

ORANGE COUNTY
BOARD OF EDUCATION

AGENDA ITEM ABSTRACT

Meeting Date: June 6, 2011

AGENDA ITEM No. 11-06-07

ACTION ITEM: (Y/N) Y

SUBJECT: School Trip Requests

INFO. CONTACT: Dr. Denise Morton

PHONE: 919-732-8126

ATTACHMENTS: (1) Orange High and C.W. Stanford Middle Wrestling Teams
(2) Orange High and C.W. Stanford Middle Wrestling Teams
(3) Orange High and C.W. Stanford Middle Wrestling Teams

PURPOSE: To request Board approval for field trip(s).

BACKGROUND:

- (1) The Orange High School and C.W. Stanford Middle School Wrestling Teams will be participating in the FCA Team Wrestling Camp at the University of West Georgia in Carrollton, Georgia. This camp will be held June 15-18, 2011. Twenty wrestling team members will be participating in this camp.
- (2) The Orange High School and C.W. Stanford Middle School Wrestling Teams will be participating in wrestling camp at Appalachian State University in Boone July 15-18, 2011. Fifty wrestling team members will be participating in this camp.
- (3) The Orange High School and C.W. Stanford Middle School Wrestling Teams will be participating in wrestling camp at Kutztown University in Kutztown, Pennsylvania July 24-28, 2011. Twenty wrestling team members will be participating in this camp.

FINANCIAL IMPACT: None.

RECOMMENDATION: The Superintendent recommends that the Board of Education approve these overnight school trip requests.

ORANGE COUNTY SCHOOLS School Trip Approval Request Form

Day school trip requests must be submitted to the principal for approval at least 15 calendar days before the day of the proposed trip. Overnight School trip requests must be submitted to the principal 15 days prior to trip and forwarded to the Chief Academic Officer 10 calendar days prior to the next scheduled Board of Education meeting.

SECTION A: General Information

School Trip Dates: June 15, 2011 to June 18, 2011

School/Department/Grade Level: Orange & Stanford

School Trip Sponsor: Wrestling

Phone & Extension: 20702

Purpose of Trip: Camp

Destination (Name & City): FCA Team Wrestling Camp, University of West Georgia Carrollton, Georgia

Number of Students (Attach List): 20

Number of Staff Chaperones (Attach List): 2

Number of Non-Staff Chaperones (Attach List): 0

Number of Other Persons (Attach List): 0

Total Number Transported: 22

SECTION B: Type of Trip (check all that apply)

- Regular School Day - Principal Approval Required
- Athletic Event (Day) - Principal Approval Required
- Overnight Trip - Chief Academic Officer and School Board Approval Required *(Both in and out of state)*
- Out of State Trip - Chief Academic Officer Approval Required
- International Trip - Chief Academic Officer and School Board Approval Required

SECTION C: Mode of Transportation

- Walking
- Activity Bus
- Privately Owned Vehicle (list drivers on page 2)
- Airplane
- Charter Bus*
- Name of Charter Company or Airline: _____

*The company must be on the approved list provided by the OCS Transportation Department. The school is responsible for contacting transportation in order to have the charter vehicle inspected prior to departure.

SECTION D: Scheduling and Trip Associated Costs

Departure Date: 6/15/11

Return Date: 6/18/11

Departure Time: 5:00 am

Return Time: 6:00 pm

Departure Location: Orange

Return Location: Orange

Number of District Buses Requested: 0

Projected Total Cost of Trip: \$5,000.00

Cost per Student: \$290.00

Cost per Adult: \$0

Is Financial Assistance Available? Yes No

Source of Financial Assistance: Team

NOTES: School trips are subject to cancellation due to unforeseen problems. Cancellation decisions will be made based on the most current information available such as weather, road conditions, etc. The School Trip sponsor should have directions to location and should provide these directions to the front office and bus driver. The School Trip Sponsor must ensure district buses are clean upon return. Open food and drinks are prohibited on district buses. Principals will be expected to give careful consideration prior to approving school trips.

SECTION E: Additional Information Required

Please describe the educational benefit of the proposed school trip and the specific connection to the North Carolina Standard Course of Study.

Wrestling Camp

Identify an Orange County Schools employee with current CPR, First Aid and Medication Certification that is participating in this school trip.

Bobby Shriner & Aaron Carr

If transporting students in privately owned vehicles, please list the names of the drivers.

Bobby Shriner & Aaron Carr

Staff Chaperones

Non-Staff Chaperones (Background checks required)

Background Checks Verified by Principal

Are there any hazardous conditions or travel advisories of which you are aware or are there any safety concerns in the area of the trip destination? Please describe.

What precautions have you taken or are you taking to ensure the safety of the students and chaperones?

Lodging Arrangements: Name of Hotel/Facility

University of West Georgia

Address

1601 Maple St, Carrollton, GA 30118

Phone

(678)839-5000

SECTION F: Parent Permission

Written parental permission for students to travel is required. A copy of the permission form must be attached for all school trips as well as a copy of additional information provided to parents.

SECTION G: School Trip Approval Request Form Submission Print this form and sign/date below before submitting to appropriate administrators.

