

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

Teacher Name Robinson School TWITS
 Grade/Subject 6-12 Funding Source Band Act
 Destination & Address Lebanon JR High Date of Trip 10-1-16
Lebanon, OH

Academic Information:

Core Content +/-or Exiting Criteria Covered Marching & playing
fundamentals
 Academic Objective of Trip Compete for a rubric
score
 Academic Pre-Trip Activities (Please attach plan.) Rehearsal since
Sally 25
 Academic Post-Trip Activities (Please attach plan.) I.
we will
review our scores & use to shape future instruction.
 Evaluation Procedures
MSB Rubric, Judges Comments

Transportation:

Number of Buses Needed 1 Time Leaving 7am Time Returning 11pm
 Number of Students 28 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:

Teacher

Date

8-23-16

Principal

Date

8-23-16

Superintendent/Director of Transportation

Date

8/26/2016

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

School TNHS Grade & Number of Students Attending 6-12, 28
 Person Making Request Robinson Position DOB
 Overnight Activity ☐ Out-of State Activity ☒ Dates Scheduled 10-1-16
 Name of Activity Lebanon Marching Festival
 Location of Activity Lebanon Jr. High 160 Miller Rd Lebanon OH 43036
 Objectives of Activity Compete for Rubric assessment

Pre-trip preparatory activities planned (please attach appropriate documents) Marching rehearsals since July 25

Post-trip culminating activities planned (please attach appropriate documents) We will review our assessments

Oral student presentations planned after trip Students will discuss results

Name(s) of certified staff attending Shawn & Stephanie Robinson

Name(s) of other adults attending Mr. & Mrs. Curtsinger, Mr. & Mrs. Auberry, Carrie Peterson, Wina Hunt

Plan for handling student medication needs Band moms have medication

Plan for supervision (day) Students will be with staff all day

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

Signed _____

Date 9-1-16

Principal Wes Brudler

Date Approved _____

Superintendent _____

Date Approved _____

Review/Revised: 5/17/11

Kendy Br

9/8/2016