

**Field Trip Request Forms****NELSON COUNTY BOARD OF EDUCATION****FIELD TRIP REQUEST FORM****General Information:**

Teacher Name Melralp/Bishop School New Haven  
 Grade/Subject 2nd Funding Source Student funded  
 Destination & Address Derby Dinner Date of Trip Dec. 16, 2016  
525 Marriott Dr. Clarksville, TN  
41129

**Academic Information:**

Core Content +/-or Exiting Criteria Covered L.1.4, RL.1.3, W.2.1

Academic Objective of Trip Identify characters, setting, and plot of a play. Write an opinion and support with evidence.

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

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

**Evaluation Procedures**

Vocabulary Quiz, story elements organizer, reflection writing

**Transportation:**

Number of Buses Needed 1 Time Leaving 8:30 Time Returning 2:30

Number of Students 35 Number of Adults 2 Compartments Needed 0

(CENTRAL OFFICE USE ONLY)

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

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

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

**Signatures:**

P. Bernier  
 Teacher  
 Transportation

8-29-16  
 Date

KJP  
 Principal

29 Apr 16  
 Date

Ann Marie Williams  
 Superintendent/Director of

\_\_\_\_\_  
 Date

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

School New Haven School Grade & Number of Students Attending 2nd - 35  
Person Making Request Renee Metcalf Position teacher  
Overnight Activity \_\_\_\_\_ Out-of-State Activity ☒ Dates Scheduled 12-16-16  
Name of Activity field trip Derby Dinner Playhouse  
Location of Activity 525 Mammoth Dr Clarksville, IN  
Objectives of Activity identify character, setting, & plot of a play  
Write an opinion and support w/ evidence.  
Pre-trip preparatory activities planned (please attach appropriate documents) \_\_\_\_\_

See Attached  
Plan.

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

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

Name(s) of certified staff attending Jackie Ritchie / Renee Metcalf

Name(s) of other adults attending 8 parent chaperones

Plan for supervision (day) 1 adult chaperone per 4 students

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

Signed Renee Metcalf Date 8-30-16

Principal [Signature] Date Approved 8-31-16

Superintendent Ann Marie Wilkins Date Approved \_\_\_\_\_