

SCHOOL DISTRICT OF CL
FIELD TRIP REQUE

APPROVED: [Signature]
Received to Late for June 16, 2016
Board Meeting

Received for Information: July 21, 2016

1. School Requesting: Fleming Island High

2. Transportation (Check One):

School Bus(s) _____ Private Vehicle(s) X Commercial Carrier _____ Other _____
If Commercial Carrier or Other, please state type: _____

3. Trip(s) overnight: Yes X No _____ Trip(s) out-of-state: Yes _____ No X

4. Dates of Field Trip*: 7/16/16 - 7/19/16 Destination*: Orlando, FL - UCF
* For School Buses...if more than one bus is requested, reference bus request form.

5. Group Taking Trip: Dance Team

6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board form. _____

7. Educational Value of Field Trip: Dance Team UDA Camp

8. Supporting SSS Benchmark(s) with Narrative(s): _____

9. Number of Students*: 15 Number of Chaperones*: 2

10. Cost Per Student: _____ Budget Code or Source to be charged: _____
(example: Internal Accounts, 5100-331, Athletic Departments)

11. Departure Time*: 8:00am - 7/16 Returning Time*: 5:00pm 7/19

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division Director or Supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be listed below.

Bus Requisition Number(s): _____

Christy C. [Signature]
Teacher, Team Leader, Department Head, Etc.
Thomas Pittman Principal

District Office Approval



SCHOOL DISTRICT OF CLATSOP
FIELD TRIP REQUEST

APPROVED: M. H. [Signature]
ADMINISTRATIVELY APPROVED
PENDING BOARD APPROVAL
July 21, 2016

1. School Requesting: Fleming Island High School
2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) X Commercial Carrier _____ Other _____
If Commercial Carrier or Other, please state type: _____
3. Trip(s) overnight: Yes X No _____ Trip(s) out-of-state: Yes _____ No X
4. Dates of Field Trip*: 1/13/17 - 1/15/17 Destination*: Daytona Beach - Ocean center
* For School Buses...if more than one bus is requested, reference bus request form.
5. Group Taking Trip: Dance Team
6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board form. _____
7. Educational Value of Field Trip: State Competition

8. Supporting SSS Benchmark(s) with Narrative(s): _____

9. Number of Students*: 15 Number of Chaperones*: 2
10. Cost Per Student: _____ Budget Code or Source to be charged: _____
(example: Internal Accounts, 5100-331, Athletic Departments)
11. Departure Time*: 2pm 1/13 Returning Time*: 3pm - 1/15

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division Director or Supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be listed below.

Bus Requisition Number(s): _____

Christy C. [Signature]
Teacher, Team Leader, Department Head, Etc.
Thomas Pittman (PE)
Principal
M. H. [Signature]
District Office Approval

SCHOOL DISTRICT OF CLATSOP
FIELD TRIP REQUEST

APPROVED: Michael Hartzel
ADMINISTRATIVELY APPROVED
PENDING BOARD APPROVAL
July 21, 2016

1. School Requesting: Fleming Island Hig
2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) X Commercial Carrier _____ Other _____
If Commercial Carrier or Other, please state type: _____
3. Trip(s) overnight: Yes X No _____ Trip(s) out-of-state: Yes X No _____
4. Dates of Field Trip*: 3/3/17-3/5/17 Destination*: Hard Rock - Orlando, FL
* For School Buses...if more than one bus is requested, reference bus request form.
5. Group Taking Trip: Dance Team
6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board form. _____
7. Educational Value of Field Trip: NDA National Competition
8. Supporting SSS Benchmark(s) with Narrative(s): _____
9. Number of Students*: 15 Number of Chaperones*: 2
10. Cost Per Student: _____ Budget Code or Source to be charged: _____
(example: Internal Accounts, 5100-331, Athletic Departments)
11. Departure Time*: 8am 3/3 Returning Time*: 6pm 3/5

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division Director or Supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be listed below.

Bus Requisition Number(s): _____

Christy C. Napi
Teacher, Team Leader, Department Head, Etc.
Thomas Pittman (PI)
Michael Hartzel Principal
District Office Approval

CD

SCHOOL DISTRICT OF CLAY
FIELD TRIP REQUEST

APPROVED: M. H. [Signature]
ADMINISTRATIVELY APPROVED
PENDING BOARD APPROVAL
July 21, 2016

1. School Requesting: Ridgeview High S

2. Transportation (Check one):
School Bus/s _____ Automobile/s _____ Commercial Carrier X Other _____
If commercial or other, state type: _____

3. Trip(s) overnight: yes X no _____ Trip(s) out-of-state: yes X no _____

4. Dates of Field Trip*: Nov 12-14, 2016 Destination*: Biltmore House - Asheville, NC
*For school buses ... if more than one bus is requested, reference bus request form.

5. Group Taking Trip: Ridgeview Chorus

6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board Form. _____

7. Educational Value of Field Trip: To perform prepared music at the Biltmore House, the largest home in America, as part of their Christmas celebration.

