

## Request for Field Trip Approval Form

*This form must be received and approved by the Central Office Administrator prior to the announcement of the requested field trip.*

☒ GENERAL INFORMATION:

Date of Request: 8/8/2023 Field Trip Location: Orlando, Florida  
 Start Date of Requested Field Trip: 3/26/2024 End Date of Requested Field Trip: 3/27/2024  
 School: Skyview Elementary School Group: 5th Grade  
 Proposed Number of Students: 58 Proposed Number of Adults: 6  
 Field Trip Paid By: Students Trip Tracker ID #: AT-01013  
 Organizing Teacher #1: Latresa Harris Contact #: \_\_\_\_\_  
 Organizing Teacher #2: kiera Casion Contact #: \_\_\_\_\_  
 Other School Personnel: Edrienne Brown Contact #: \_\_\_\_\_  
 Other School Personnel: Amia Dixon Contact #: \_\_\_\_\_

☒ DESTINATION: Please provide a detailed schedule of any stops. " See Attached"

☒ Educational Purpose of Field Trip: "See Attached"

☒ COST: Proposed Amount Requested from Students (please give a complete breakdown of costs):

\$225, SeaWorld \$124., Burger King \$8. Lunch \$8 Transportation \$85

LH A permission slip will be distributed to all parents that includes the following statement: No student will be denied participation due to the inability to pay or raise funds.

LH A copy of an emergency information card for every student including updated contact numbers, any known allergies, any known medical conditions, physician, and insurance information will be taken on the projected field trip.

LH The necessary professional leave of absence requests will be submitted via Aesop according to the established guidelines of the Professional Learning Department.

☒ TRANSPORTATION: Time Bus(es) to pick up at School: 8AM Time Bus(es) To Return to School: 9PM

According to the Bibb County School District Field Trip Guidelines, there are only three modes of transportation that will be considered for approval. This projected field trip will utilize the following mode of transportation:

☐ Parent/Legal Guardian Will Transport His/Her Own Child

       The following statement is a true statement regarding the projected field trip: "Each individual parent or legal guardian will transport his or her own individual child and will be responsible for his or her own individual child for the field trip in its entirety." The preceding statement will be included on the parent permission slip. If initialed, move directly to the Affirmation section.

☐ School Bus Number of Buses Proposed: \_\_\_\_\_

If a school bus is requested and you have proposed a school-based driver, i.e. coach with a CDL, provide their name(s) below. Note: school-based bus drivers must be approved by the Transportation Department.

1. \_\_\_\_\_ School: \_\_\_\_\_

2. \_\_\_\_\_ School: \_\_\_\_\_

☒ Charter Bus Number of Buses Proposed: 1 Charter Bus Company: C&H Lines

☒ The proposed charter bus company is an approved carrier

☒ Proof of insurance valid through the end of the requested field trip is attached for the proposed charter bus company. (Proof of insurance must be considered and may be required to be submitted when any mode of transportation is proposed to be utilized other than a school bus).

## ☒ CHAPTERONES

LH Chaperone guidelines are met with at least one chaperone with every ten students for the duration of the day field trip.

LH Criminal Background Check Authorization Form approval(s) for non-Bibb BOE chaperone(s) projected to chaperone will be received before requested day field trip.

LH Chaperone guidelines are met with at least one chaperone with every five students for the duration of the overnight field trip or out-of-state field trip.

LH Fingerprinting approval(s) for non-Bibb BOE chaperone(s) to chaperone an overnight field trip will be received before an overnight field trip.

## ☒ GENERAL PRECAUTIONS

LH Each attending teacher is responsible for each student attending the field trip; however, each chaperone will have a group of students under their direct and close supervision for the duration of the projected field trip.

LH A teacher and chaperone orientation will be conducted and signatures obtained to indicate the teachers and chaperones received the necessary orientation prior to the requested field trip. A copy of the orientation guidelines should be stapled to the orientation sign-in sheet and kept on file at the school.

LH The Principal will have the contact number(s) for each teacher and chaperone attending prior to the field trip.

LH Roll checks will be conducted each time students enter or leave the bus and enter or leave a destination.

LH Monitoring provisions and safety precautions will be discussed with each chaperone prior to the requested field trip. Each chaperone has the contact number(s) for the organizing teacher(s).

