

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

School Nelson County High School Grade & Number of Students Attending 9-12 ; 7 Students
Person Making Request Don Fowler Position Business Teacher
Overnight Activity ✓ Out-of-State Activity _____ Dates Scheduled Nov. 10 - 13, 2016
Name of Activity FBLA National Fall Leadership Conference
Location of Activity Daytona Beach, FL
Objectives of Activity Leadership training for NCHS FBLA officers

Pre-trip preparatory activities planned (please attach appropriate documents) Bi-Weekly officer
Meetings to prepare for trip
(Conference is Nov. 11-12; Travel days are Nov. 10 and Nov. 13)

Post-trip culminating activities planned (please attach appropriate documents) _____
Continue meetings to plan & implement successful FBLA
co-curricular activities at NCHS

Oral student presentations planned after trip Officer presentations will be made
to other FBLA members (approximately 40) at club meetings.

Name(s) of certified staff attending Don Fowler

Name(s) of other adults attending Attendance at all meetings required.

Plan for supervision (day) Room check at 11:00 pm. Nobody is allowed to
leave. Scotch tape on room to check if they left room.
Security on each floor.

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

Signed Don Fowler

Date 9/16/2016

Principal [Signature]

Date Approved 9-20-16

Superintendent [Signature]

Date Approved _____

9/22/2016

Field Trip Permission Form
NELSON COUNTY BOARD OF EDUCATION

General Information:

Teacher Name Don Fowler School Nelson County High School
 Grade/Subject 9-12 / Business / FB LA Funding Source Fundraisers
 Destination & Address FB LA National Fall Leadership Conf. Date of Trip Nov. 10-13, 2016
Daytona Beach, FL

Academic Information:

Core Content +/-or Exiting Criteria Covered Business Leadership Skills
 Academic Objective of Trip Co-Curricular Business Education
(Required for Perkins)
 Academic Pre-Trip Activities (Please attach plan.) Bi-Weekly Meetings
 Academic Post-Trip Activities (Please attach plan.) Continue Bi-Weekly Meetings
 Evaluation Procedures Implement plan to grow a successful
FB LA program at NCHS.

Transportation: Parents transport to airport for flight.

Number of Buses Needed _____ Time Leaving _____ Time Returning _____
 Number of Students 7 Number of Adults 1 Compartments Needed _____

(CENTRAL OFFICE USE ONLY)

Date Called for Buses _____ Driver(s) Assigned _____

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

Signatures:

Don Fowler

Teacher

9/19/2016

Date

Principal

Date

Superintendent/Director of Transportation

Date

Review/Revised:3/20/07