

SCHOOL DISTRICT OF CLAY
FIELD TRIP REQUEST

APPROVED: Melissa Winters
ADMINISTRATIVELY APPROVED
PENDING BOARD APPROVAL
April 17, 2014

1. School Requesting: OPJH, LJH, WJH

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*: 5/4 - 5/6 2014 Destination*: Tallahassee, FL
* For School Buses...if more than one bus is requested, reference bus request form.

5. Group Taking Trip: Delegates of Clay County History Fair Winners

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. Cynthia Cheatwood, Megan Stokes, Charlene Calise

7. Educational Value of Field Trip: Educational Competition - Students present history research projects and defend their theses.
Side trip - Mission San Luis - FL history's state capital - Experience mock leg. session in FL House of Reps ; Tour state history museum

8. Supporting SSS Benchmark(s) with Narrative(s): SS.8.A.5.7. FLA. HISTORY
SS.8.C.2.1 - Primary Sources use SS.8.G.5.2. Human Impact on environment
SS.7.C.2.3 - Experience responsibilities of citizens
SS.7.C.3.3 Illustrate structure of government SS.7.C.3.4 Differentiate between local, state, fed gov. services

9. Number of Students*: 12 Number of Chaperones*: 6

10. Cost Per Student: \$40 Budget Code or Source to be charged: _____
(example: Internal Accounts, 5100-331, Athletic Departments)

11. Departure Time*: 9:00 AM 5/4 Returning Time*: 4:00 PM 5/6

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):

Cynthia Cheatwood
Teacher, Team Leader, Department Head, Etc.
Melissa Winters
Principal
District Office Approval



Florida History Fair 2014 Itinerary

May 4, 2014

9:00 AM- Meet at OP Mall

Noonish- Lunch stop

1:00 PM- *Mission de San Luis* visit

4:30 PM- Check into Quality Inn and Suites hotel

5:00 PM- Tallahassee Community College. Set up exhibits. Registration (3:00 to 8:30 PM)

6:30 PM- Dinner/Outing- TBA

8:30 PM- Back to hotel.

May 5, 2014

7:00 AM- Wake up. 7:30 AM-Breakfast

8:30 AM- Arrive TCC. Put 3 sets of paperwork with exhibits. Keep one set. Judging begins at

10AM.Documentary and performance judging begins at 9:20 AM

LUNCH- At TCC's food court, when individual schedules permit

12:30 PM-Outing to Historic Capitol/ Mock session in House of Reps

2:15 PM- Return to TCC for Runoffs (Runoffs posted by 2:30 PM).

Public Viewing of exhibits 3:30-5:00 PM.

5:00 PM- Remove exhibits

5:30 to 6:30 PM-. Reception at the Museum of Florida History.

7:00-9:00 PM- Governor's Square Mall dinner on your own.

9:00 PM- Back to hotel. Pack up most of your stuff.

May 6, 2014

7:00 AM- Wake/Dress/Finish Packing/Load bus

7:30 AM- Breakfast

9:00 AM to Noon - Awards Ceremony

12:15 PM- Lunch

4:30 PM-Return to Clay County

Note: Process Papers Students in first-round documentary judging bring 4 copies to their presentation; the judges retain one copy and return three, which students bring to runoff presentations. Students with web entries bring four copies to their initial interview; the judges will keep three and return one.

Florida History Fair applies the following standards:

SS.7.C.1.2 Trace the impact that the Magna Carta, English Bill of Rights, Mayflower Compact, and Thomas Paine's "Common Sense" had on colonists' views of government.

SS.7.C.1.3 Describe how English policies and responses to colonial concerns led to the writing of the Declaration of Independence.

SS.7.C.1.4 Analyze the ideas (natural rights, role of the government) and complaints set forth in the Declaration of Independence.

SS.7.C.2.4 Evaluate rights contained in the Bill of Rights and other amendments to the Constitution.

SS.7.C.2.5 Distinguish how the Constitution safeguards and limits individual rights.

SS.7.C.3.6 Evaluate Constitutional rights and their impact on individuals and society.

