

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: 10/04/ 2023Field Trip Location: Washington, D.C.Start Date of Requested Field Trip: 02/13/24End Date of Requested Field Trip: 02/16/24School: Springdale ElementarySchool Group: 5th gradeProposed Number of Students: 40Proposed Number of Adults: 15Field Trip Paid By: StudentsTrip Tracker ID #: AT-01405Organizing Teacher #1: Hannah Emerick

Contact #: _____

Organizing Teacher #2: Jana Lambert

Contact #: _____

Other School Personnel: Suzanne Wade

Contact #: _____

Other School Personnel: Dr Eric Fuller

Contact #: _____

☒ DESTINATION: Please provide a detailed schedule of any stops. Washington D.C. Itinerary attached☒ Educational Purpose of Field Trip: See attached Itinerary☒ COST: Proposed Amount Requested from Students (please give a complete breakdown of costs):
\$720.00-\$880.00HE 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.HE 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.HE 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: 5:30 Time Bus(es) To Return to School: 8:30

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: FIVE STAR TRAVELS☒ 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

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

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

☒ GENERAL PRECAUTIONS

HE 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.

HE 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.

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

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

HE 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).

HE 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.

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

HE 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.

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

HE 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.

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

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

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

HE 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

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

HE 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.

HE 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.

HE 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.

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

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

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

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

HE 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.

HE 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: **Hannah A Emerick**

Digitally signed by Hannah A Emerick
Date: 2023.10.04 12:31:58 -04'00'

Principal's Electronic Signature: **Cami Hamlin**

Digitally signed by Cami Hamlin
Date: 2023.10.04 13:53:26 -04'00'

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), Field Trip Coordinator, Transportation Department.

Field Trip-Springdale Elementary School
5th Grade-Washington, D.C.
February 13-16, 2024

EDUCATIONAL PURPOSE of FIELD TRIP:

Learn about historical landmarks as well as covering standards from 5th grade social studies. SS5CG1, SS5CG2, SS5H1



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“Travel is the only thing you buy that makes you richer.”



Springdale Elementary School

Feb 13-16, 2024

Washington, DC

Itinerary

Feb 13, 2024 Tuesday

- 05:00 AM Students meets at Springdale Elementary School ready to board motor coach
Motor coach report: Lewis Bus Lines (Board approved already)
Augusta, GA
- 05:30 AM Motor coach departs enroute to Washington, DC
Stopping at State Welcome Centers along the way for rest stops
- 11:00 AM Lunch (included) Chick Fil A
2701 David H McLeod Blvd
Florance, SC
- 11:45 AM Group continues to travel north
- 5:45 PM Dinner (Included \$15.00 cash for this meal)
Potomac Mills Outlet
2700 Potomac Mills Circle
Woodbridge, VA
- 6:30 PM Group board motor coach and transfer to hotel
- 6:45 PM Group checks into hotel: Hampton Inn
1240 Annapolis Way
Woodbridge, VA
- 9:00 PM Lights out as directed by teachers and staff
Hotel security reports for duty

Feb14, 2024 Wednesday

- 06:00 AM Hotel security is relieved from duty
- 06:30 AM Wake up call
Breakfast at hotel
- 07:45 AM Group boards motor coach and departs hotel
- 08:30 AM Group arrives at US Capitol drop off
- 08:45 AM Group picture
- 09:00 AM Group walks up Capitol Hill to begin tour
- 09:20 AM Tour of US Capitol begins
- 10:00 AM Tour ends- group walks to Library of Congress
- 10:45 AM Group assembles and walks to Supreme Court
- 11:15 AM Group boards motor coach and transfers to lunch
- 11:30 AM Lunch (included \$17.00 cash) L'Enfant Plaza
429 L'Enfant Plaza SW
Washington, DC
- 12:15 PM Group board motor coach and transfer to Arlington Cemetery
- 12:30 PM Group arrives at Arlington National Cemetery begins walking tour

He will cover you with His feathers, and under His wings you will find refuge. (Psalm 91:4)

Specializing in Churches * Civic Groups * Educational group travel for students

Ben Amerson * Owner & Travel Consultant

Email address: fivestarttravelsofmacon@gmail.com

P.O. Box 888 Forsyth, GA 31029

Phone: (478)718-0554



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	Group view Changing of the Guard at the Tomb of the Unknowns
	Custus- Lee House, Kennedy Hill, Space Challenger Memorial
2:30 PM	Group boards motor coach and transfers to Iwo Jima Memorial
2:45 PM	Iwo Jima Memorial
2:45 PM	Group transfers to Air Force Memorial
3:00 PM	Air Force Memorial
3:15 PM	Group transfers to Pentagon 911 Memorial
3:30 PM	Group walks to Pentagon 911 Memorial
4:30 PM	Group walks to Pentagon City Mall
4:45 PM	Dinner (\$17.00 cash included) Pentagon City Mall
	1100 S Hayes Street
	Arlington, VA
5:45 PM	Group meets motor coach and transfers to Eisenhower Memorial
6:00 PM	Group arrive Dwight D. Eisenhower Memorial
6:15 PM	Group boards motor coach and transfers to WWII Memorial
6:30 PM	WWII Memorial
7:00 PM	Group boards motor coach and transfers to hotel
7:30 PM	Group arrives back at hotel
9:00 PM	Lights out as directed by teachers and staff
	Hotel security reports for duty

