

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: 5 14 26 Field Trip Location: Honolulu, Hawaii
Start Date of Requested Field Trip: 12/04/2026 End Date of Requested Field Trip: 12/09/2026
School: Rutland High School School Group: Rutland High School Band
Proposed Number of Students: 30 Proposed Number of Adults: 10
Field Trip Paid By: Rutland High School Band Traversa ID #: AT 11424
Organizing Teacher #1: Corey Bronson Mobile Contact#: _____
Organizing Teacher #2: _____ Mobile Contact #: _____
Other School Personnel: _____ Mobile Contact #: _____
Other School Personnel: _____ Mobile Contact #: _____

☒ DESTINATION: Please provided a detailed schedule of any stops. Detail sample itinerary is attached.

☒ Educational Purpose of Field Trip Students will be participating in the 85th annual Pearl Harbor Day Parade with standard(s) to be covered:

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

Approximately \$3,000 Per person. This will cover the plane ticket and parade package cost which includes lodging and touring \$1739 (Package cost) Approx \$1000 per person for the plane ticket.

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

- ☒ CB 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.
☒ CB 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.
☒ CB 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: 5:00 am Time Bus(es) To Return to School: 9:30 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: TranSouth 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).

☐ CHAPERONES

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

CB 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

CB 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.

CB 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.

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

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

CB 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

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

CB 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.

CB 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.

CB 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.

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

CB 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.

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

CB 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.

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

CB 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.

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

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

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

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

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

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

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

CB 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.

CB 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:	Corey Bronson	Digitally signed by Corey Bronson Date: 2026.05.14 09:17:06 -04'00'
Principal's Electronic Signature:	Wendy Pooler	Digitally signed by Wendy Pooler Date: 2026.05.14 12:20:02 -04'00'

Determination of Central Office Administrator:

☐ Approved ☐ Disapproved

Electronic Signature of Central Office Administrator: _____

Client#: 2049861

59SCHBUS

ACORD - CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
10/09/2025

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

PRODUCER McGriff, a MMA LLC Company 7391 Hodgson Memorial Drive Savannah, GA 31406 912 544-5050	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 912 544-5050 E-MAIL: certificate@mcgriff.com ADDRESS:	FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: RLI Insurance Company INSURER B: SummitPoint Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	NAAC # 13058 15136
INSURED C & H Bus Lines, Inc. TranSouth Motorcoach, LLC 448 Pine Street Macon, GA 31201			

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 WYO	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		LGB0016448	07/29/2025	07/29/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED POLYPS (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 ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☐ UMBRELLA LIMB ☐ OCCUR ☐ EXCESS LIMB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		LFB0019388	07/29/2025	07/29/2026	COMBINED SINGLE LIMIT (EA accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	WCS3015744	02/28/2025	02/28/2026	☒ PER STATUTE ☐ OTHER 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)

** Workers Comp Information **

Other States Coverage

** Supplemental Name **

First Supplemental Name applies to all policies - C & H Bus Lines, Inc.
(See Attached Descriptions)

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 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/3/2026

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PRODUCER LeBaron & Carroll LLC 1350 E Southern Avenue Mesa, AZ 85204	CONTACT NAME: Carrie Sharkozy Beaudoin	
	PHONE (A/C, No, Ext): (480) 739-9146	FAX (A/C, No):
	E-MAIL ADDRESS: carrie@lebaroncarroll.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Arch Insurance Company	11150
INSURED Capital Management Group, Inc. and Historic Productions, LLC 7255 E. Hampton Ave, Ste 127 Mesa, AZ 85209	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 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 ☐ PRO-JECT ☐ LOC ☐ OTHER:			TAP019582303	9/1/2025	9/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				☐ PER STATUTE ☐ OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
A	Errors & Omission			TAP019582303	9/1/2025	9/1/2026	Each occurrence 2,000,000
A	Sexual Abuse			TAP019582303	9/1/2025	9/1/2026	Aggregate 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Sample Certificate	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