SS.7.C.3.7 Analyze the impact of the 13th, 14th, 15th, 19th, 24th, and 26th amendments on participation of minority groups in the American political process.

SS.8.A.1.1 Provide supporting details for an answer from text, interview for oral history, check validity of information from research/text, and identify strong vs. weak arguments.

SS.8.A.1.2 Analyze charts, graphs, maps, photographs, and timelines; analyze political cartoons; determine cause and effect.

SS.8.A.1.3 Analyze current events relevant to American History topics through a variety of electronic and print media resources.

SS.8.A.1.4 Differentiate fact from opinion, utilize appropriate historical research and fiction/nonfiction support materials

SS.8.A.1.5 Identify, within both primary and secondary sources, the author, audience, format, and purpose of significant historical documents.

SS.8.A.1.6 Compare interpretations of key events and issues throughout American History.

SS.8.A.1.7 View historic events through the eyes of those who were there as shown in their art, writings, music, and artifacts.

SS.8.G.6.2 Illustrate places and events in U.S. history through the use of narratives and graphic representations.

CCSS Standard: Reading Informational Text NHD Connection: Students, with teacher guidance, engage in wide exploration and analysis of secondary and primary sources related to their NHD topic. Students learn to determine the quality and credibility of sources, to triangulate information to increase the likelihood of accuracy, and consider the best evidence and arguments put forward by source authors.

CCSS Standard: Reading Literature NHD Connection: Historical fiction, literature from a specific time period, legends, myths, and fables provide additional perspectives and often help paint an initial picture, which a student may test with factual evidence from informational sources.

CCSS Standard: Writing NHD Connection: All NHD projects include student-composed argumentative texts embellished with selective use of quotations and images/graphics/media. Students develop a well-reasoned thesis.

CSS Standard: Listening and Speaking NHD Connection: Collaborative discussions to explore ongoing research and project development efforts require advance preparation. Careful process of evaluating NHD projects includes an interview

SCHOOL DISTRICT OF CLATSOP
FIELD TRIP REQUEST

APPROVED: M. H. Wright
Received to Late for March 20, 2014
Board Meeting
Receive For Information: April 17, 2014

1. School Requesting: OLJHS

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*: 04/03 - 04/04 Destination*: Camp Blanding
* For School Buses...if more than one bus is requested, reference bus request form.

5. Group Taking Trip: FCA Club

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: FCA Leadership Training

8. Supporting SSS Benchmark(s) with Narrative(s): N/A

9. Number of Students*: 5-10 Number of Chaperones*: 3

10. Cost Per Student: 37⁰⁰ Budget Code or Source to be charged: _____
(example: Internal Accounts, 5100-331, Athletic Departments)

11. Departure Time*: 4:00 from their homes Returning Time*: 2:00

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):
N/A

G.K. McKeel
Teacher/Team Leader, Department Head, Etc.
Janice E. Tucker
M. H. Wright Principal
District Office Approval 6

CLAY COUNTY JUNIOR HIGH

FCA RETREAT

CAMP BLANDING JOINT TRAINING CENTER
April 3rd-4th, 2014

-  FCA Huddle Training
-  Leadership Training
-  Testimony from Michael Scarnecchia

Contact your FCA Sponsor for more information

Begins at 5:30 pm on April 3rd and ends at 2:00 pm on April 4th.

Group transportation is up to individual schools, however, students may be dropped off by their parents at Camp Blanding.

Cost is \$37 per student // Registration deadline is March 18th // Release Form is available from your FCA Huddle Leader.

Questions? Contact Andrew Baker at andrewbaker@fca.org or 865-406-8655.

