

Field Trip Request Forms
NELSON COUNTY BOARD OF EDUCATION
FIELD TRIP REQUEST FORM

General Information:

Teacher Name: Bartley, Ritchie, Metcalf

School: New Haven

Grade/Subject 2nd/3rd ELA

Funding Source: parent funded

Destination & Address: Derby Dinner Playhouse 525 Marriott Drive Clarksville, IN 47129

Date of Trip: Dec. ~~15th~~^{14th}, 2017**Academic Information:**

Core Content +/-or Exiting Criteria Cover: RL3.2, RL3.3, RL.2.2, RL2.3

Academic Objective of Trip: Identify elements of a fairytale, determine the central meaning, message or element. Recount events of a fairy tale, Describe how the characters respond to events.

Academic Pre-Trip Activities (Please attach plan.) _____

Academic Post-Trip Activities (Please attach plan.) _____

Evaluation Procedures: reflection writing, constructed response

Transportation:Number of Buses Needed 2 Time Leaving: 8:00³⁰ Time Returning: 2:30

Number of Students: 73 Number of Adults: 19 (4 riding bus) Compartments Needed: No

(CENTRAL OFFICE USE ONLY)

Date Called for Buses _____ Driver(s) Assigned _____

Date School Notified _____

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

Signatures:

Renee Metcalf
Julie Ritchie
 Teacher

Principal

Ann Marie Wilcox
 Superintendent/Director of Transportation

Aug 23, 2017
 Date

Date

Date

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

School New Haven Grade & Number of Students Attending 2/3 73
Person Making Request Renee Metcalf Position teacher
Overnight Activity _____ Out-of-State Activity ☒ Dates Scheduled Dec 14, 2017
Name of Activity Derby Dinner Playhouse
Location of Activity 525 Marriott Drive Clarksville IN.
Objectives of Activity Identify elements of fairy tales, describe, how characters respond to events
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 Renee Metcalf Jackie Ritchie
Beth Bartley Samantha Thompson

Name(s) of other adults attending _____

Plan for supervision (day) Small groups w/ approved parent chaperones.

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

N/A

Signed Renee Metcalf 8/28/17 Date 8/28/17

Principal [Signature] Date Approved _____

Superintendent _____ Date Approved _____

Ann Marie Wilkins