

SCHOOL DISTRICT OF CLAY COUNTY
FIELD TRIP REQUEST

1. School Requesting: Fleming Island High School
2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) Commercial Carrier _____ Other _____
If Commercial Carrier or Other, please state type: _____
3. Trip(s) Overnight: Yes No _____ Trip(s) Out-of-State: Yes _____ No
4. Dates of Field Trip*: 7/25/21 - 7/28/21 Destination*: Renaissance Resort at World Golf Village
5. Group Taking Trip: Fleming Island Dance Team
6. If using private vehicles, list approved driver(s): parents will transport their own child to and from camp
7. Educational Value of Field Trip: Students will be learning routines that we will be using throughout the year.
8. Supporting Florida Standards Benchmark(s) with Narrative(s): N/A
9. Number of Students*: 16 Number of Chaperones*: 1
10. Cost Per Student: \$ 405.00 Budget Code or Source to be charged: 4036
(Example: Internal Accounts, 5100.0331, Athletic Departments)
11. Departure Time*: 9 am 7/25/21 Returning Time*: 1 pm 7/28/21

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division 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 list below.

Bus Requisition Number(s): _____

[Signature]
Teacher, Team Leader, Department Head, Etc.
[Signature]
Principal
[Signature]
Assistant Superintendent
[Signature]
Superintendent

6/15/2021
Date
6/16/21
Date
6/17/21
Date
6/17/21
Date

SCHOOL DISTRICT OF CLAY COUNTY

FIELD TRIP REQUEST

1. School Requesting: FLEMING ISLANDS HIGH SCHOOL
2. Transportation (Check One): RENTAL VANS 7 PASSENGER
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*: 7/18 - 7/23/21 Destination*: BREVARD NC
5. Group Taking Trip: GIRLS CROSS COUNTRY TEAM
6. If using private vehicles, list approved driver(s): SUZANNE BAKER, RACHEL d'MONDA,
LISA ADAMS
7. Educational Value of Field Trip: _____
BREVARD DISTANCE RUNNERS CAMP
CROSS COUNTRY TRAINING
8. Supporting Florida Standards Benchmark(s) with Narrative(s): _____

9. Number of Students*: 14 Number of Chaperones*: 3
10. Cost Per Student: 625.00 Budget Code or Source to be charged: 6085
(Example: Internal Accounts, 5100.0331, Athletic Departments)
11. Departure Time*: 6:00 AM Returning Time*: 5:00 PM

*For School Buses, if more than one bus is requested, reference bus request form.

All county policy and school directives have been reviewed and compliance has been established. This form should be submitted to the appropriate Instructional Division 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 list below.

Bus Requisition Number(s): _____

<u>SUZANNE BAKER</u> Teacher, Team Leader, Department Head, Etc.	<u>6/10/21</u> Date
<u>[Signature]</u> Principal	<u>6/10/21</u> Date
<u>[Signature]</u> Assistant Superintendent	<u>6/17/21</u> Date
<u>[Signature]</u> Superintendent	<u>6/17/21</u> Date