

STUDENTS

09.36 AP.21
(CONTINUED)Field Trip Request Form- Overnight & Out-of-State Activity Request

School TNHS Grade & Number of Students Attending 3, 12th grade
 Person Making Request Ashley Dykes Position Performing Arts leader
 Overnight Activity ☒ Out-of-State Activity ☐ Dates Scheduled 1/24/2019 - 1/26/2019
 Name of Activity WJCU Honors Band Clinic
 Location of Activity Western Kentucky University
 Objectives of Activity Rehearsal and performance

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 Ashley Dykes

Name(s) of other adults attending _____

Plan for handling student medication needs: N/A

Plan for supervision (day) students will be in scheduled rehearsals for all day time hours except meal times when I will be with them

Plan for supervision (night - please be specific for all hours of the night) students are to be in their rooms 1 hour after their last evening rehearsal

Signed Ashley Dykes Date 1/11/2019

Principal [Signature] Date Approved 1/14/19

Superintendent [Signature] Date Approved _____

Review/Revised: 5/17/11
1-14-19

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Field Trip Request Forms

NELSON COUNTY BOARD OF EDUCATION

FIELD TRIP REQUEST FORM**General Information:**

Teacher Name Ashtey Dykes School TWHS
 Grade/Subject Performing Arts Funding _____ Source _____
Band
 Destination & Address WKU 1906 College Heights Blvd. Date of Trip 11/29/2019 - 11/30/2019
Bowling Green, KY 42101

Academic Information:

Core Content +/-or Exiting Criteria Covered Merit - selected Honor Band
 Academic Objective of Trip Performance
 Academic Pre-Trip Activities (Please attach plan.) Performance
 Academic Post-Trip Activities (Please attach plan.) Performance
 Evaluation Procedures Performance

Transportation:

Number of Buses Needed 0 Time Leaving _____ Time Returning _____
 Number of Students 3 Number of Adults 1 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:

Ashtey Dykes [Signature] _____
 Teacher Principal Superintendent/Director of Transportation
11/1/2019 1-14-19 _____
 Date Date Date