

## This form must be approved by the building principal at least 30 days prior to trip date.

The organizing faculty member must complete this form, attach a list of students potentially attending trip, and submit form to the School Nurse. The nurse will determine if a nurse or specific parent/quardian is needed on the trip. If needed, parent/guardian will be contacted to request attendance. If parent/quardian will attend, nurse notates below, approves form, and submits it to principal. If parent/quardian is unable to attend, the nurse enters the field trip date on the nurses district FT calendar as pending. If a nurse can be assigned to the field trip, the date is confirmed by the school nurse on the nurses district FT calendar, the nurse approves this form, and submits it to the principal for approval. Approved original forms are forwarded to the Assistant Superintendent for administrative approval. Original form is then sent to the Office of Transportation for final approval. Office of Transportation sends approved copy to building principal.

Note: Buses may not leave before 9:00am and must return by 2:00pm unless prior approval is given by the Supervisor of Transportation. Overnight trips require School Board approval at least one (1) month prior to trip date. Refer to Policy #121 for additional details and field trip requirements.

12/26-12/31/2024

Check this	box if Overnight Trip:
Destination	Name and
Address: ()cla	Mame and  modo Floridon KSA TOURNAMENT  elkeine Inn es Suites 7125 Universal BIVO Orlando Fl  Tournaunt @ 6000 W Oscala Pavery Kissina Florida
STAM @ Do	excine Inn es Suites 7125 Universal BIVO orlando FI
, ,	TOURNAULT @ 6000 W Oscala Paveney Kissing
Educational rationale:	School Athletics Torracement

Leaving from: 17/26/2024 at Returning 13/31/2024

to: Suvally 115 \_\_\_\_\_ at TBA

(School) (Time) (School)

at:	·			
	(Place)		(Time)	
Faculty Member Name of Students: 20072	e: Stove M. Grade(s	ALONY (SUN Va	My Herro Boshed	Red Coacid
Chaperone(s) Boosts Prasin Ree Fraselli, Baskestmell Co.	rect Para My 4014 STAPA	llen Boost VIC	c Pasinof Trus	
# of Substitutes Requ for:	ired:/			
TRANSPORTATION REQUESTED:S	SCHOOL BUS	<del></del>	CHARTERED BUS	
A Nurse or Parent/G trip: Parent/Guardian,will Nurse will	۱ <del>Actendia</del> کا	res No	PERONES ABOARD.	
Signature: (Organizing Faculty Member Signature	Nurse ature)		11/9/2023 (Date)	
Approved by:  (Pri  (Date) (111/23	mcipal)			

Exceptions or changes to the above							
Transportation:	Available	Not A	Not Available # of Bu		uses Assigned		
(Assistant Superinten	dent)	(Date)	(Transpo	rtation Supervisor)	(Date)		
Permit No.							
(Revised: 9/2021) <b>Drivers</b>							