

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: 08-07-2024Field Trip Location: Washington D. C.Start Date of Requested Field Trip: 08-30-2024End Date of Requested Field Trip: 09-02-2024School: Rutland High SchoolSchool Group: RHS Lighthouse StudentsProposed Number of Students: 12Proposed Number of Adults: 3Field Trip Paid By: Title ITrip Tracker ID #: AT-04563Organizing Teacher #1: Wendy PoolerContact #: ---Organizing Teacher #2: Doninique NicholsContact #: ---Other School Personnel: Nicole SteedleyContact #: ---Other School Personnel: ---Contact #: ---☒ DESTINATION: Please provide a detailed schedule of any stops.☒ Educational Purpose of Field Trip: Immerse and expose members of a student leadership organization in educational and cultural awareness.☒ COST: Proposed Amount Requested from Students (please give a complete breakdown of costs):\$100.00 per studentWP 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.WP 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.WP 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: 5:00 Time Bus(es) To Return to School: 6:30

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: C. and H. Charters☒ 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

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

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

WP 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.

WP 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

WP 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.

WP 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.

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

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

WP 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).

WP 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.

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

WP 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.

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

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

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

WP 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

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

WP 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.

WP 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.

WP 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.

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

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

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

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

WP 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.

WP 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: **Wendy Pooler**

Digitally signed by Wendy Pooler
Date: 2024.08.07 14:44:23 -04'00'

Principal's Electronic Signature: **Wendy Pooler**

Digitally signed by Wendy Pooler
Date: 2024.08.07 14:44:35 -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.

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/26/2024

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).

PRODUCER McGriff Insurance Services LLC 7391 Hodgson Memorial Drive Savannah, GA 31406 912 544-5050	CONTACT NAME: Georgia Certificate Team PHONE (A/C, No, Ext): 912 544-5050 FAX (A/C, No): E-MAIL ADDRESS: tracy.allmond@mcgriff.com <table border="1"> <tr> <th data-bbox="828 451 1421 483">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1421 451 1554 483">NAIC #</th> </tr> <tr> <td data-bbox="828 483 1421 514">INSURER A: RLI Insurance Company</td> <td data-bbox="1421 483 1554 514">13056</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: RLI Insurance Company	13056						
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INSURED C & H Bus Lines, Inc. 448 Pine Street Macon, GA 31201	<table border="1"> <tr><td data-bbox="828 514 1421 546">INSURER B:</td><td data-bbox="1421 514 1554 546"></td></tr> <tr><td data-bbox="828 546 1421 577">INSURER C:</td><td data-bbox="1421 546 1554 577"></td></tr> <tr><td data-bbox="828 577 1421 609">INSURER D:</td><td data-bbox="1421 577 1554 609"></td></tr> <tr><td data-bbox="828 609 1421 640">INSURER E:</td><td data-bbox="1421 609 1554 640"></td></tr> <tr><td data-bbox="828 640 1421 663">INSURER F:</td><td data-bbox="1421 640 1554 663"></td></tr> </table>	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:		LGB0016447	07/29/2024	07/29/2025	<table border="1"> <tr><td data-bbox="1128 808 1356 840">EACH OCCURRENCE</td><td data-bbox="1356 808 1554 840">\$1,000,000</td></tr> <tr><td data-bbox="1128 840 1356 871">DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td data-bbox="1356 840 1554 871">\$100,000</td></tr> <tr><td data-bbox="1128 871 1356 903">MED EXP (Any one person)</td><td data-bbox="1356 871 1554 903">\$5,000</td></tr> <tr><td data-bbox="1128 903 1356 934">PERSONAL & ADV INJURY</td><td data-bbox="1356 903 1554 934">\$1,000,000</td></tr> <tr><td data-bbox="1128 934 1356 966">GENERAL AGGREGATE</td><td data-bbox="1356 934 1554 966">\$2,000,000</td></tr> <tr><td data-bbox="1128 966 1356 997">PRODUCTS - COMP/OP AGG</td><td data-bbox="1356 966 1554 997">\$</td></tr> <tr><td data-bbox="1128 997 1356 1029"></td><td data-bbox="1356 997 1554 1029">\$</td></tr> </table>	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	\$		\$		
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<table border="1"> <tr><td data-bbox="1128 1270 1356 1302">PER STATUTE</td><td data-bbox="1356 1270 1554 1302">OTH-ER</td></tr> <tr><td data-bbox="1128 1302 1356 1333">E.L. EACH ACCIDENT</td><td data-bbox="1356 1302 1554 1333">\$</td></tr> <tr><td data-bbox="1128 1333 1356 1365">E.L. DISEASE - EA EMPLOYEE</td><td data-bbox="1356 1333 1554 1365">\$</td></tr> <tr><td data-bbox="1128 1365 1356 1396">E.L. DISEASE - POLICY LIMIT</td><td data-bbox="1356 1365 1554 1396">\$</td></tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

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

