CHARTER SCHOOL ASSOCIATES

FIELD STUDY/ACTIVITY PLANNING AND APPROVAL REQUEST FORM

Complete this request to receive approval for a field study or school activity. Form must be completed and submitted 2 months prior to field study.

School Name	Bell Creek Academy	Grade Level	Middle School
Teacher Name	Delise Munnings		
Activity or Field Study	NJHS Induction		
Start Date	02/11/2027	End Date	02/11/2027
Departure Time	5:30 pm	Return Time	6:30 pm
Purpose of Activity or Study and Relationship to Curriculum	NJHS Induction		
Teacher Signature		Request Date	09/06/2026

Estimated Number of Participants and Staff

# Students	25	# Chaperones	2	# Substitute Teachers	0	Other Staff	0

Field Study/Activity Cost (Insert amounts from the Budgeting Planning Report Form)

Cost of trip/ per student	$0	Cost of Bus per Student	$0	Total Cost of Trip/Activity	$0

Approval

Principal Signature		☑ Approved	☐ Denied
Area Director Signature		☐ Approved	☐ Denied

Notification

Facility Coordinator	☐ Transportation Needed	☐ Transportation Not Needed
Administrative Assistant	☐ Placed on School-Wide Calendar	☐ Budget Planning Form Included
Cafeteria	☐ Box Lunches Needed	☐ Box Lunches Not Needed

Follow Up Dates

Date all monies are due*		Date all permission slips needs to be returned to the teacher		Date Invoice and Check Must be Requested	

***Any trip or activity with insufficient funds to cover the entire cost of the trip by the date above will be cancelled by the Principal.**

Field Study/Activity Budget Planning Report

To be submitted with Field Study/Activity Planning and Approval Request Form

School Name: Bell Creek Academy **Grade:** Middle

Activity or Field Study: NJHS Induction

Date of Activity/Study: 2/11/2027

	Estimated Expenses	Number	Rate	Total	
1)	Student Admission/Registration/Fee	20			
2)	Teachers Admission/ Registration/ Fee	-		$0.00	
3)	Chaperone Admission/Registration/Fee			$0.00	
4)	Free Chaperone Admission/Registration/Fee			$0.00	
4)	Student and Teachers Transportation Fee			$0.00	
5)	Chaperone Transportation Fee			$0.00	$0.00
6)	Meals-Students and Teachers			$0.00	
7)	Meals-Chaperones			$0.00	
8)	Enrichment Activities		-	$0.00	
9)	Required Substitutes	-			
10)	Rental/Equpiment			$0.00	
11)	Decorations			$25.00	
12)	Other Miscellaneous Expense			$50.00	
	Subtotal			$75.00	
	Total Projected Expenses plus 10%	$75.00	$7.50	$82.50	

Fee to be charged per student: $ 4

Fee to be charged per chaperone: - #DIV/0!

Expected Fee to Be Collected	Students	20	$35.00
	Chaperones	0	$0.00
Total Fees to Be Collected			$700.00

Principal Approval: _____ **Date:** 9/9/26

Yellow fields must be inserted in the "Estimated Participant and Staff" section of the "Planning and Approval Request" form.
Teal fields must be inserted in the Field Study/Activity Cost" section of the "Planning and Approval Request" form.

To calculate the transportation rate for students and chaperones, total the amount of students and paid chaperones and divide by the cost of the transportation quote.

FIELD STUDY PERMISSION/RELEASE FORM

SECTION 1 – FIELD STUDY INFORMATION

SCHOOL: Bell Creek Academy GRADE: MS TEACHER: Delise Munnings
FIELD STUDY & DESTINATION: BCA Cafeteria DATE OF FIELD STUDY/ACTIVITY: 2/19/2027
PURPOSE OF FIELD STUDY/ACTIVITY: NJHS Induction Ceremony
COST OF FIELD STUDY/ACTIVITY: $35 *Paid through MSB, cash is not accepted. Outstanding balance(s) such as lunch, Edventure etc. are due prior to the field study/activity.*
TIME OF DEPARTURE: 5:30pm RETURN TIME (APPROX): 6:30pm OVERNIGHT STAY: ____ YES ✓ NO
RETURN THIS FORM TO STUDENT'S TEACHER BY: 2/1/27 NUMBER OF CHAPERONES: 0
*If this **Field Study Permission/Release Form** is not returned, your child will not be permitted to attend/ participate. This form must be signed by the parent(s)/legal guardian(s) and student, if over 18 years of age. Both parents should sign if feasible.*
METHOD OF TRAVEL: Other *Students must ride to and from the field study/activity on transportation approved by the school.*

- Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 Plan.
- The Principal may cancel a planned activity or use of a particular item based upon collection of insufficient funds to cover the cost of the item or activity. Any administrative decision to remove your child from the list of participants, for disciplinary reasons, may result in loss of deposit and/or entire balance.
- When applicable, each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the School Volunteer Form
- Room Assignments are by gender assigned at birth.

SECTION 2 – PARENT/LEGAL GUARDIAN APPROVAL

STUDENT NAME: *Last:*_____, *First:*_____ *Middle Initial:*_____
PHONE NUMBER:_____ CELL PHONE: _____
ARE YOU INTERESTED IN CHAPERONING THIS TRIP: _____YES _____NO *Teacher will notify parent/guardian if selected as chaperon.*
CHAPERON FEE:_____ ***Fees are not reimbursable.*** *Due upon receipt of invoice through MSB. Chaperons must ride to and from the field study/activity on transportation provided by school.*
MSB PAYMENT CONFIRMATION #:_____ *Late payments will not be accepted.*
PHYSICIANS NAME:_____ PHONE:_____ INSURANCE COMPANY & POLICY#_____
_____: I do not have insurance however, I will cover any and all medical bills for emergency care.
OTHER STUDENT INFORMATION:_____
Allergies, medications, etc. please be specific.

EMERGENCY CONTACT INFORMATION

CONTACT NAME:_____ PHONE:_____
CONTACT NAME:_____ PHONE:_____
Person to contact if above person cannot be reached.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE SCHOOL, ALONG WITH ITS OFFICERS, DIRECTORS, BOARD MEMBERS, SUPERVISORS, AGENTS, MANAGEMENT, SERVANTS, OR EMPLOYEES, USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE SCHOOL, ALONG WITH ITS OFFICERS, DIRECTORS, BOARD MEMBERS, SUPERVISORS, AGENTS, MANAGEMENT, SERVANTS, OR EMPLOYEES, IN A

FIELD STUDY PERMISSION/RELEASE FORM

LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL, ALONG WITH ITS OFFICERS, DIRECTORS, BOARD MEMBERS, SUPERVISORS, AGENTS, MANAGEMENT, SERVANTS, OR EMPLOYEES, HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I certify that I am the parent/guardian of the above stated child. As consideration for my child being allowed to participate in the above described field study/activity offered by the above stated School. I agree and my child agrees to abide by all rules and safety precautions relating to this field study/activity. I hereby agree to release, waive, discharge and covenant not to sue the School, along with its officers, directors, board members, supervisors, agents, management, servants or employees (collectively referred to here as "releasee") from any and all liabilities, claims, demands, or causes of action that may arise from or be related to any loss, damage, or injury, including death, that may be sustained by my child or my child's personal property while my child is participating in the field study/activity in the above stated date. To the best of my knowledge, my child is in good physical condition and I have no knowledge of any physical condition, injury, or illness whatsoever which would place my child at risk to participate in the school's programs and activities including the Field Study. I am fully aware of the risks connected with participating in the programs and activities on the Field Study . I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, which my child may sustain as a result of participating in the school's Field Study, however caused. I further agree to indemnify and hold harmless the releasee from any loss, liability, damage or cost, including court costs and attorneys' fees that may accrue related to my child's participation in the Schools' Field Study, however caused. While my child is attending the school, I give permission for the staff of the School to authorize appropriate medical attention to my child in the event of any accident, illness, or injury. I will be responsible for any and all costs of medical care and treatment that may be provided, except for care and treatment covered by my insurance. This instrument shall be binding upon the members of my family, my spouse, and my heirs, assigns and personal representatives. This instrument shall be governed by the laws of the State of Florida. I certify that I have read and fully understand the above waiver and consent form. I certify that I am signing this form freely and voluntarily and that I understand that by signing this form I am giving up substantial rights. I certify that all blanks or statements requiring insertion or completion were filled in before I signed.

PRINT NAME OF PARENT(S)/GUARDIAN(S):_____

SIGNATURE(S):_____ DATE:_____

SIGNATURE OF EMANCIPATED STUDENT (18YRS):_____ DATE:_____