Signature of Person Completing This Request _____ Position _____ Date _____

SECTION H: Authorization

- Approved Disapproved
- Approved Disapproved
- Approved Disapproved

Background Checks On Non-Staff Chaperones Verified by Principal

Principal *[Signature]* Date 5/27/11

Chief Academic Officer *[Signature]* Date 6/1/11

Date Approved/Disapproved by School Board _____

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SECTION A: General Information

School Trip Dates: to

School/Department/Grade Level Number of Students (Attach List)

School Trip Sponsor Number of Staff Chaperones (Attach List)

Phone & Extension Number of Non-Staff Chaperones (Attach List)

Purpose of Trip Number of Other Persons (Attach List)

Destination (Name & City) Total Number Transported

SECTION B: Type of Trip (check all that apply)

- Regular School Day - Principal Approval Required
- Athletic Event (Day) - Principal Approval Required
- Overnight Trip - Chief Academic Officer and School Board Approval Required (Both in and out of state)
- Out of State Trip - Chief Academic Officer Approval Required
- International Trip - Chief Academic Officer and School Board Approval Required

SECTION C: Mode of Transportation

- Walking
 - Activity Bus
 - Privately Owned Vehicle (list drivers on page 2)
 - Airplane
 - Charter Bus*
- Name of Charter Company or Airline

*The company must be on the approved list provided by the OCS Transportation Department. The school is responsible for contacting transportation in order to have the charter vehicle inspected prior to departure.

SECTION D: Scheduling and Trip Associated Costs

Departure Date Return Date

Departure Time Return Time

Departure Location Return Location

Number of District Buses Requested

Projected Total Cost of Trip \$

Cost per Student \$ Cost per Adult \$

Is Financial Assistance Available? Yes No

Source of Financial Assistance

NOTES: School trips are subject to cancellation due to unforeseen problems. Cancellation decisions will be made based on the most current information available such as weather, road conditions, etc. The School Trip sponsor should have directions to location and should provide these directions to the front office and bus driver. The School Trip Sponsor must ensure district buses are clean upon return. Open food and drinks are prohibited on district buses. Principals will be expected to give careful consideration prior to approving school trips.

FORM A

SECTION E: Additional Information Required

Please describe the educational benefit of the proposed school trip and the specific connection to the North Carolina Standard Course of Study.

Wrestling Camp

Identify an Orange County Schools employee with current CPR, First Aid and Medication Certification that is participating in this school trip.

Bobby Shriner & Aaron Carr & Brian Schnee

If transporting students in privately owned vehicles, please list the names of the drivers.

Staff Chaperones

Non-Staff Chaperones (Background checks required)

Background Checks Verified by Principal

Are there any hazardous conditions or travel advisories of which you are aware or are there any safety concerns in the area of the trip destination? Please describe.

What precautions have you taken or are you taking to ensure the safety of the students and chaperones?

Lodging Arrangements: Name of Hotel/Facility

ASU Boone N.C.

Address

Office of Conferences & Institutes ASU 32042 Boone, N.C. 28608-2042

Phone

828 262 2933

SECTION F: Parent Permission

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SECTION G: School Trip Approval Request Form Submission Print this form and sign/date below before submitting to appropriate administrators.

Signature of Person Completing This Request _____

Position _____

Date _____

SECTION H: Authorization

Approved Disapproved

Approved Disapproved

Approved Disapproved

Background Checks On Non-Staff Chaperones Verified by Principal

Principal *Edward ...* Date 5/31/11

Chief Academic Officer *Dennis C. ...* Date 6/1/11

Date Approved/Disapproved by School Board _____

**ORANGE COUNTY SCHOOLS
School Trip Approval Request Form**

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SECTION A: General Information

School Trip Dates: to

School/Department/Grade Level: Number of Students (Attach List)

School Trip Sponsor: Number of Staff Chaperones (Attach List)

Phone & Extension: Number of Non-Staff Chaperones (Attach List)

Purpose of Trip: Number of Other Persons (Attach List)

Destination (Name & City): Total Number Transported

SECTION B: Type of Trip (check all that apply)

- Regular School Day - Principal Approval Required
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- International Trip - Chief Academic Officer and School Board Approval Required

SECTION C: Mode of Transportation

- Walking
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- Airplane
- Charter Bus*

Name of Charter Company or Airline:

*The company must be on the approved list provided by the OCS Transportation Department. The school is responsible for contacting transportation in order to have the charter vehicle inspected prior to departure.

SECTION D: Scheduling and Trip Associated Costs

Departure Date: Return Date:

Departure Time: Return Time:

Departure Location: Return Location:

Number of District Buses Requested:

Projected Total Cost of Trip: Cost per Adult:

Cost per Student: Is Financial Assistance Available? Yes No

Source of Financial Assistance:

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SECTION E: Additional Information Required

Please describe the educational benefit of the proposed school trip and the specific connection to the North Carolina Standard Course of Study.

Wrestling Camp

Identify an Orange County Schools employee with current CPR, First Aid and Medication Certification that is participating in this school trip.

Bobby Shriner & Aaron Carr

If transporting students in privately owned vehicles, please list the names of the drivers.

Bobby Shriner & Aaron Carr

Staff Chaperones

Bobby Shriner & Aaron Carr

Non-Staff Chaperones

Background checks required

Background Checks Verified by Principal

Are there any hazardous conditions or travel advisories of which you are aware or are there any safety concerns in the area of the trip destination? Please describe.

What precautions have you taken or are you taking to ensure the safety of the students and chaperones?

Lodging Arrangements: Name of Hotel/Facility

Kutztown University

Address

Kutztown University, 15200 Kutztown Rd, Kutztown Pa. 19530-0730

Phone

570 748-7614

SECTION F: Parent Permission

Written parental permission for students to travel is required. A copy of the permission form must be attached for all school trips as well as a copy of additional information provided to parents.

SECTION G: School Trip Approval Request Form Submission Print this form and sign/date below before submitting to appropriate administrators.

Signature of Person Completing This Request

Position

Date

SECTION H: Authorization

- Approved
- Disapproved
- Approved
- Disapproved
- Approved
- Disapproved

Background Checks On Non-Staff Chaperones Verified by Principal

[Signature]

Principal

Principal Initials

5/27/11

Date

Chief Academic Officer

[Signature]

Date

6/11/11

Date Approved/Disapproved by School Board