Packing list: Pillow / Blanket / Sheets / Towel / Gym Clothes / Shower Shoes / Tennis Shoes / Toiletries / Bathing Suit / All Prescribed Medications / 3 Water Bottles / Snacks (optional) / Personal ID / Sleepwear / Sunscreen

We suggest that your student-athletes do not pack personal phones, iPads, iPods, Laptops, etc. or anything that may distract your team or get stolen. Your barracks should be locked at all times, but FCA will not be responsible for any stolen items

ALL IN
COLOSSIANS 3:17



**FELLOWSHIP OF
CHRISTIAN ATHLETES**

IMPORTANT: Everyone MUST have personal identification to get through Main Gate of Camp Blanding Joint Training Facility (Camp Facilities). Also, make sure everyone has at least 3 Personal Water Bottles with them. FCA will provide coolers of Gatorade and Water at all times that you can fill your bottles up with during meals, competitions, etc. Make sure you remind your team to bring their bottles with them to every meal. This helps us to keep the facilities clean of cups and water bottles, and keep cost down of camp.

HOUSING RULES

Note: FCA Team Camp 2014 is held on a military facility, therefore rules are strictly enforced.

-Everyone must clean up after themselves. There should be no trash of any kind left on or around competition fields, eating areas, chapel area, Kingsley Lake, Barracks, etc... There will be ample trash bins and trash bags available to throw trash away.

-Do not bang cleats or shoes on the side of any buildings. Your team will have to scrub the outside walls of the whole building if there is dirt on them.

-Do not throw trash, toilet paper, etc... on floors or counters of the latrine buildings. If there are any problems with latrines (flooding, toilets clogged, etc.) please notify Camp Director/FCA staff immediately.

-Head Coach of the team will receive the key (one key) to the barracks at registration. He/She is responsible for turning the key in after Camp Director/FCA staff checks you out of your barracks. You will be financially responsible to Camp Blanding for their purchase of a new key if it is misplaced.

-Everyone must be fully dressed (t-shirt, shorts and sandals) walking around facilities. This includes walking to the lake for swimming, going to the post-exchange to buy anything, and going to the latrines (if they are not located in barracks).

-If anything is damaged that does not belong to you or your team you will be financially responsible for the damaged item/items.

-If you run out of anything (toilet paper, garbage bags, etc..) please call Camp Director/FCA staff immediately so we may replenish whatever it is.

-Your team must clean barracks at the end of camp. There must be a pillow on each bed, bunks/ beds must be placed back in proper order (if moved), the floors must be swept and mopped and no trash anywhere in barracks. Head Coach and Camp Director/FCA staff will walk through barracks to make sure it is cleaned properly. If everything checks out good then the coach may hand key over to Camp Director/FCA staff and the team will be dismissed from camp.

-If there are any emergencies or accidents at any time you must notify Camp Director/FCA staff immediately (you will receive all Camp/FCA staff contact information at registration, day of camp) and we will dispatch the trainer or military emergency medical staff.

**I understand and agree with all Housing Rules of the FCA Team Camp 2014. I understand that I am responsible for communicating the rules to all of my coaches and student-athletes prior to camp. I understand that camp is located on a military base and therefore the rules of cleanliness are strictly enforced.

School Name: _____ Date: _____

Head Coach Name: _____ Signature: _____



STATE OF FLORIDA
Department of Military Affairs
Office of the Adjutant General

St. Francis Barracks, P.O. Box 1008
St. Augustine, Florida 32085-1008

SQM

Whereas, in the spirit of cooperation and mutual assistance, the Adjutant General of the State of Florida desires to make certain facilities of the Armory Board, State of Florida, and the Florida National Guard (FLNG) available to law enforcement agencies and other deserving groups;

Whereas, these facilities are located throughout the State of Florida and are used for training the FLNG;

Whereas, there may be some inherent risk involved in the use of these facilities;

Now, therefore, the Governor of Florida and the Adjutant General do hereby allow the undersigned the use of these facilities provided, however, that the undersigned, his/her heirs, executors or administrators do hereby release and forever hold harmless, the Governor of Florida, the Armory Board, the Adjutant General, and FLNG and the State of Florida of, and from, all manner of action and actions, cause and causes of action, suits, damages, claims and demands whatsoever, in law or in equity for:

1. Any injury sustained to the person or property of the undersigned while using the facilities at Camp Blanding Joint Training Center.

2. Any death of the undersigned resulting from the use of the facilities at Camp Blanding Joint Training Center.

3. Any injury or death resulting from the acts of third persons while using the facilities at Camp Blanding Joint Training Center.

