

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

School NCHS Grade & Number of Students Attending 9-12 (20-30)  
Person Making Request Zach Allender Position Boys Basketball Coach  
Overnight Activity ☒ Out-of-State Activity \_\_\_\_\_ Dates Scheduled June 9-10  
Name of Activity Basketball Camp  
Location of Activity Morehead State University  
Objectives of Activity Help improve sk. ills of Boys Basketball team for next season  
Pre-trip preparatory activities planned (please attach appropriate documents) \_\_\_\_\_

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

Oral student presentations planned after trip \_\_\_\_\_

Name(s) of certified staff attending Zach Allender, Stan Hayes, Another Coach  
is TBD as soon as possible

Name(s) of other adults attending If more Adults are needed I can find another  
volunteer to go with us.

Plan for supervision (day) Players will be with coaches all hours of the  
day except night time when sleeping.

Plan for supervision (night - please be specific for all hours of the night) Lights out @ 10:00/11:00  
depending on last game. Room Check provided by head coach  
every 4 hours.

Signed \_\_\_\_\_

Date 5/19/17

Principal \_\_\_\_\_

Date Approved 5-19

Superintendent \_\_\_\_\_

Date Approved 6/1/17

[Signature] 5/20/2017

**Field Trip Permission Form**  
**NELSON COUNTY BOARD OF EDUCATION**

**General Information:**

Teacher Name Zach Atkinson School NCHS  
 Grade/Subject Boys Basketball 11 Funding Source \_\_\_\_\_  
 Destination & Address Morhead State University Date of Trip June 9-10

**Academic Information:**

Core Content +/-or Exiting Criteria Covered \_\_\_\_\_

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 1 Time Leaving Friday Time Returning Saturday  
 Number of Students 20-30 Number of Adults 3 Compartments Needed \_\_\_\_\_

(CENTRAL OFFICE USE ONLY)

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

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

**Signatures:**

Teacher

Date

Principal

Date

Superintendent/Director of Transportation

Date

Review/Revised: 3/20/07