8. Supporting SSS Benchmark(s): ~~MA.1.4.1~~ MU.A.1.4.1, MU.A.1.4.2, MU.A.1.4.3, MU.D.1.4.1, MU.D.1.4.3, MU.E.1.4.3, MU.E.2.4.1

9. Number of Students*: 30 Max Number of Chaperones*: 6

10. Cost Per Student: \$250 Budget Code or Source to be charged: 2200-CHORUS
(Examples: Internal Accounts, 5100-331, Athletic Departments)

11. Departure Time*: 6 AM (Nov. 12) Returning Time*: 6 PM (Nov. 14)

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division Director or Supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be listed below.

Bus Requisition Number/s: _____

[Signature]
Teacher, Team Leader, Department Head, Etc.
Principal
[Signature]
District Office Approval



529-2160
SCHOOL DISTRICT OF CLAY
FIELD TRIP REQUEST

APPROVED: [Signature]
Received to Late for June 16, 2016
Board Meeting

Received for Information: July 21, 2016

1. School Requesting: Oakleaf High School

2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) X Commercial Carrier _____ Other _____
If Commercial Carrier or Other, please state type: _____

3. Trip(s) overnight: Yes ___ No X Trip(s) out-of-state: Yes X No ___

4. Dates of Field Trip*: 6/30/16 Destination*: 570 Harry Driggers Blvd
* For School Buses...if more than one bus is requested, reference bus request form. Branswick, GA 31525

5. Group Taking Trip: Oakleaf High School Football

6. If using private vehicles, list drivers you wish to designate as Agents of the Board and attach the necessary Agent of the Board form. Approved Driver Coaches and Parents (8 to 10)

7. Educational Value of Field Trip: Football Team Camp. Day Camp

8. Supporting SSS Benchmark(s) with Narrative(s): _____

9. Number of Students*: 40 Number of Chaperones*: 10+

10. Cost Per Student: \$10 Budget Code or Source to be charged: _____
(example: Internal Accounts, 5100-331, Athletic Departments)

11. Departure Time*: 7:30 Returning Time*: 8:00pm

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division Director or Supervisor. If school buses are being used, the transportation request form should be attached. School bus requisition numbers for each request form are to be listed below.

Bus Requisition Number(s): _____

[Signature]
Teacher, Team Leader, Department Head, Etc.
[Signature]
Principal
[Signature]
District Office Approval



GOLDEN ISLES TEAM CHALLENGE

CONTACTS: Rocky Hidalgo Cell: (678) 463-6592 rocky.hidalgo@glynn.k12.ga.us

Taylor Sharpe Cell: (404) 625-2377 taylor.sharpe@glynn.k12.ga.us

WHEN: June 29TH – July 1ST 2016 (Wednesday, Thursday, and Friday)

****YOU DO NOT HAVE TO PARTICIPATE EVERYDAY OF THE CAMP****

TIME: 9:30 am to 3:30 pm

WHERE: North Glynn Recreational Fields,

570 Harry Driggers Blvd., Brunswick, GA 31525

COST: \$10 a player, a day. Includes lunch (water, Powerade, sandwich, and chips)

EQUIPMENT: Helmet & shoulder pads only; no knee & thigh pads.

PAPERWORK: Waiver statements and participation forms

EXPECTATIONS: Each day will include an INSIDE, TEAM, AND

COMPETITION PERIOD. We will thud or fit up but not take
players to the ground.

SUPPORTERS: \$5 a car

*We will be carpooling.
Any Parents willing to drive Please call
Coach Reynolds 904-796-7159*

****NO FIGHTING****

Or your team will be dismissed from the camp

GOLDEN ISLES TEAM CHALLENGE

North Glynn Recreational Fields,
570 Harry Driggers Blvd., Brunswick, GA 31525

Rocky Hidalgo or Taylor Sharpe

Cell: (678) 463-6592 or (404) 625-2377

E-mail: rocky.hidalgo@glynn.k12.ga.us or taylor.sharpe@glynn.k12.ga.us

RELEASE AND WAIVER STATEMENTS

The sports camps have adopted the following procedures in caring for your child when he/she becomes sick or injured while attending camp:

(1) The camp will call home, if there is no answer. (2) The Camp will call the father's, mother's, or guardian's place of employment, if there is no answer. (3) The camp will call an ambulance, if necessary, to transport the child to a local medical facility. (4) Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility. (5) The camp will continue to call the parents, guardians, or physician until one is reached. If I cannot be reached and the camp authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, surgery diagnostic procedures and the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

I waive and release the Golden Isles Team Challenge, Rocky Hidalgo, Taylor Sharpe, Glynn Academy High School, and camp staff from any and all liability for any injuries incurred by my child while at camp or arising out of travel to or from the Golden Isles Team Challenge.

PARTICIPANT'S NAME: _____
Please Print

PARTICIPANT'S SIGNATURE: _____

PARENT'S or GUARDIAN'S SIGNATURE: _____

DATE: _____