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: 05.04.26

Field Trip Location: New York

Start Date of Requested Field Trip: 06/17/2026

End Date of Requested Field Trip: 06/20/2026

School: Charles H. Bruce Elementary School

School Group: 4th/5th Grades

Proposed Number of Students: 24

Proposed Number of Adults: 6

Field Trip Paid By: 100 Black Men of Macon & Middle Georgia

Traversa ID #: AT-11049

Organizing Teacher #1: Kizzie Lott

Mobile Contact#:

Organizing Teacher #2: Sharnell Harris

Mobile Contact #:

Other School Personnel:

Mobile Contact #:

Other School Personnel:

Mobile Contact #:

☒ DESTINATION: Please provided a detailed schedule of any stops. New York

☒ Educational Purpose of Field Trip with standard(s) to be covered: This trip is designed to provide students with a transformative learning experience that combines financial literacy, cultural exposure, historical enrichment, and leadership development. This initiative supports our mission to empower youth through education, mentorship, and exposure to meaningful opportunities.

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

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

KSL 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.

KSL 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.

KSL 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: 8:00 AM Time Bus(es) To Return to School: 7:00 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: 1 Charter Bus Company: Kelly Tours

☒ *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 <u>any</u> mode of transportation is proposed to be utilized other than a school bus).*

[x] CHAPERONES

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

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

KSL 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.

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

[x] GENERAL PRECAUTIONS

KSL 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.

KSL 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.

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

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

KSL 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).

KSL 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.

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

KSL 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.

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

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

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

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

[x] OVERNIGHT FIELD TRIP REQUEST AND/OR OUT-OF-STATE REQUEST

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

KSL 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.

KSL 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.

KSL 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.

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

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

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

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

KSL 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.

KSL 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: Kizzie S. Lott Digitally signed by Kizzie S. Lott Date: 2026.05.04 08:28:56 -04'00'

Principal's Electronic Signature: Kizzie S. Lott Digitally signed by Kizzie S. Lott Date: 2026.05.04 08:29:12 -04'00'

Determination of Central Office Administrator:

☐ Approved ☒ Disapproved

Electronic Signature of Central Office Administrator: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/26/2025

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 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 Acrisure Passenger Transportation Insurance Solutions, LLC 425 West Broadway #300 Glendale CA 91204 License#: BR-1895089	**CONTACT NAME:** Marcie Ramos **PHONE (A/C, No, Ext):** 818-246-2800 **FAX (A/C, No):** 818-246-4690 **E-MAIL ADDRESS:** mramos@acrisure.com
INSURED KELLTOU-01 Kelly Tours, Inc. All Ways Savannah, LLC dba Gray Line Savannah 2788 US Hwy 80 W, Garden City GA 31408-2930	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Carolina Casualty Insurance Company — 10510 **INSURER B :** Endurance American Specialty Insurance Company — 41718 **INSURER C :** Starstone National Insurance Company — 25496 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1884342040 **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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		KCA26630484	9/28/2025	9/28/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000 $
A	**AUTOMOBILE LIABILITY** ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	Y		KCA26630484	9/28/2025	9/28/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 2,000,000 $ $ $ $
B	**UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			EXT30098140300	9/28/2025	9/28/2026	EACH OCCURRENCE AGGREGATE Applies to Auto & GL	$ 2,000,000 $ 2,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A **(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	 $ $ $
C	Excess Liability			AXS00709119P00	9/28/2025	9/28/2026	Each Occurrence Aggregate	1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as additional insured as respects the operations of the named insured.

CERTIFICATE HOLDER

Bibb County Schools
484 Mulberry Street
Macon GA 31201

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/5/2026

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 SUNZ Insurance Solutions, LLC ID:(InSource) c/o InSource Employer Solutions, Inc. 204 37th Ave N. #318 St Petersburg, FL 33704	**CONTACT NAME:** Les Campbell **PHONE (A/C, No, Ext):** 470-891-4145 **FAX (A/C, No):** **E-MAIL ADDRESS:** LeslieC@insourcees.com
INSURED InSource Employer Solutions, Inc Co-Employer For: Kelly Tours, Inc. 204 37th Ave N. #318 St Petersburg FL 33704	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** SUNZ Insurance Company — 34762 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 89156065 **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N	N/A	✓	WC053-00001-025	6/1/2025	6/1/2026	✓ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] **(Mandatory in NH)**						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Kelly Tours, Inc. locations: All employees. Eff Date: 7/28/2023
Waiver of Subrogation in favor of certificate holder, as per written contract, while work is performed at or in: All States where allowed by law except Kentucky, Missouri, New Jersey, New Hampshire, New York, North Dakota, Ohio, Oregon, Washington, and Wyoming.

CERTIFICATE HOLDER

Bibb County School District
484 Mulberry Street
Macon GA 31201

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

Rick Leonard

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WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

In Favor of: Bibb County School District
484 Mulberry Street
Macon GA 31201

Client/Project:

Kelly Tours, Inc. locations: All employees. Eff Date: 7/28/2023 Waiver of Subrogation in favor of certificate holder, as per written contract, while work is performed at or in: All States where allowed by law except Kentucky, Missouri, New Jersey, New Hampshire, New York, North Dakota, Ohio, Oregon, Washington, and Wyoming.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 06/01/2025

Policy No.:
WC053-00001-025

Endorsement No.: 89156065
Premium:

Insured:
InSource Employer Solutions, Inc
Co-Employer For: Kelly Tours, Inc.
204 37th Ave N. #318
St Petersburg FL 33704

Insurance Company:
SUNZ Insurance Company

Countersigned by _____

Date Issued: 2/5/2026

WC 00 03 13
(Ed. 4-84)

1983 National Council on Compensation Insurance.