LH Monitoring provisions and safety precautions will be submitted to the Principal in detailed written form for his or her approval prior to the requested field trip.

LH The bus route for this trip will be submitted to the Principal prior to the requested field trip.

LH Prior to the requested field trip, proper arrangements will be made at the school for the administration of medication while on the projected field trip according to the Bibb County School District Field Trip Guidelines.

LH Emergency meeting locations will be discussed with students and chaperones prior to the requested field trip.

LH Swimming will not be allowed during the field trip and field trip participants will not be allowed in the pool area.

LH A standard first aid kit will be on each bus.

LH The organizing teacher will assign each student a "buddy" of the same gender for the duration of the field trip.

## ☒ OVERNIGHT FIELD TRIP REQUEST AND/OR OUT-OF-STATE REQUEST

LH The organizing teacher will ensure that all Pay-Per-View Movies will be disabled in all rooms prior to arriving at the hotel.

LH The organizing teacher will ensure that all long distance calling features will be disabled in all rooms prior to arrival at the hotel. Room to room calling will be provided and allowed in case of emergency. Room numbers of each teacher and chaperone will be provided to students in case of emergency.

LH All student doors will be taped and initialed for overnight by the organizing teacher at the final room check. The organizing teacher will remove the tape during the wake-up call and will ensure that all students are accounted for.

LH Student doors will be monitored overnight by teachers, chaperones, or by a security guard who has background check approval through his or her employing company.

LH Teachers will not share a hotel room with students other than when a parent or legal guardian to child relationship exists.

LH Chaperones will not share a hotel room with students other than when a parent or legal guardian to child relationship exists.

LH Individuals of one gender will not be allowed in the room of the opposite gender.

LH A detailed Overnight Safety Plan will be submitted to the Principal for review and approval in advance of the projected field trip.

LH A proposed itinerary (complete with as many details as possible) is attached. A final itinerary (complete and detailed with every moment packed with details for the entire time) will be submitted to the Principal two weeks prior to the requested field trip.

LH If students are to travel overnight on a bus, one gender will be seated at the front of the bus with the other gender at the rear of the bus with teachers and chaperones dispersed throughout the bus.

## Affirmation

As the Principal and as the organizing teacher, respectively, I have reviewed the requested field trip and confirmed that all information included in the Bibb County School District Field Trip Guidelines has been addressed and I affirm that all required items indicated on this form are included and will be sent to the Central Office Administrator (requested day field trips) or Ben Bridges (all requested overnight field trips) a minimum of four weeks prior to the requested start date of the requested field trip. **If applicable: I affirm that for presentation to be made to the Bibb County Board of Education, this Request for Field Trip Approval Form for an overnight field trip that is also an out-of-state field trip will be sent as an overnight field trip request at least ten weeks prior to the start date of the field trip.** I understand that approval of this requested field trip is also the method of approval for student instructional absences.

As the Principal, I approve the field trip.

Teacher's Electronic Signature: **Latresa Harris**

Digitally signed by Latresa Harris  
Date: 2023.08.08 16:58:14 -04'00'

Principal's Electronic Signature: **Sara Carlson**

Digitally signed by Sara Carlson  
Date: 2023.09.26 09:37:48 -04'00'

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### Determination of Central Office Administrator:

☐ Approved

☐ Disapproved

Electronic Signature of Central Office Administrator for Zone:

***Once considered for approval and the electronic signature of the Central Office Administrator is affixed, transmit this electronic document via e-mail to the requesting Principal and Barbara Addison ([Barbara.Addison@bcsdk12.net](mailto:Barbara.Addison@bcsdk12.net)), Field Trip Coordinator, Transportation Department.***

**Skyview Elementary**  
**5<sup>th</sup> Grade Field Trip**  
**Sea World Behind the Scenes**

**Destination** – Orlando, Florida.

**Educational Purpose** is to obtain, evaluate, and communicate information to group organisms (vertebrate and invertebrate) and using scientific classification procedures of how animals are sorted into groups (fish, amphibian, reptile, and bird). **Science Standard S5L1**

