

**ORANGE COUNTY
BOARD OF EDUCATION**

AGENDA ITEM ABSTRACT

Meeting Date: January 17, 2012

AGENDA ITEM No. 12-01-(2)-07

ACTION: (Y/N) Y

SUBJECT: School Trip Request

INFO. CONTACT: Dr. Denise Morton **PHONE:** 919-732-8126

ATTACHMENTS: 1. Cedar Ridge High School Choral Department

PURPOSE: To request the Board of Education approve the attached overnight school trip.

BACKGROUND:

1. Cedar Ridge High School Choral students are planning to travel to Greensboro, North Carolina on January 27-28, 2012 to participate in the 2012 NC All-State Choral Rehearsal and Festival Concert. Approximately 12 students will be traveling to the competition and out of school for one day.

FINANCIAL IMPACT: None

RECOMMENDATION: The Superintendent recommends the Board of Education approve the attached overnight school trip request.

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: 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.

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.

please see attached sheet

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

Jane Williams, Choral Director

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

Jane Williams, Choral Director
Ms. Rose Morrison (Parent)
Ms. Cynthia Mercaldo (Parent)

Staff Chaperones

Heather Babb, OHS Choral Student Teacher; Christopher Hansen, CRHS Choral Director

Non-Staff Chaperones
(Background checks required)

N/A

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.

not aware of at this time

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

CPR, First Aid & Medication Training; Following OCS procedures

Lodging Arrangements: Name of Hotel/Facility

Biltmore Greensboro Downtown

Address

111 W. Washington Street, Greensboro, NC 27401

Phone

336-272-3474

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 [Signature] Position Charal R. Decker Date 12/20/11

SECTION H: Authorization

Background Checks On Non-Staff Chaperones Verified by Principal ASA Principal Initials ASA
 Approved Disapproved Date 1/3/12
 Approved Disapproved Date 1/12/12
 Approved Disapproved Date Approved/Disapproved by School Board _____

PLEASE NOTE: When printing this form, choose "Landscape" as your orientation so that it prints correctly.