4. In addition to generally and completely releasing the Governor of Florida, the Armory Board, the Adjutant General, the Post Property and Fiscal Officer, Post Commander, Armory Manager and their agents, employees, and subordinates, the FLNG and the State of Florida, the undersigned hereby agrees to indemnify the Armory Board, the FLNG and the State of Florida from claims of third parties made because of my negligence. The undersigned also agrees to indemnify the FLNG and the State of Florida for any damages or destruction to FLNG property while using the above mentioned facilities during the period _____.

Signature

Date

Student Permission Waiver

NOTE: Parent/Guardian MUST have this form present at registration to be permitted in camp

Student's Information:			
First Name:		Last Name:	
Address:		City/State/Zip:	
Phone Number:		Age:	
Date of Birth:		School Attending & Grade in Fall:	
Parent/Guardian Contact Information:			
First Name:		Last Name:	
Phone Number:		Home Number:	
Work Number:		Email:	
Parent/Guardian Contact Information:			
First Name:		Last Name:	
Cell Number:		Home Number:	
Work Number:		Email:	
Emergency Contacts- Authorized for Early Pick Up of my Student			
First Name:		Last Name:	
Cell Number:		Home Number:	
Work Number:		Relationship to student:	
Emergency Contacts- Authorized for Early Pick Up of my Student			
First Name:		Last Name:	
Cell Number:		Home Number:	
Work Number:		Relationship to student:	
Additional Person(s) Authorized to Pick Up			
Name:		Phone Number:	
Name:		Phone Number:	

Signature _____ Date _____

Medical Information:

1. List and explain any known physical defect or illness which might interfere with the student's participation in strenuous activity.

2. Does the student have any severe allergies or reactions to drugs or medicines? Explain.

3. List any medications the student is presently taking or any special diet or exercise restrictions. (List name of drugs, dosage, etc.)

4. Indicate the date of last Tetanus shot _____

5. Are there any emotional/social disabilities that would be helpful for us to be aware of?

6. Is your son/daughter living with: both parents one parent guardian other

Health Insurance Information

Insurance Company _____ Policy Number _____ Phone Number _____
Medical Doctor _____ Phone Number _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Student Participant Form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my student during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the student named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for Camp Trainer and Camp professional medical staff to give over-the-counter medications as needed, as well as, attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for my student to be transported in an authorized FCA vehicle for FCA activity locations.

Release to use Image and Likeness

On occasion, the Fellowship of Christian Athletes (FCA) or its representatives takes photographs or makes an audio or videotape recording of students and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the student named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by FCA or its agents to produce ministry resources for staff training, Camp or campus ministry, or other uses to promote the ministry of FCA. FCA may also make these materials available for sale to the public.

Swimming Ability

_____ Allowed in Water
_____ Not Allowed in Water

*All FCA Camps that offer water activities will require a swim test for each student to pass in order to participate.

Other Information

List any other information that leaders should know about the student participant: _____

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Student Participant Form and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the student in these activities, I hereby consent to the Student Participant Form, including the **Release of Liability** above, on behalf of the student and agree that this Student Participant Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Witness Signature

Date

Off Campus School Activity Parent/Guardian Consent and Release Form

School District of Clay County

The undersigned Parent(s)/Guardian(s) of the student named herein hereby grant permission for said student to attend and participate in the following off campus school activity:

Name of Student: _____ D.O.B. _____

Activity: _____ Date of Activity: _____

Location: _____ Teacher/Sponsor: _____ Method of

Transportation: School Bus _____ or Private Vehicle _____ or Charter Bus _____

Motor Vehicle Insurance:

I/We understand that under present "no fault" motor vehicle insurance law, if my child is injured while riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under our/my family automobile insurance policy, and I/We agree to submit any medical bills incurred to my/our insurance company for payment. I/We assume all responsibility for any deductible or self insured retention which is part of the terms of my/our motor vehicle insurance personal injury protection coverage.

