

SUFFOLK PUBLIC SCHOOLS
(Attach to field trip application requiring School Board approval)

Field Trip #: 24668

School: Nansemond River High School

Grade/Subject/Club/Team: 9-12 Teachers for Tomorrow

Date of Field Trip: June 25, 2025 – June 29, 2025

Destination: Rosen Shingle Creek Convention Center - Orlando, Florida

Purpose: National Teacher Cadet Convention

Objectives: Student will be demonstrating leadership skills through participation in student organization activities.

☒ **Approve**

☐ **Disapprove**

Anche Skinner
Director of CTE

4/21/2025
Date

☒ **Approve**

☐ **Disapprove**

ALQ
Chief of Schools

4/23/25
Date

School Board Action:

☐ **Approve**

☐ **Disapprove**

Clerk of the Board

Date

Audie Skene
4/21/25

Travel Request Form

Please Note: Welcome to Suffolk City Public Schools Travel Tracker, your one-stop travel center. Within this software, you can submit student field trip requests, reserve an activity bus for a field trip or athletic event, and reserve a car for staff travel. If you have any questions or comments please email kevinprivott@spsk12.net or call (757) 925-5573.

Trip Number **24668**

* Category Travel With Students

* Type of Trip Field Trip

* Field Trip Event
OTHER

Trip Leave

* Date 6/25/25 Wednesday

* Time 6:00 AM

Trip Return

* Date 6/29/25 Sunday

* Time 11:45 PM

Trip Year/Week 2025-26

* Is this trip overnight, out-of-state, or greater than 200 miles one way? Yes

Comments

* Your School/Dept ⓘ 240 Nansemond River High
3301 Nansemond Parkway, Suffolk, VA 23435

* Main Destination ⓘ Other (Type Below)
9939 Universal Blvd, Orlando, FL 32819, USA

Destination Not Listed Rosen Shingle Creek, Universal
Boulevard, Orlando, FL, USA * Destination Name Rosen Shingle Creek, Universal
Boulevard, Orlando, FL, USA

* Approximate Nbr of Miles Round Trip 2000.00

Special Instructions for Permission
Slip

Funding Source #1 School Allotment - Nansemond River High Budget Code

Funding Source Desc Budget Code Desc

Funding Approver

Are funds payable to a third party? No
(Does venue require payment prior to trip?)

* Teacher / Advisor / Staff Name Amy Blyth
* Teacher / Advisor / Staff Phone # 757-923-4101
Teacher / Advisor / Staff Email amyblyth@spsk12.net

Note: This email will receive the requester emails if different from requester

Emergency Contact Info ☐ Same as Teacher / Advisor / Staff

* Emergency Contact Name Amy Blyth
* Emergency Contact Phone # 757-923-4101

* Grade Level(s) Making Trip 12
* Description of group or person(s) making trip Teacher Cadet that advanced to the National Convention.
* Educational Objective for Field Trip See attachment.

Number of Individuals Making Trip

* Male Adults	0	* Female Adults	2	Total Adults	2
* Male Students	0	* Female Students	1	Total Students	1

Need 1 adult(s) for 15 or more students.
Need 1 adult(s) for every additional 15 students.

* Will the students be away from school during lunch? No

Additional Information

* School will be billed for Mileage No
* School will be billed for Driver No
* What is the cost to the Student? 0.00
* Description of the funding source you will be using : SAO-CTE Dept.
* Will a coach be driving the trip? No
* If yes, please enter the coaches name. If no, enter NA.
NA.

* Will you be using external transportation (ex. plane, walking)? Yes

* Please indicate mode of travel instead of, or in addition to, the reserved vehicle(s). Please include details of trip, including itineraries. Indicate chartered transportation company if applicable.

Airline

Vehicles Needed

* Do you need vehicles? No

Person Submitting Request tinapaul@spsk12.net

Date Submitted

Field Trip Acceptance of Responsibility

By submitting this request, the trip sponsor (Teacher, Coach, Staff Member, etc.) is validating the following conditions:

1. Possess a current/valid Driver's License for the vehicle you will be driving
2. Absent of any medical condition, medications/alcohol/drugs that will impede the operation of a vehicle
3. You will obey all traffic laws while operating the vehicle
4. You will not "text" or operate any device that may distract you while driving the vehicle
5. Properly authorized use of a Suffolk City Public Schools vehicle for official travel
6. Will only transport authorized passengers for the purpose of official travel
7. The lift is to be operated only for wheelchairs.
8. Buses and vehicles must come back in good condition in order to avoid additional charges.
9. Buses and vehicles must be cleaned in order to avoid additional charges.
10. Elementary Schools must have 1 adult per every 10 students.

* I have read and understand the information above.