### SeaWorld Sleepover Itinerary

| Date/Time            | Destination                                                                                                            | Address                                |
|----------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 3-26-2024<br>9:00am  | Depart Skyview Elementary                                                                                              | 5700 Fulton Mill Rd, Lizella, GA 31052 |
| 3-26-2024<br>12:30pm | Arrive at Florida Welcome Center/Rest Stop/mm 469 for Picnic Lunch                                                     | 1247 Interstate 75, Jennings, FL 32053 |
| 3-26-2024<br>1:30pm  | Depart -Florida Welcome Center/Rest Stop/mm 469 for SeaWorld                                                           | 1247 Interstate 75, Jennings, FL 32053 |
| 3-26-2024<br>4:30pm  | Arrive at SeaWorld/Check-In/Snack/Chaperone Chat                                                                       | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-26-2024<br>5:00pm  | Habitat Exploration & Interactive Activities                                                                           | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-26-2024<br>6:30pm  | Pizza Party Dinner                                                                                                     | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-26-2024<br>7:30 pm | Touch a Shark Encounter                                                                                                | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-26-2024<br>9:00pm  | Bedtime (Sleeping Bags & Pillows)<br>Girls Tank- Shark<br>Boys Tank- Dolphin<br>(Doors will be taped between 9-9:30PM) | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-27-2024<br>6:00am  | Wake Up and Pack<br>Animal Care Specialist Talk                                                                        | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-27-2024<br>7:00am  | Breakfast                                                                                                              | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-27-2024<br>8:00am  | Program Concludes/Load Sleepover Gear                                                                                  | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-27-2024<br>9:00am  | Receive Park Tickets to enter SeaWorld                                                                                 | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-27-2024<br>12:00pm | Lunch at SeaWorld                                                                                                      | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-27-2024<br>3:00pm  | Depart SeaWorld/Snack on bus                                                                                           | 7007 SeaWorld Dr, Orlando, FL 32821    |
| 3-27-2024<br>6:00pm  | Arrive at Burger King                                                                                                  | 2007 W Hill Ave, Valdosta, GA 31601    |
| 3-27-2024<br>7:00pm  | Depart Burger King                                                                                                     | 2007 W Hill Ave, Valdosta, GA 31601    |
| 3-27-2024<br>9:00pm  | Arrive at Skyview/Parent Pickup                                                                                        | 5700 Fulton Mill Rd, Lizella, GA 31052 |

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/28/2023

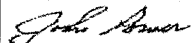
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                               |  |                                                                                                                                                                       |                        |
|-------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>PRODUCER</b><br><b>McGriff Insurance Services LLC</b><br>7391 Hodgson Memorial Drive<br>Savannah, GA 31406<br>912 544-5050 |  | <b>CONTACT NAME:</b> Georgia Certificate Team<br><b>PHONE (A/C, No, Ext):</b> 912 544-5050 <b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> certificatesga@mcgriff.com |                        |
| <b>INSURED</b><br><b>C &amp; H Bus Lines, Inc.</b><br>448 Pine Street<br>Macon, GA 31201                                      |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: RLI Insurance Company                                                                                              | <b>NAIC #</b><br>13056 |
|                                                                                                                               |  | INSURER B:                                                                                                                                                            |                        |
|                                                                                                                               |  | INSURER C:                                                                                                                                                            |                        |
|                                                                                                                               |  | INSURER D:                                                                                                                                                            |                        |
|                                                                                                                               |  | INSURER E:                                                                                                                                                            |                        |
|                                                                                                                               |  | INSURER F:                                                                                                                                                            |                        |

| COVERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               | CERTIFICATE NUMBER: |               | REVISION NUMBER:        |                         |                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                                                                                                                                                                                                                                                                                               |                     |               |                         |                         |                                                                                                                                                                                                                                |
| INSR LTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TYPE OF INSURANCE                                                                                                                                                                                                                                                                             | ADDL SUBR INSR WVD  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                         |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                     | LGB0016446    | 07/29/2023              | 07/29/2024              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COM/OP AGG \$<br>\$ |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED<br><input checked="" type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY        |                     | LFB0019386    | 07/29/2023              | 07/29/2024              | COMBINED SINGLE LIMIT (Ea accident) \$5,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$<br>EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                 |                     |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                        | Y/N                 | N/A           |                         |                         |                                                                                                                                                                                                                                |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

|                                                                                                    |                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br>Bibb County School District<br>4580 Cavalier Drive<br>Macon, GA 31221 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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