

Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM

General Information:

Teacher Name Katy Johnson School Thomas Nelson

Grade/Subject Social Studies 9-12 Funding _____ Source KYA

Destination & Address Marriott Downtown 280 West Jefferson, Louisville, KY 40202 Date of Trip 3/12-14/17

Academic Information:

Core Content +/-or Exiting Criteria Covered Government & Civics

Academic Objective of Trip Students grow in speaking, listening & social interaction skills

Academic Pre-Trip Activities (Please attach plan.) Resolution writing for our represented country

Academic Post-Trip Activities (Please attach plan.) Presentation of trip to World Changers class

Evaluation Procedures Teacher observation @ conference

Transportation:

Number of Buses Needed 1 Time Leaving 3/12 @ 1pm Time Returning 3/14 @ 12pm

Number of Students 6 Number of Adults 1 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:

Katy Johnson
Teacher
Date 2/17/17

Wes Budd
Principal
Date 2/17/17

[Signature]
Superintendent/Director of Transportation
Date 2/17/2017

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

School Thomas Nelson HS Grade & Number of Students Attending 9-12 grade

Person Making Request Katy Johnson Position Teacher

Overnight Activity Out-of State Activity Dates Scheduled 3/12-14/17

Name of Activity Kentucky United Nations Assembly

Location of Activity Louisville Marriott Downtown

Objectives of Activity Student growth in speaking, listening and social skills along with more awareness of governments.

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

Resolution writing for the country we represent

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

Presentation of trip

Oral student presentations planned after trip _____

Presenting to World Changers course

Name(s) of certified staff attending Katy Johnson

Name(s) of other adults attending _____

Plan for handling student medication needs Teacher notified & supervised

Plan for supervision (day) Teacher attends meetings & debates with students.

Plan for supervision (night - please be specific for all hours of the night) Nightly room check-ins by teacher

Signed Katy Johnson Date 2/17/17

Principal Wes Budd Date Approved 2/17/17

Superintendent _____ Date Approved _____

Review/Revised:5/17/11

Wes Budd 2/17/2017