# THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 PHONE (941) 927-9000

#### FIELD TRIP AUTHORIZATION

instructions: In-county field trips/school bus requisitions require principal approval only. All other field trips/school bus requisitions require principal and executive director approval. In addition, any trip involving students' out-of-state/country travel also requires School Board approval and should include release forms, insurance coverage, and other data supplied by the company assisting with the arrangements. Provide the information requested below and submit this completed form with appropriate attachments for approval adhering to the advance notification time prior to departure date noted after field trip below. Refer to School Board Policy 4.43.

Check One In-county Out-of-county (4 wks) Out-of-state (8 wks) Out-of-country (12 wks)
School MNE UEN Destination Nav York City (JANE ST)
Purpose Mexit math model to scondors As part of MATHWORK MATH MOBELING CHARGE.
Departing from Man Isanism Date 4-24-22 Time Gar AMPM
Returning from NEW York Cury Date 4-25-21 Time Gunn AM/EM
Grade/Class/Sport Mary, March March ( 2th all the Graders)
Person-in-charge NAME MATRA Phone 97 975 7351
Method of transportation School bus (Attach School Bus Trip Requisition [011-85-TRN]) Charter bus
Airline Other (Explain)
NOTE If other than a Sarasota County school bus is being used, attach certificate of insurance from carrier or Statement of Insurance on Private Vehicles form (065-96-FIN). See School Board Policy 8,36.
Meal arrangements MANA IN MYC 4-24 to be removed Dreaths (well 4/2) model by Sangur
Lodging arrangements My Hofel to 120 Part for by Sponsor (market) a (SIAM)
Number of female students
Number of female chaperones Number of male chaperones Total/ to 2 (be, tornA +1)
Names of chaperones Dr. Mark MATTY A TRICIA ALLEN
Cost per student \$ Contact person if financial assistance is needed
It is understood that permission slips and Emergency Medical/Treatment Consent For Field Trips And/Or Other After School Activities (063-96-DIS) forms will be obtained from parents prior to the field trip.
Funding Source Individual Fundraiser PTO/PTA Internal funds
Other (Explain) My source s + Siam (sousors) Com againses & also seinbuse
Verification of student medical insurance was completed for out-of-county/overnight travel? Yes No
Principal Name (Print) Denied
Principal Signature Date 3.24.22  Steve Cantees
Executive Director Name (Print)  Date  Date  Date
Executive Director Signature Date
Out-of-state/country field trip was School Board approved on (Board meeting date)

RET: Master, 5FY, GS1-SL 340 Dupl., OSA 070-90-DIS Rev. 2-17-2017 Page 1 of 2

## FIELD TRIP AUTHORIZATION

Instructions:	Provide	the	following	information	for	all fie	ld trips.
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#### FIELD TRIP PERMISSION

Instructions: Complete and return this form to the school. It must be returned to the school before student will be allowed to participate in this activity. The Emergency Medical/Treatment Consent for Field Trips and/or Other After School Activities form must also be on file at the school before your student will be allowed to participate in this activity. A copy of that form shall accompany this sheet with the classroom teacher/coach or interscholastic activity sponsor. A detailed itinerary is attached if the field trip extends beyond the school day.

School Pine View School	Dat	3.24.22
Principal Name (Print)	Principal Signature	
FIELD TRIP INFO	RMATION	
Purpose Present math models to sponsors	occupant of math	work math morting
Destination New York City		Challen
Time/Date of departure 4/24/22 4:00 Am		
Time/Date of return 4/35/22 10:00 P/	n	
Leaving from	Returning to	
Means of transportation Air Line		
Meal arrangements Dinner Hau to be remburse		4125 provided by Sporsor
Cost to students		
If financial assistance is needed, contact		
FIELD TRIP PER	RMISSION	
I,Parent/Guardian Name (Print)		, give my permission
forStudent Name (Print)	DOB to	participate in the field trip
to	(destination) on	(date).
The phone number where I can be reached during this field trip	o Is	
I realize that any activity that takes place away from the conhigher risk of injury to my child. I also understand that this actinternational conditions. I assume responsibility for any perconsideration for permitting my child to participate in this fle Florida, its employees, and agents from all claims, judgmer resulting in any way from participation in the field trip described	trolled environment of the solvity may be cancelled due to reconal financial loss related id trip, I release The School its, costs, or other expense	chool setting may present a changing state, national, or to such a cancellation. In Board of Sarasota County,
Parent/Guardian Signature	Da	te

RET: Master, ESY, GS7 37 Dupl., OSA