

Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM**General Information:**

Teacher Name Darren Morris School Thomas Nelson
 Grade/Subject Volleyball Funding _____ Source _____
Volleyball
 Destination & Address Lexington KY 273 Rucio way Date of Trip August 4th through the 6th

Academic Information:

Core Content +/-or Exiting Criteria Covered Play Volleyball & bond together.
 Academic Objective of Trip none but to learn to play together.
 Academic Pre-Trip Activities (Please attach plan.) none
 Academic Post-Trip Activities (Please attach plan.) none
 Evaluation Procedures none

Transportation:

Number of Buses Needed none Time Leaving _____ Time Returning _____
 Number of Students _____ Number of Adults _____ 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:

Darren Morris
 Teacher
5/17/2017
 Date

W. Rucio
 Principal
5/17/17
 Date

[Signature]
 Superintendent/Director of Transportation
3/20/2017
 Date

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

School Thomas Nelson Grade & Number of Students Attending All grades & 10 kids
Person Making Request Darren Morris Position Volleyball Coach
Overnight Activity ☒ Out-of State Activity ☐ Dates Scheduled August 4th - 6th
Name of Activity Bluegrass State Games
Location of Activity Lexington, KY
Objectives of Activity Play volleyball all weekend and bond as a team.
Pre-trip preparatory activities planned (please attach appropriate documents) none
Post-trip culminating activities planned (please attach appropriate documents) none
Oral student presentations planned after trip none
Name(s) of certified staff attending Darren Morris & Leslie Flechter
Name(s) of other adults attending Johnnie Hedl, Anne Snellen, Leslie Flechter
Plan for handling student medication needs Coach will keep any medications
Plan for supervision (day) We will be in a gym together all 3 days.
Plan for supervision (night - please be specific for all hours of the night) They will be under supervision of myself and parents at hotel.
Signed Darren Morris Date 5/17/2017
Principal Wes Burch Date Approved _____
Superintendent _____ Date Approved _____

Review/Revised: 5/17/11