Assumption of Risk/Release of Liability:

I/We have determined that participation in this off school campus activity by my/our child/ward is important and is of value and benefit to my/child and ward. I/We understand that the coaching staff, activity sponsors, teachers and school officials will act reasonable to protect my/our child from injury, including the provision of appropriate safe equipment, facilities, and training designed to reduce the possibility of injury or death, and the safety of my/our child is of primary concern during all such off campus school activities. I/We understand that there will be incidental stops en-route to and from the activity when determined necessary or desirable. I/We have considered and know of and acknowledge, and our child/ward has been informed of the risks involved in said off campus activity, which risks include, but are not limited to, physical injury, disabling injury and death, and I/We choose to accept any and all responsibility for his/her safety and welfare while participating in said off campus activity. With full understanding of the risks involved I/We release and hold harmless my/our child's/ward's school, the School Board of Clay County, Florida ("School Board") and all officers, employees, agents and representatives of the School Board and the school from any and all responsibility and liability for any claim or cause of action for personal injury or death arising out of or resulting from my child's/ward's participation in this activity and agree to take no legal action on my/our behalf, or on behalf of the child/ward or the estate of the child/ward because of any injury, death or damage caused by any accident or mishap involving my child/ward while participating in this activity.

[Parent, Guardian, Student Initial acknowledgement of this page: _____, _____, _____]

SCHOOL DISTRICT OF CLAY
FIELD TRIP REQUEST

APPROVED: Michelle Wacha
ADMINISTRATIVELY APPROVED
PENDING BOARD APPROVAL
April 17, 2014

1. School Requesting: KHHS

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*: 4/24 - 4/27 Destination*: Rosen Shingle Creek Resort
* For School Buses...if more than one bus is requested, reference bus request form. Orlando, FL

5. Group Taking Trip: KHHS Key Club

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. Michelle D. Wacha, Nancy Glanville

7. Educational Value of Field Trip: Students will attend workshops on a variety of topics to sharpen leadership skills and knowledge.

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

9. Number of Students*: 8 Number of Chaperones*: 1

10. Cost Per Student: \$255.00 Budget Code or Source to be charged: Key Club
(example: Internal Accounts, 5100-331, Athletic Departments)

11. Departure Time*: 9:30 4/24 Returning Time*: 3:00 p.m. 4/27

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): N/A

Michelle D. Wacha
Teacher, Team Leader, Department Head, Etc.
Bruce J. [Signature]
Principal
Michelle Wacha
District Office Approval

76TH ANNUAL FLORIDA DISTRICT EDUCATION & LEADERSHIP CONFERENCE

THEME:
"SUPERHEROES OF SERVICE"

WHEN AND WHERE:
APRIL 24TH – 27TH, 2014
ROSEN SHINGLE CREEK RESORT
9939 UNIVERSAL BLVD. ORLANDO, FL 32819
(407)-996-9939

DATES:
REGISTRATION OPENS
DECEMBER 1ST
EARLY REGISTRATION ENDS
FEBRUARY 28TH
(AFTERWARDS, PRICES WILL
INCREASE BY \$50!)

DCON:
APRIL 24TH – 27TH

WHAT IS DCON?

THE DISTRICT EDUCATION & LEADERSHIP CONFERENCE IS WHERE NEARLY 2,000 SERVANT LEADERS FROM FLORIDA AND THE CAYMAN ISLANDS UNITE TO EXPAND THEIR LEADERSHIP KNOWLEDGE, HEAR INSPIRING STORIES, MEET NEW FRIENDS AND CELEBRATE SERVICE!

EVENTS:

SERVICE CITY
SOAR TO ELIMINATE WALK-A-THON
TALENT ASSEMBLY
AWARDS AND CLUB RECOGNITION
WORKSHOPS
GOVERNOR'S BANQUET AND BALL

COST:

QUAD ROOM-\$255 TRIPLE ROOM-\$310
DOUBLE ROOM-\$365 SINGLE ROOM-\$550

"WHAT DOES THIS COST COVER?"

3 NIGHTS AT THE HOTEL, 3 MEALS ON BOTH FRIDAY AND SATURDAY, SOUVENIRS, TRAINING MATERIALS, GUEST SPEAKERS, AND ENTERTAINMENT.

