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.

[x] GENERAL INFORMATION:

Date of Request: 3/9/2026

Field Trip Location: New Orleans, LA - Caesar's Superdome

Start Date of Requested Field Trip: 01/12/2027

End Date of Requested Field Trip: 01/15/2027

School: Central High School

School Group: Sugarbear Band

Proposed Number of Students: 80

Proposed Number of Adults: 20

Field Trip Paid By: CHS Band/Students and Parents

Traversa ID #: AT-10889

Organizing Teacher #1: Kameron Agee

Mobile Contact#: _____

Organizing Teacher #2: _____

Mobile Contact #: _____

Other School Personnel: _____

Mobile Contact #: _____

Other School Personnel: _____

Mobile Contact #: _____

[x] DESTINATION: Please provided a detailed schedule of any stops. New Orleans, LA - Provided in Trip Overview Document uploaded with request in Traversa.

[x] Educational Purpose of Field Trip with standard(s) to be covered: To perform in the 2027 All State Sugar Bowl Parade, Battle of the Bands, and educational activities through WorldStrides travel agency.

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

$1,395: Performance in the Sugar Bowl Parade, Battle of the Bands field show competition, French Quarter performance, Natchez Paddle Boat River Lunch Cruise, Hotel Accommodations, 2 Dinners, 3 Lunches, 3 breakfasts, Sight-Seeing WWII Museum, Jazz Museum and Preservation Hall, Roundtrip transporation through Kingsmen Charter Line.

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

KA 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.

KA 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.

KA 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.

[X] TRANSPORTATION: Time Bus(es) to pick up at School: 12 AM Time Bus(es) To Return to School: 12 AM

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: 2 Charter Bus Company: Kingsmen Coach 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 <u>any</u> mode of transportation is proposed to be utilized other than a school bus).*

[x] CHAPERONES

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

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

KA 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.

KA 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

KA 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.

KA 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.

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

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

KA 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).

KA 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.

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

KA 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.

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

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

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

KA 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

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

KA 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.

KA 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.

KA 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.

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

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

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

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

KA 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.

KA 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: Kameron Agee Digitally signed by Kameron Agee Date: 2026.03.09 11:43:16 -04'00'

Principal's Electronic Signature: Dr. Keturah Reese Digitally signed by Dr. Keturah Reese Date: 2026.03.09 12:18:56 -04'00'

Determination of Central Office Administrator:

☐ Approved ☐ Disapproved

Electronic Signature of Central Office Administrator: _____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/23/2026

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com
INSURED Lakeland Tours, LLC DBA WorldStrides and Its Subsidiaries 701 E Water Street, Suite 200 Charlottesville, VA 229025062	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Arch Insurance Company 11150 INSURER B: HDI Global Specialty SE B0783 INSURER C: National Fire Insurance Company of Hartfor 20478 INSURER D: Texas Insurance Company 16543 INSURER E: Transportation Insurance Company 20494 INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W44820561 **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

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		TAP0196147-04	09/30/2025	09/30/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 10,000,000 $ 1,000,000 $ 10,000 $ 10,000,000 $ 10,000,000 $ 10,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			TAP0196147-04	09/30/2025	09/30/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 10,000,000 $ $ $
B	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			18EX4524	09/30/2025	09/30/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
C	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		7040225396	09/30/2025	09/30/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability Abusive Acts			TAP0196147-04	09/30/2025	09/30/2026	Each Negligent Act or Negligent Omission Each Occ/Agg	$10,000,000 $2,000,000

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

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided, as required by written contract and per the terms and conditions of the policy.

SEE ATTACHED

CERTIFICATE HOLDER

Central High School
2155 Napier Ave
Macon, GA 31204

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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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Southeast, Inc.	Lakeland Tours, LLC DBA WorldStrides and Its Subsidiaries 701 E Water Street, Suite 200 Charlottesville, VA 229025062
POLICY NUMBER See Page 1	
CARRIER: See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Traveling to:
Sugar Bowl Parade
New Orleans, Louisiana
Dates: 01/12/27 to 01/15/27

Director/Program Leader: Kameron Agee

Additional Insured: The District, Central High School and Director - Kameron Agee

INSURER AFFORDING COVERAGE: Texas Insurance Company NAIC#: 16543
POLICY NUMBER: BESGLXTVA011501_170557_02 EFF DATE: 09/30/2025 EXP DATE: 09/30/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Liability		See Excess Program Attached

INSURER AFFORDING COVERAGE: Transportation Insurance Company NAIC#: 20494
POLICY NUMBER: 7040225401 EFF DATE: 09/30/2025 EXP DATE: 09/30/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation - CA & Employers Liability Per Statute	E.L. Each Accident	$1,000,000
	E.L. Disease Pol Lmt	$1,000,000
	E.L. Disease Ea Empl	$1,000,000

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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: (MM/DD/YYYY) 3-23-2026

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PRODUCER
Acrisure, LLC.
6850 Catawba Lane
Richmond, VA 23226

CONTACT NAME: Service Insurance
PHONE (A/C No. Ext): (804) 288-6993 FAX (A/C No. Ext): (804) 285-0679
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
THE KINGSMEN, INC. DBA **KINGSMEN COACH LINES**
WALTER H. HUBBARD
PO BOX 661
Conley GA 30288

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY ☒ Commercial General ☐ Claims ☐ Occur ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC.	☐	☐	GL155959#3	7-27-2005	7-27-2006	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED. EXP. (Any one person) PERSONAL & ADV. INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG.	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS ☐ ☐	☐	☐	BA155563#3	7-27-2005	7-27-2006	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 5,000,000 $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS MADE ☐ DED ☐ RETENTION $	☐	☐				EACH OCCURRENCE AGGREGATE	$ $ $
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	☐				☐ Statutory ☐ Othe E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $ $ $
		☐	☐					
		☐	☐					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required.)

CERTIFICATE HOLDER

Fax Number:

CENTRAL FINE ARTS & IB MAGNET HIGH SCHOOL
BIBB COUNTY SCHOOL DISTRICT
2155 NAPIER AVENUE
MACON GA 31204

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

Timothy L. O'Bryan