Feb 15, 2024 Thursday

06:00 AM	Hotel security relieved from duty
06:30 AM	Wake up call
	Breakfast at hotel
07:45 AM	Group board motor coach and transfers to Jefferson Memorial
08:15 AM	Jefferson Memorial
08:40 AM	Franklin D Roosevelt Memorial
09:00 AM	Martin Luther King Memorial
09:20 AM	Group transfers to National Cathedral via Embassy Row
10:00 AM	National Cathedral tour begins
10:30 AM	Group transfers to lunch L' Enfant Plaza (\$17.00 cash include)
11:00 AM	Lunch
11:45 AM	Group transfers to Smithsonian's
	American History Museum- Natural History Museum- Air and Space Museum-
	African American History and Culture Museum- National Archives
2:45 PM	Group meets and transfer to Mount Vernon
3:15 PM	Group arrives and begins tour of Mount Vernon
5:15 PM	Group board motor coach and transfers back into Washington, DC
5:45 PM	Dinner- Pentagon City Mall
6:30 PM	Group board motor coach and White House for photo opportunity
7:15 PM	Group transfer to Korean Memorial- Lincoln Memorial Vietnam Memorial
7:30 PM	Walking tour begins

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8:45 PM	Group boards motor coach and transfers to Law Enforcement Memorial
9:00 PM	Law Enforcement Memorial
9:15 PM	Group boards motor coach and transfers back to hotel
9:45 PM	Group arrives back at hotel
10:00 PM	Lights out as directed by teachers and staff
	Hotel security reports for duty

Feb 16, 2024 Friday

06:00 AM	Hotel security is relieved from duty
06:30 AM	Wake up call
	Breakfast at hotel
07:45 AM	Group loads luggage motor coach and departs hotel
11:45 AM	Lunch Golden Corral (Included) 100 Towne Centre Plaza Smithfield, NC
12:30 PM	Group continues traveling south
6:00 PM	Dinner_ Chick Fil A (Included) 3066 Washington Road Augusta, GA
6:45 PM	Group continues traveling enroute to Springdale Elementary School
8:30 PM	Estimated time of arrival back at Springdale Elementary School

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CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 10/04/2023

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Solomon Deaton & Buice, LLC 756 Poplar Street P.O. Box 227 Macon, GA 31201	CONTACT NAME: Brandie O'Neal PHONE (A/C, No, Ext): (478) 742-1275 FAX (A/C, No): (478) 742-1207 E-MAIL ADDRESS: boneal@sdbins.com														
INSURED Five Star Travels P O Box 888 Forsyth, GA 31029	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: USLI</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: USLI		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: CL2310432601

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 INSR	INSURR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR				PPP1555642A	04/04/2023	04/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PROFESSIONAL LIAB \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: PROFESSIONAL LIABILITY							
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY							\$ \$ \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

BIBB COUNTY BOARD OF EDUCATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2023

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PRODUCER COMMERCIAL INSURANCE SERVICES PO BOX 448 Lincolnton, GA 30817		CONTACT NAME: KELLY CHAPMAN PHONE (A/C, No, Ext): (706)359-1499 E-MAIL ADDRESS: kelly@comins.net FAX (A/C, No): (706)359-7321	
INSURED LEWIS LEASE EQUIPMENT CO., INC. d/b/a LEWIS BUS LINES P O Box 5627 Augusta, GA 30906		INSURER(S) AFFORDING COVERAGE INSURER A: AUTO OWNERS INSURER B: NATIONAL INTERSTATE INSURANCE CO INSURER C: NATIONAL LIABILITY & FIRE INSURANCE INSURER D: INSURER E: INSURER F:	
		NAIC # 18988 32620	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			53 996 775 00	8/20/2023	8/20/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			CAR 0132799 21	4/18/2023	4/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UNINSURED MOTORIST \$ 25,000
	☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 2022 77370 01	12/29/2022	12/29/2023	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

BIBB COUNTY BOE
484 MULBERRY STREET
MACON, GA 31201
MACON, GA 31201
fivestarttravelsofmacon@gmail.com

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AUTHORIZED REPRESENTATIVE