QUESTIONS ABOUT CONFERENCE?
WE ARE ALWAYS READY TO ASSIST!

DCON CHAIR DEVON MIMS
DCONCHAIR@FLORIDAKEYCLUB.COM
(551)-556-3006

DCON ADMINISTRATOR DENNIS FRECKLETON
AADCON@FLORIDAKEYCLUB.COM
(964)-661-8967

76TH ANNUAL DISTRICT CONFERENCE

SUPERHEROES OF SERVICE

KEY CLUB®

Florida District of Key Club International

Dear Key Clubbers of the Florida District,

Welcome to the 76th annual Florida District Conference! The Florida District Board of Trustees has dedicated countless hours to planning a great weekend for you. I hope you are able to enjoy every minute of it. Thank you for continuing to make service a priority in your life throughout the past year. With your efforts we have reached an all-time high in fundraising for The Eliminate Project. I am so proud of each one of you. While we celebrate our great accomplishments, we should also realize that the war against maternal and neonatal tetanus is not over. I ask that every one of you register for the Race-To-Eliminate, participate in the dance auctions, and visit The Eliminate Project booth.

As we soar into service, I encourage you to attend all workshops and assemblies. This weekend will be full of fun and memories, and expanding your knowledge of Key Club will be essential. Your hearing the candidates' speeches and participating in the caucuses will enable you to make educated decisions during the House of Delegates to ensure that the future of the Florida District is in good hands. If at any time during the convention you feel lost or have any questions, feel free to stop any District Board member to ask for assistance. Board members will be wearing white magnetic name badges with their name and position displayed on it. I hope you all have a memorable weekend, and thank you for being a Key Club member!

United in Service,



Trina Sessions
District Governor

Background Check Verification: Click [here](#) to check the status of your background check.

What is District Conference?

The District Education and Leadership Conference allows Key Clubbers from Florida and the Cayman Islands, nearly 2,000 servant leaders, to come together for an experience like no other.

Clubs in attendance decide who will be the district's next leaders. Keynote speakers tell their inspiring stories of challenge or adversity. Workshop sessions allow members to peak their interests on a variety of topics and sharpen their leadership knowledge. Some Key Clubbers will even show ultimate courage, sharing their personal passions and talents on stage!

No matter what part of conference excites you the most, there is one thing that we promise: here at DCON, you will discover a whole new meaning of your Key Club family.

Why should you attend?

Top 9 reasons include:

- Get recognized for all of the great service your Key Club has done over the year.
- Get involved in the Kiwanis Family and learn more about the other branches by meeting them in person.
- Attend workshops on a variety of subjects that will help to build your Key Club knowledge and to enhance your leadership skills.
- Meet with nearly 2,000 other Key Clubbers from all Florida and the Cayman Islands.
- Get inspired and discover new service project opportunities by attending the service fair.
- Listen to motivational keynote speakers and awe-striking entertainment.
- Get both new and old members excited about getting more involved in Key Club!
- Learn new ways to strengthen your clubs, recruit members, and retain them.
- Celebrate a fulfilling year of service with friends and family at the Governor's Banquet and Ball.

SCHOOL DISTRICT OF C
FIELD TRIP REQU

APPROVED: Muelly Hutzler
Received to Late for March 20, 2014
Board Meeting
Receive For Information: April 17, 2014

1. School Requesting: MIDDLEBURG

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

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

4. Dates of Field Trip*: 11-12 APR Destination*: PENSACOLA, FL
* For School Buses...if more than one bus is requested, reference bus request form.

5. Group Taking Trip: MTAOTC ACADEMIC 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: ACADEMIC MEET

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

9. Number of Students*: 5 Number of Chaperones*: 1

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

11. Departure Time*: 0900 AM 11 APR Returning Time*: MIDNIGHT / 12 APR

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): _____

CDA THURMAN
Teacher, Team Leader, Department Head, Etc.
Tola Blum
Principal
Muelly Hutzler
District Office Approval

03

SCHOOL DISTRICT OF CL
FIELD TRIP REQUE

APPROVED: Michele Wuzto
ADMINISTRATIVELY APPROVED
PENDING BOARD APPROVAL
April 17, 2014

1. School Requesting: MHS

2. Transportation (Check One):

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

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

4. Dates of Field Trip*: 4-27-4-30-14 Destination*: PENSACOLA FL
* For School Buses...if more than one bus is requested, reference bus request form.

