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

School Bloomfield Elementary & Middle Grade & Number of Students Attending 5-8 grades 15

Person Making Request Darrell Parks Position Choir Director

Overnight Activity ☒ Out-of State Activity ☐ Dates Scheduled November 3-4 2017

Name of Activity Ky ACDA All-State Chorus

Location of Activity Clarion Hotel & Singletary Center, Lexington Ky

Objectives of Activity To participate in Ky ACDA Honors Choirs.

Pre-trip preparatory activities planned (please attach appropriate documents) Rehearse teach music to be performed.

Post-trip culminating activities planned (please attach appropriate documents) Concert at Singletary Center on Saturday, November 4

Oral student presentations planned after trip

Name(s) of certified staff attending Darrell Parks

Name(s) of other adults attending Each student will have a parent guardian with them.

Plan for handling student medication needs I have medication training through school.

Plan for supervision (day) Students will be in rehearsals 8:30 am - 7:00pm Friday & 9:AM - Concert time Saturday

Plan for supervision (night – please be specific for all hours of the night) Each student has a parent or legal guardian with them

Signed Darrell Parks Date 10/11/17

Principal Stephanie Rodriguez Date Approved 10/12/17

Superintendent Date Approved

Review/Revised: 5/17/11

October 12, 2017

Field Trip Permission Form

NELSON COUNTY BOARD OF EDUCATION

General Information:

Teacher Name Darrell Parks School BES & RMS

Grade/Subject 5-8 Music/Choir Funding Source Students Pay

Destination & Address Clarion Hotel, UK Singletary Center Date of Trip 11/3 & 11/4/2017

Academic Information:

Core Content +/or Exiting Criteria Covered Music National Standards for Performance

Academic Objective of Trip To participate in All-State Honors Choir

Academic Pre-Trip Activities (Please attach plan.) Rehearsal to learn songs for the event

Academic Post-Trip Activities (Please attach plan.) Concert on Saturday November 4, 2017

Evaluation Procedures Participation in the event

Transportation:

Number of Buses Needed 0 Time Leaving _____ Time Returning _____

Number of Students _____ Number of Adults _____ Compartments Needed _____

(CENTRAL OFFICE USE ONLY)

Date Called for Buses _____ Driver(s) Assigned _____

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

Signatures:

Darrell Parks
Teacher
10/12/17
Date

Stephanie Sowards
Principal
10/12/17
Date

Superintendent/Director of Transportation
12, 2017
Date

Review/Revised: