

ORANGE COUNTY
BOARD OF EDUCATION

AGENDA ITEM ABSTRACT

Meeting Date: April 8, 2013

AGENDA
ITEM No. 13-04-07

ACTION: (Y/N) Y

SUBJECT: School Trip Requests

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

ATTACHMENTS: 1. Cedar Ridge High School Skills USA

PURPOSE: To request Board approval of overnight school trip(s).

BACKGROUND: 1. The Cedar Ridge High School Skills USA Club will be traveling to Greensboro, NC to participate in the Skills USA NC State Leadership Conference and Competitions on April 24-26, 2013. There will be eighteen students competing in the areas of cabinetmaking, teamwork, photography, job interviewing and leadership skills. Students will be out of school for three days.

FINANCIAL IMPACT: None

RECOMMENDATION: The Superintendent recommends the Board of Education approve the 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:	April, 24-26, 2013	to	Greensboro, NC
School/Department/Grade Level	Cedar Rige High School	Number of Students (Attach List)	18
School Trip Sponsor	Keith yow & Beth Landis (CRHS SkillsUSA Club Advisors)	Number of Staff Chaperones (Attach List)	2
Phone & Extension	919-245-4000-21606 & 21608	Number of Non-Staff Chaperones (Attach List)	0
Purpose of Trip	Skills USA NC State Leadership Conference and Competitions	Number of Other Persons (Attach List)	0
Destination (Name & City)	Koury Convention Center/Greensboro Colliseum; Greensboro NC	Total Number Transported	20

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

[Empty box for 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	April 24,	Return Date	April 26
Departure Time	10:00 am	Return Time	3:30pm
Departure Location	CRHS	Return Location	CRHS
Number of District Buses Requested	1		
Projected Total Cost of Trip	\$ 3600.00		
Cost per Student	\$ 152.00	Cost per Adult	\$ 400.00
Is Financial Assistance Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Source of Financial Assistance	CRHS Skills USA clubs fund raising.		

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.

2013-03-26 12:14PM FROM-OCS SUPPORT SERVICES 9192454012 T-022 P.002/009 F-714

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.

Skills USA State Leadership Conference and Competition.

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

Keith Yow Beth Landis

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

Keith Yow.
(Staff member)

DMV Checks Verified by Central Office
MO

Staff Chaperones

Keith Yow Beth Landis

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.

None

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

All

Lodging Arrangements: Name of Hotel/Facility

Sheraton Four Seasons

Address

3121 High Point Rd. Greensboro, NC

Phone

336-292-9161

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 Keith Lee P. Boudis Position Teacher Date 3/21/13

SECTION H: Authorization

- Approved Disapproved
- Approved Disapproved
- Approved Disapproved

Background Checks On Non-Staff Chaperones Verified by Principal _____
 Principal [Signature] Principal Initials _____ Date 3-26-13
 Chief Academic Officer: [Signature] Date 3-26-13
 Date Approved/Disapproved by School Board _____

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