5. Group Taking Trip: SKILLS USA STATE CONTESTANTS

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: Students will show applied skills in competitive format with other state contestants

8. Supporting SSS Benchmark(s) with Narrative(s): Curr. FR. 17.01, LT 1.0
Curr FR 17.02, 17.03 18.01, ECD 1.0

9. Number of Students*: 5 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*: 11:00 AM Returning Time*: 1:30 PM

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):

Teacher, Team Leader, Department Head, Etc.

Principal

District Office Approval

SCHOOL DISTRICT OF CL
FIELD TRIP REQUE

APPROVED: [Signature]
Received to Late for March 20, 2014
Board Meeting
Receive For Information: April 17, 2014

1. School Requesting: FHS

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*: 3/26 - 3/27 Destination*: Tampa, FL
* For School Buses...if more than one bus is requested, reference bus request form.

5. Group Taking Trip: Thespians - Troupe 6687

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. Arlene Hernandez

7. Educational Value of Field Trip: Students will have the opportunity to perform highly rehearsed pieces for valuable feedback they would not get anywhere else. They would also have the opportunity to attend workshops and learn valuable information in the area of theatre.

8. Supporting SSS Benchmark(s) with Narrative(s): TH.912.S.2.5 - Perform memorized theatrical literature in contrasting pieces to show ability to apply principles and structure, focus on details of performance, and processing skills to establish successful interpretation, expression, and believability

9. Number of Students*: 13 Number of Chaperones*: 3

10. Cost Per Student: \$150 Budget Code or Source to be charged: Drama-3178
(example: Internal Accounts, 5100-331, Athletic Departments)

11. Departure Time*: 11:30 am Returning Time*: 7:30 pm

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

March 21, 2014

Mr. Wingate and the Board of Education:

Please accept my sincerest apologies due to my error in not filing the correct paperwork in the designated window of time for the field trip to Tampa for Thespian State Competition. Unfortunately, as a first-year teacher, I am still learning to navigate the administrative field of logistics and paperwork. I have spoken with my administration and I am now aware of the timeline necessary for an overnight trip. Please be assured that this will not happen again. I cannot begin to tell you how much I appreciate your help and understanding in this situation. I would never, ever want these students who have worked so hard to miss out on a fantastic, hard-earned opportunity because of my mistake. Thank you for your time and consideration, and I hope you have a wonderful Spring Break.

Sincerely,

A handwritten signature in cursive script that reads "Amy Young". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Amy Young

SCHOOL DISTRICT OF CLATSOP
FIELD TRIP REQUEST

APPROVED: Michelle [Signature]
Received to Late for March 20, 2014
Board Meeting
Receive For Information: April 17, 2014

- 1. School Requesting: Fleming Island High School
- 2. Transportation (Check One):
School Bus(s) _____ Private Vehicle(s) _____ Commercial Carrier _____ Other Renting Vans
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*: 4/4-4/5 Destination*: TALLAHASSEE FLORIDA
* For School Buses...if more than one bus is requested, reference bus request form.
- 5. Group Taking Trip: Varsity Baseball (Varsity game at Chiles, Friday, 4/4 and NFC on Saturday 4/5)
- 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: _____
- 8. Supporting SSS Benchmark(s) with Narrative(s): _____
- 9. Number of Students*: 18 Number of Chaperones*: 3
- 10. Cost Per Student: Baseball Funded Budget Code or Source to be charged: 6113
(example: Internal Accounts, 5100-331, Athletic Departments)
- 11. Departure Time*: 12:00 pm Returning Time*: 11:00 pm

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):

Teacher, Team Leader, Department Head, Etc.

Principal

District Office Approval