THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA 1960 LANDINGS BLVD., 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)	2 wks)
School Suncoast Technical College Destin	ation Louisville, KY	
Purpose SkillsUSA National Leadership & Skills Conference		
Departing from Tampa, FL Date	Time	AM/PM
Returning from Tampa, FL Date	_ Time approx 7:00	AM/PM
Grade/Class/Sport High School/ AdultsStudent		
Person-in-charge Gave Millian,	Phone	
Method of transportation	Requisition)	
☑ Airline	ain)	
NOTE If other than a Sarasota County school bus is being used, attack of Insurance on Private Vehicles form (065-96-FIN). See School	h certificate of insurance from carrier or St	
Meal arrangements Students responsible for meals (lunch will be provide	d on day of contest and one dinner)	
Lodging arrangements Omni Hotel Louisville, KY		
Number of female students 7 Number of male students 5		
Number of female chaperones 2 Number of male chaperones 1	Total 3	
Names of chaperones Gave Millian, Robb Wolf, Denise Walker,		
Cost per student \$		
It is understood that permission slips and Emergency Medical/Treatment parents prior to the field trip.	t Field Trip Consent forms will be obtained	from
Funding Source 🛛 Individual 🗆 Fundraiser 🗆 PTO/PTA	Internal funds	
Other (Explain)		
Verification of student medical insurance was completed for out-of-count	y/overnight travel? ☑ Yes □ No	
Principal Name <u>Dr. Ron Dipillo</u>	C Approved C Denie	d
Principal Signature	Date	
Executive Director Name BRON C	D.P.110 & Approved Denie	d
Executive Director Signature	Date 5/7/18	
Out-of-state/country field trip was School Board approved on (Board mee		
RET: Master, 5FYA, GS1-SL 340 Dupl, OSA	Rev. 1	70-90-DIS 0-16-2014 age 1 of 2

FIELD TRIP AUTHORIZATION

	xplain the direct instructional connection with instructional program.			
	SkillsUSA is a career and technical student organization promoting Leadership and			
	Professionalism for each student.			
	Describe how students are being selected to participate with assurances of equal access for all students, regardles			
	All SkillsUSA members are eligible to participate.			
	Describe how students will be supervised once they arrive.			
	Students will be supervised by advisors and administrators			
	Should an emergency arise, how will communication and transportation be handled?			
	911 will be called and parents and administration will be notified.			
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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 Field Trip Consent 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 College	Date	5/1/18
Principal Name (Print) Dr. Ron Dipillo	Principal Signature	3
FIELD TRIP	INFORMATION	
Purpose SkillsUSA National Leadership & Skills Confer	ence	
Destination Louisville, KY		
Time/Date of departure _approx. 7 am 06/24/18		
Time/Date of return approx. 7:00 pm 06/30/18		
Leaving from Tampa International Airport Tampa, FL		
Debusies to Trans. Later to 1.4.5 cm mar		
Means of transportation Students will arrange own transpo	ertation to and from airport	
Meal arrangements Students responsible for meals (lunch		
Cost to students Meals only		
FIELD TRIF	PERMISSION	
I, Parent/Guardian Name (F	Print)	give my permission
for	,, to partici	nate in the field trip
Student Name (Print)	DOB	pate in the field thp
to	(destination) on	(date).
The phone number where I can be reached during this fie	ld trip is	
I realize that any activity that takes place away from the	controlled environment of the school	setting may present a

higher risk of injury to my child. I also understand that this activity may be cancelled due to changing state, national, or international conditions. I assume responsibility for any personal financial loss related to such a cancellation. In consideration for permitting my child to participate in this field trip, I release the School Board of Sarasota County, Florida, its employees, and agents from all claims, judgments, costs, or other expenses, including attorneys' fees, resulting in any way from participation in the field trip described above.

Parent/Guardian Signature

Date

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