

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

School Bloomfield Middle Grade & Number of Students Attending 8th, 2
Person Making Request Darrell Parks Position Choir Director
Overnight Activity ☒ Out-of State Activity ☐ Dates Scheduled Feb. 7-8, 2018
Name of Activity KMEA Kentucky Junior High Honors Choir
Location of Activity Louisville Kentucky Galt House + Center for the Arts
Objectives of Activity To Participate in KJHC Festival

Pre-trip preparatory activities planned (please attach appropriate documents) learn & memorize 5 selections.

Post-trip culminating activities planned (please attach appropriate documents) Culminating Concert at the Ky Center for the Arts

Oral student presentations planned after trip Performance at Ky Center

Name(s) of certified staff attending Darrell Parks, T.J. Metcalf

Name(s) of other adults attending Chad Sweeney, Olivia Sweeney, Marsha Logsdon, Rick Logsdon

Plan for handling student medication needs Darrell Parks, has medicine training through school.

Plan for supervision (day) See attached schedule

Plan for supervision (night - please be specific for all hours of the night) Students stay in hotel w/their parents.

Signed Darrell Parks Date 01-09-18

Principal Rod Mays Date Approved 1/9/18

Superintendent _____ Date Approved _____

Review/Revised: 5/17/11

Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM

General Information:

Teacher Name Darrell Parks School Bloomfield Middle
 Grade/Subject Choir grade 8 Funding _____ Source _____
 Destination & Address Galt House / Kentucky Center for the Arts Date of Trip February 7-8, 2018

Academic Information:

Core Content +/-or Exiting Criteria Covered _____

Academic Objective of Trip To Participate in KMEA Junior High Honors ChoirAcademic Pre-Trip Activities (Please attach plan.) Learn & memorize 5 selections of music for the Festival

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

Public concert at Ky Center for the Arts 2/08/18Evaluation Procedures Participation in the All-State Choir**Transportation:**

No transportation needed
 Number of Buses Needed _____ 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:Darrell Parks
Teacher01-09-18
DateRod Mge
Principal1/9/18
Date_____
Superintendent/Director of Transportation_____
Date