

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: 04/23/2025

Field Trip Location: Washington D.C.

Start Date of Requested Field Trip: 09/30/2025

End Date of Requested Field Trip: 10/03/2025

School: Springdale Elementary

School Group: Fifth Grade

Proposed Number of Students: 104

Proposed Number of Adults: 21

Field Trip Paid By: Students & School

Traversa ID #: AT-07233

Organizing Teacher #1: Mrs Jessica Cobo

Mobile Contact#: _____

Organizing Teacher #2: Mrs Madolyn Hicks

Mobile Contact #: _____

Other School Personnel: Dr Cami Hamlin

Mobile Contact #: _____

Other School Personnel: _____

Mobile Contact #: _____

☒ DESTINATION: Please provided a detailed schedule of any stops. Springdale, Atlanta Airport, Dulles International Airport Washington DC

☒ Educational Purpose of Field Trip with standard(s) to be covered: Learning about historical landmarks as well as covering standards from 5th grade social studies. SS5CG1, SS5CG2, SS5HI

☒ COST: Proposed Amount Requested from Students (please give a complete breakdown of costs):
\$1245.00-\$1406.00 covers all costs, including airfare

Please initial next to each statement on pages one and two.

JC 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.

JC 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.

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

☐ TRANSPORTATION: Time Bus(es) to pick up at School: 4:00 am Time Bus(es) To Return to School: 9:30 pm

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: 3 Charter Bus Company: Five Star Travel /TranSouth

☒ 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

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

JC 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

JC 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.

JC 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.

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

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

JC 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).

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

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

JC 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.

JC 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.

JC 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.

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

JC 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.

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

JC 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.

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

JC 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.

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

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

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

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

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

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

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

JC 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.

JC 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 uploaded to Traversa 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.

Teacher's Electronic Signature: **Jessica Cobo** Digitally signed by Jessica Cobo
Date: 2025.05.01 08:18:11 -04'00'

Principal's Electronic Signature: **Cami Hamlin** Digitally signed by Cami Hamlin
Date: 2025.05.01 08:19:21 -04'00'

Determination of Central Office Administrator:

☐ Approved ☐ Disapproved

Electronic Signature of Central Office Administrator:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/15/2025

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 & Bulce, LLC 756 Poplar Street P.O. Box 227 Macon GA 31201		CONTACT NAME: Brandie O'Neal PHONE (A/C, No, Ext): (478) 742-1275 E-MAIL ADDRESS: boneal@sdbllns.com FAX (A/C, No): (478) 742-1207	
INSURED Five Star Travels P O Box 888 Forsyth GA 31029		INSURER(S) AFFORDING COVERAGE INSURER A: USLI INSURER B: United States Liability Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25895	

COVERAGES

CERTIFICATE NUMBER: CL2541535993

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Professional Liability			PPP1555642C	04/04/2025	04/04/2026	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
B	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE			CUP1579778	01/31/2025	01/31/2026	GENERAL AGGREGATE \$ 2,000,000
	DED RETENTION \$		PRODUCTS - COMP/OP AGG \$ 2,000,000				
			Professional Limit \$ 1,000,000				
			COMBINED SINGLE LIMIT (Ea accident) \$				
	☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	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				EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							\$
							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

Five Star Travels	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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ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2024

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.

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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																					
INSURED C & H Bus Lines, Inc. TranSouth Motorcoach, LLC 448 Pine Street Macon, GA 31201	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A :</td><td>RLI Insurance Company</td><td>13056</td></tr> <tr> <td>INSURER B :</td><td></td><td></td></tr> <tr> <td>INSURER C :</td><td></td><td></td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	RLI Insurance Company	13056	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	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 ☐ PRO-JECT ☐ LOC OTHER:			LGB0016447	07/29/2024	07/29/2025	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 \$ \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			LFB0019387	07/29/2024	07/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				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

Central H.S.
 2155 Napier Ave.
 Macon, GA 31204

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

John Brown

ACRISURE, LLC.
6850 Catawba Lane • Richmond, VA 23226
Phone (804) 288-6993 • Fax (804) 285-0679

CERTIFICATE OF LIABILITY INSURANCE

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INSURED
Phone **804-380-6449**
SIGNATURE TRAVEL LLC
18374 DEMOCRACY AVE
RUTHER GLEN VA 22546-2959

ISSUE DATE: 4-18-2025
PRODUCER: Ed Richards
ISSUED BY: Krystle Chesson
Insured Fed ID # 87-1527586
MC # 1274158

COVERAGES

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TYPE OF INSURANCE	COMPANY/POLICY # - EFFECTIVE & EXPIRATION DATES	LIMITS
AUTOMOBILE LIABILITY ☐ Any Auto ☐ All Owned Autos ☒ Scheduled Autos ☒ Hired Autos ☒ Non-owned Autos ☐ Garage Liability ☐ Other	TRISURA INSURANCE COMPANY POLICY NUMBER: KAA020802401 POLICY PERIOD FROM: 9-20-2024 TO: 9-20-2025	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE
GENERAL LIABILITY ☒ Commercial General Liability ☐ Claims Made ☒ Occur ☐ Owner's & Contractors Prot. ☐	TRISURA INSURANCE COMPANY POLICY NUMBER: KGA020802401 POLICY PERIOD FROM: 9-20-2024 TO: 9-20-2025	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED. EXPENSE (Any one person) \$5,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Fax Number:

BIBB COUNTY BOARD OF EDUCATION

484 MULBERRY STREET

MACON GA 31201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Timothy L. O'Bryan