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

#### **FIELD TRIP AUTHORIZATION**

| require principal and execut<br>Board approval and should<br>arrangements. Provide the | Id trips/school bus requisitions require<br>ive director approval. In addition, any<br>include release forms, insurance co<br>information requested below and su<br>ification time prior to departure date no | trip involving students' out-of-state<br>overage, and other data supplied<br>ubmit this completed form with ap | e/country travel also requires School<br>by the company assisting with the<br>propriate attachments for approva |
|--|---|--|---|
| Check One In-cou   | nty Out-of-county (4 wks)   | ✓ Out-of-state (8 wks)   | Out-of-country (12 wks)   |
| School Suncoast Techn  | ical College  | Destination Atlanta, GA  | Α   |
| Purpose To attend the N  | Nationals SKillsUSA Leadership  | p and Skills Conference  |   |
| Departing from Sarasota  | Date <u>6/20/22</u>   | Time <u>6:00 am</u>  | AM/PN   |
| Returning from Sarasota  | , FL Date <u>6/25/2022</u>  | Time <u>9:30 pm</u>  | AM/PN   |
| Grade/Class/Sport High   | School and Adults   | 8  |   |
| Person-in-charge Robbio  | e Wolf and Faith Keller   | Phone <u>941-924</u>   | -1365   |
| Method of transportation   | ☐ School bus (Attach School I   |  | <u> </u>  |
| of Insurance on F  | rasota County school bus is being<br>Private Vehicles form (065-96-FIN)   | . See School Board Policy 8.3  | <u>6.</u>   |
| Meal arrangements Stude  | ents will be provided one lunch and tw  | o dinners. All other meals are stud  | dent's responsibility   |
|  | yatt Regency Atlanta, GA  |  |   |
| Number of female studen  | ts 3 Number of male s   | tudents 6 Total 9_   |   |
| Number of female chaper  | ones 1 Number of male c   | haperones 1 Total 2_   |   |
| Names of chaperones $\underline{R}$  | obbie Wolf and Faith Keller   |  |   |
| Cost per student \$ amt. v   | varies Contact person if financial  | assistance is needed   |   |
|  | ission slips and Emergency Medica<br>rms will be obtained from parents  |  | Trips And/Or Other After Schoo  |
| Funding Source   | Individual Fundraiser   | PTO/PTA Internal funds   |   |
|  | Other (Explain)   |  | £   |
| Verification of student me   | dical insurance was completed for   | out-of-county/overnight travel?  | Yes No  |
| Principal Name (Print) D   | r. Ron Dipillo  |  | Approved Denied   |
| Principal Signature  |   |  | Date  |
| Executive Director Name  | (Print) RODIPI)   |  | Approved Denied   |
| Executive Director Signat  | ure 3   |  | Date 4(2)/22  |
| Out-of-state/country field   | trip was School Board approved o  | n (Board meeting date)   |   |

RET: Master, 5FY, GS1-SL 340 Dupl., OSA

# FIELD TRIP AUTHORIZATION

**Instructions**: Provide the following information for all field trips.

| (e.g. water act              |  |
|------------------------------|--|
| SkillsUSA is a               | career and technical student organization promoting Leadership and Professionalism for each s    |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
| Describe how sof economic le | students are being selected to participate with assurances of equal access for all students, reg |
| All SkillsUSA                | members are eligible to participate  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
| Describe how s               | tudents will be supervised once they arrive.   |
|                              | tudents will be supervised once they arrive.   |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
| Students will b              | e supervised by Advisors and Administrators.   |
| Students will b              | rgency arise, how will communication and transportation be handled?                              |
| Students will b              | e supervised by Advisors and Administrators.   |
| Students will b              | rgency arise, how will communication and transportation be handled?                              |
| Students will b              | rgency arise, how will communication and transportation be handled?                              |
| Students will b              | rgency arise, how will communication and transportation be handled?                              |
| Students will b              | rgency arise, how will communication and transportation be handled?                              |

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#### **FIELD TRIP PERMISSION**

<u>Instructions</u>: 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 Suncoast Technical Co   | llege <sub>Date</sub> 4/26/22  |
|--|--|
| Da Dan Diniila   |  |
| Dr. Ron Dipillo Principal Name (Print)   | Principal Signature  |
| rincipal Name (Fint)   | , some set and |
|  | FIELD TRIP INFORMATION   |
| Purpose To attend the Nationals Skill  | sUSA State Leadership & Skills Conference  |
| Destination Atlanta, GA  |  |
| Time/Date of departure $\underline{6/20/22} \ 6:00$  | am   |
| Time/Date of return $\underline{6/25/22}$ @ 9:30   | pm   |
| Leaving from Sarasota Fl   | Returning to Sarasota FL   |
| Means of transportation Delta Airline  | es s   |
| Meal arrangements students will receive lunch on the   | he day of contest and two dinners will be provided. Students responsible for other meals.  |
| Cost to students Package includes registrat  | ion and hotel accomodations. Amt. varies with room assignments   |
| If financial assistance is needed, contact   |  |
|  | FIELD TRIP PERMISSION  |
| I,   | , give my permission   |
| Parent/Guard   | dian Name (Print)  |
| forStudent Name (Print   | DOB , to participate in the field trip   |
|  | 6/20/22 6/25/22  |
| to   | (destination) on $6/20/22-6/25/22$ (date).   |
| The phone number where I can be reached of   | during this field trip is  |
| higher risk of injury to my child. I also unders<br>international conditions. I assume respons<br>consideration for permitting my child to par | way from the controlled environment of the school setting may present a stand that this activity may be cancelled due to changing state, national, or ibility for any personal financial loss related to such a cancellation. In ticipate in this field trip, I release The School Board of Sarasota County, I claims, judgments, costs, or other expenses, including attorneys' fees, field trip described above.   |
| Parent/Guardian Signature  | Date   |

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