

**Board Policy #2340 - FIELD AND OTHER
CORPORATION-SPONSORED TRIPS
OUT OF STATE/OVERNIGHT FIELD TRIP REQUEST**



CHECKLIST

WHO: Choir / A Cappella Group

WHAT: Kettering National A Cappella Festival

WHEN: November 8-10

WHERE: Kettering, Ohio

CHAPERONES: Julie Russell, Mark Noesges

Parents:

**all chaperones will have a background check on file with MVCSC prior to departure or will be deemed ineligible to attend the trip*

Teacher: Leigh Anderson

Tour Directors: N/A

TRANSPORTATION: Mini Bus

COST: Festival Fee: \$250.00 total registration: Trip costs are pre-paid by students.

WHY: Learning opportunity / Performance Opportunity / Competition Prep.

MEDICAL RELEASES/PARENT PERMISSION ON FILE: Yes

SAFETY AND SUPERVISION PROVISIONS: Medical Cards / Medical Kit will be with chaperones at all times.

Trip Itinerary:

November 8

2:00pm Depart MVHS

4:30pm Arrive in Kettering, Ohio for dinner

5:30pm Sound Check at Kettering Fairmont HS

7:00pm Concert

9:30pm Hotel

November 9

8:00am Kettering HS: Day is spent at workshops and performances

5:00pm Travel out for dinner

7:00pm Evening Concert at Kettering HS

10:00pm Hotel

November 10

9:00am Depart for MVHS

11:30am Arrive at MVHS

MT VERNON COMMUNITY SCHOOL CORPORATION

Field Trip / Transportation Request

Date of Trip Nov 8-10 Teacher/Sponsor L Leigh Anderson

Number of Students 13 Number of Buses Mini (1)

Special Equipment Required _____

Time of Departure 2:15pm Nov. 8 Estimated Time of Return 12pm Nov 10

Destination Kettering Ohio Location Kettering Fairmont H.S

Meal Stop Required ☒ Yes ☐ No If Yes, Where TBA.

List Educational Objectives / State Standards Met Performance, Feedback,
intensive training for a cappella groups

Minutes of Instructional Time Lost 84

Signature of Teacher/Sponsor [Signature] Date 10-4-19

School MVHS Date Requested 10-15-19

Signature of Principal Brooke Tharp

Supt. Office Use Only

Date Request Received _____ Approved _____ Not Approved _____

Approved By _____ Date _____

Driver(s) Assigned _____ Date _____ Bus(es) Assigned _____

Board Action Date (required for overnight or out of state trips) _____

Approved _____ Not Approved _____ (Must be approved before taking trip)