

Field Trip Permission Form

## NELSON COUNTY BOARD OF EDUCATION

**General Information:**

Teacher Name Gann, Duncan, Hash School New Haven  
 Grade/Subject K/1 Funding Source Parents  
 Destination & Address 525 Mamott Dr. Clarksville TN 37029 Date of Trip Nov 27, 2016

**Academic Information:**

Core Content +/-or Exiting Criteria Covered See attached

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 8:30 AM Time Returning 2:30 PM  
 Number of Students 13 Number of Adults 15 Compartments Needed 0

(CENTRAL OFFICE USE ONLY)

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

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

**Signatures:**

Emily Gann  
Teacher

Date

8/29/16

Principal

Date

1518 16

Superintendent/Director of Transportation

Date

Review/Revised:

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

School New Haven School Grade & Number of Students Attending K-1 73  
Person Making Request J. Hash, E. Gann, A. Duncan Position teacher  
Overnight Activity \_\_\_\_\_ Out-of-State Activity \_\_\_\_\_ Dates Scheduled 11-22-16  
Name of Activity Derby Dinner Playhouse  
Location of Activity 525 Marriott Dr. Clarksville IN 47129  
Objectives of Activity Identify story elements. Give an opinion about the play and support it with evidence  
Pre-trip preparatory activities planned (please attach appropriate documents) Vocabulary and theater terms  
Post-trip culminating activities planned ( please attach appropriate documents) Reflection of play, writing a constructive response  
Oral student presentations planned after trip Sharing of writing piece, recommending / not recommending play and why supported by evidence  
Name(s) of certified staff attending Jennifer Hash, Amy Duncan, Emily-Ann Gann, Mr. Johnson  
Name(s) of other adults attending Ms. Debbie, 15  
Plan for supervision (day) parents will chaperone small group 4/5 students  
Plan for supervision (night - please be specific for all hours of the night) N/A

Signed Jennifer Hash Date 8/31/16  
Principal [Signature] Date Approved 1 Sept 16  
Superintendent Ann Marie Williams Date Approved \_\_\_\_\_