

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

School NC HS Grade & Number of Students Attending 9-12, 15
Person Making Request Teresa Henderson Position FACS Educator
Overnight Activity X Out-of-State Activity _____ Dates Scheduled March 26-28
Name of Activity FCCLA State Conference / Competition
Location of Activity GAH House, Louisville KY
Objectives of Activity State competition and also State conference

Pre-trip preparatory activities planned (please attach appropriate documents) Regionals + Meetings

Post-trip culminating activities planned (please attach appropriate documents) ~~X~~
Unless we make it to Nationals!

Oral student presentations planned after trip @ Summer Conference

Name(s) of certified staff attending Teresa Henderson

Name(s) of other adults attending _____

Plan for supervision (day) Student pairs, head counts, Strict rules

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

All Girls will stay 4 to a room + advisor will be next door.

Signed [Signature]

Date 1/4/18

Principal [Signature]

Date Approved 1-5-18

Superintendent _____

Date Approved _____

[Signature]

1/9/2018

Field Trip Permission Form
NELSON COUNTY BOARD OF EDUCATION

General Information:

Teacher Name Teresa Henderson School NCHS
 Grade/Subject FCS 9-12 Funding Source FCCLA
 Destination & Address Galt House Louisville Date of Trip March 26-28

Academic Information:

Core Content +/-or Exiting Criteria Covered FCCLA is an integrated
part of all FCS classes and covers standards over
 Academic Objective of Trip students will be given ^{careers} the opportunity
to showcase what they learn in class to judges.
 Academic Pre-Trip Activities (Please attach plan.) X
 Academic Post-Trip Activities (Please attach plan.) X unless we go to Nationals
 Evaluation Procedures Judges sheets

Transportation:

Number of Buses Needed 1 Time Leaving 3/25 4:30pm Time Returning 3/28 8pm
 Number of Students 15 Number of Adults 1 Compartments Needed 0
 (CENTRAL OFFICE USE ONLY)
 Date Called for Buses _____ Driver(s) Assigned Teresa Henderson
 Itemized Cost: Bus Drivers \$ _____ Mileage \$ _____ Cost per Child \$ _____

Signatures:

Teacher <u>Teresa Henderson</u>	Principal <u>James Perry</u>	Superintendent/Director of Transportation <u>[Signature]</u>
Date <u>1/4/18</u>	Date <u>1-5-18</u>	Date <u>1/9/2018</u>

*It will contact principal as
 I feel more supervision is needed
 15:1 Ratio*

Review/Revised: 3/20/07

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