervision (day) students will travel in groups to the various areas of competition accompanied by a chaperone

Plan for supervision (night - please be specific for all hours of the night) chaperones will be in rooms or rooms close by Beta members

Signed Miti Aunt

Date 8-26-16

Principal Mariamant

Date Approved 08-29-16

Superintendent _____

Date Approved _____

Review/Revised: 5/17/11