

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

School Nelson County H.S. Grade & Number of Students Attending 9-12 / 100
Person Making Request Dianna Williams Position Arts & Humanities
Overnight Activity _____ Out-of-State Activity _____ Dates Scheduled April 12, 2019
Name of Activity Nashville Trip - Arts & Humanities Experience
Location of Activity Nashville TN.
Objectives of Activity Cheekwood Museum & grounds, Country Music Hall of Fame, Wildhorse, Miss. Jeannie's Dinner Theater, Frist Museum, Parthenon
Pre-trip preparatory activities planned (please attach appropriate documents) Core Content being covered & cross curr. activities planned. See attachment.

Post-trip culminating activities planned (please attach appropriate documents) Students will contribute to creating a powerpoint for an audience to view.

Oral student presentations planned after trip Students will share their experiences and discuss with their classes, discuss the various art forms and performances.

Name(s) of certified staff attending Dianna Williams, Stephanie Robinson, Yila Royalty, Courtney Briney, Daniel Tuberg, Amy Culver.

Name(s) of other adults attending Parents that have completed background checks.

Plan for supervision (day) A chaperone for every 10 students. We have the funds for subs to cover students not going.

Plan for supervision (night - please be specific for all hours of the night) We are not staying over night.

Signed Dianna Williams

Date 11-26-18

Principal Donna J. J...

Date Approved 11-26-18

Superintendent [Signature]

Date Approved 11-27-18

STUDENTS

09.36 AP.21

Field Trip Permission Form
NELSON COUNTY BOARD OF EDUCATION

General Information:

Teacher Name Dianna Williams School Nelson Co. H.S.
Grade/Subject 9-12 Arts & Humanities Funding Source Fund raisers & fees
Destination & Address Nashville, TN Date of Trip April 12, 2018

Academic Information:

Core Content +/-or Exiting Criteria Covered See attachment and
out of state form.
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 — Time Leaving 5:30 am Time Returning 1:30 am
Number of Students 90 Number of Adults 10 Compartments Needed —
(CENTRAL OFFICE USE ONLY)
Date Called for Buses _____ Driver(s) Assigned _____
Itemized Cost: Bus Drivers \$ _____ Mileage \$ _____ Cost per Child \$ _____

Signatures:

Dianna Williams
Teacher

11-21-18
Date

Debra Perry
Principal

11-26-18
Date

Superintendent/Director of Transportation

Date

Review/Revised: 3/20/07