

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

School New Haven School Grade & Number of Students Attending 6, 36

Person Making Request Katie Kerr Position Teacher

Overnight Activity \_\_\_\_\_ Out-of State Activity  Dates Scheduled 3/14/19

Name of Activity Emperors New Clothes play

Location of Activity Derby Dinner playhouse Clarksville, IN

Objectives of Activity Students will watch the play Emperors New Clothes after doing a mini unit over the play.

Pre-trip preparatory activities planned (please attach appropriate documents) Read the play and an editorial about speaking out.

Post-trip culminating activities planned (please attach appropriate documents) compare + contrast essay + Flipgrid review

Oral student presentations planned after trip Flipgrid play reviews w/ comments from peers

Name(s) of certified staff attending Katie Kerr, Kevin Burkhead

Name(s) of other adults attending Nurse if needed for self-care of student

Plan for handling student medication needs Trained in meds, students who need medication will have it brought

Plan for supervision (day) teachers + staff

Plan for supervision (night - please be specific for all hours of the night) N/A

Signed Katie Kerr

Date 2/14/19

Principal \_\_\_\_\_

Date Approved \_\_\_\_\_

Superintendent \_\_\_\_\_

Date Approved \_\_\_\_\_

*CWK*

*2/15/19*

Field Trip Request Forms  
Nelson County Board of Education  
Field Trip Request Form

**General Information:**  
 Teacher Name Katie Kerr School New Haven  
 Grade/Subject 2 Reading Funding Source Parents  
 Destination & Address Derby Dinner Playhouse Date of Trip 3/14/19  
525 Marriott Dr. Clarksville, IN 47129

**Academic Information:** Attached  
 Core Content +/- or Exiting Criteria Covered \_\_\_\_\_  
 \_\_\_\_\_  
 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 1 Time Leaving 8:15 Time Returning 12:15  
 Number of Students 36 Number of Adults 2 Compartments Needed 0  
**(Central Office Use Only)**  
 Date Called for Buses \_\_\_\_\_ Driver(s) Assigned \_\_\_\_\_  
 Date School Notified \_\_\_\_\_  
 Itemized Cost: Bus Drivers \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_ Cost per Child \$ \_\_\_\_\_

**Signatures:**  
Katie Kerr \_\_\_\_\_  
 Teacher Principal Superintendent/Director of Transportation  
2/14/19 \_\_\_\_\_  
 Date Date Date