Yes

Level 01 Approval - Location Approval

Comment

Decision

Approved

Name

tinapaul@spsk12.net

Decision Date

Apr 8, 2025, 5:30:29 PM

Level 02 Approval - Second Level Location Approval

Comment

Decision

Designated Approver

keeshahicks@spsk12.net

Name

Decision Date

Level 07 Approval - Overnight/OOS Approval

Comment

Decision

Name

Decision Date



Application for Field Trip

Submit intact to the Athletic Director, Principal, or Bookkeeper/Secretary, at least 30 working days (6 weeks) prior to the scheduled date of the trip. All professional leave forms for this trip must be submitted with this form. All forms are to be done in blue or black ink only.

School/Organization NRHS Teachers for Tomorrow Date Apr. 4 2025
Grade/Subject/Club 11th/12th Teachers Amy Blyth

REQUEST FOR SPECIAL USE OF SCHOOL BOARD VEHICLE

(Personal cars are not to be used to transport students)

A June 25-29, 2025

Date of Field Trip 1/1 Time Departing School 6:00am Time Returning to School 11:59pm

Destination: Rosen Shingle Creek Convention Center 9939 Universal Blvd. Orlando FL 32819

School Bus _____ Number Needed _____

SPECIAL NEEDS BUS

Equipment Needed: W/C ☐ _____ PCR ☐ _____ Safety Vest ☐ _____

School Car _____ Number Needed _____

Non-School Board Transportation
Type: <u>flight</u>
Furnished By: <u>Southwest Airlines</u>

(School cars are not to be used to transport students)

Number of Students 1 Number of Classes 1

Overnight Trip? ☒ Yes _____ No

Total Cost to Student none *Other Costs Incurred _____

*Paid By _____

Names of Chaperones (Not including Teachers) no others needed

Date Parental Permission Secured and Filed in Office May 16, 2025

Trip Requested By: Amy Blyth

Trip Received By: in Paul Date: 4-8-25

(Any field trip is subject to last minute cancellation due to local, state, national and/or international situations)

**FIELD TRIP
CHAPERONE LIST**

****By listing the chaperone's name, if a parent, you certify that they have an approved volunteer form ON FILE!!**

TEACHERS

1. Amy Blyth
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

SPECIAL EDUCATION TEACHERS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

****PARENTS**

1. Patricia Cody (Alanna's mom)
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

TEACHER ASSISTANTS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____



SUFFOLK PUBLIC SCHOOLS
Field Trip Instructional Objectives

School NRHS

Person completing the form Amy Blyth

Grade Level 11th/12th

Date of Trip June 25-29, 2025

Listed below are the instructional objectives for the requested field trip:

Objectives:	Correlated Standard of Learning:
performance based competitive events where	
students will demonstrate their knowledge and skills	
in the following categories:	
- Children's Literature K-3	
- Children's Literature K-3 (Spanish)	
- Interactive Bulletin Boards	
* - Students were state winners and are now	
eligible to compete at the national level.	

This form must be attached to the Application for Field Trip.

**PROFESSIONAL LEAVE REQUEST**

FORM WILL NOT BE ACCEPTED WITHOUT THE EMPLOYEE ID NUMBER AND JOB CODE
A COPY OF THE INVITATION, NOTICE OF ACTIVITY, PROGRAM OR OTHER DOCUMENTATION MUST BE ATTACHED

AmyBlyth

EMPLOYEE NAME

4457

EMPLOYEE ID NUMBER

NRHS

SCHOOL/LOCATION

2 4 3 0

JOB CODE

MONTH AND DATE(S) OF ABSENCE: June 25-29, 2025NUMBER OF DAYS REQUESTED 5SUBSTITUTE REQUIRED: ☐ YES ☒ NOEXPLANATION OF ACTIVITY (NAME AND PLACE OF EVENT): to chaperone state winners to
National Ed Rising Conference - Rosen Shingle Creek Convention Center, 9939
Universal Blvd, Orlando FL

ESTIMATE OF EXPENSES:

32819

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
<u>lodging</u>	<u>1,120.⁵²</u>	<u>Uber - to and from airport</u>	<u>100.⁰⁰</u>
<u>meals</u>	<u>200.⁰⁰</u>	<u>registration</u>	<u>415.⁰⁰</u>
<u>flight</u>	<u>700.⁰⁰</u>		
<u>mileage to airport</u>	<u>37.³⁸</u>		
<u>bus card</u>	<u>16.⁰⁰</u>	TOTAL	<u>2588.⁹⁰</u>

I hereby certify that I am familiar with the School Board policy governing the absence above and the above information is true and accurate.
I understand that all unexcused absences will result in loss of pay.

Amy J. Blyth

EMPLOYEE SIGNATURE

4-4-25

DATE SIGNED

I hereby certify that the above request complies with School Board policy, required prior approvals have been received and all documentation supporting this request has been submitted.

Tim Paul☒ APPROVED

PRINCIPAL/SUPERVISOR SIGNATURE

☐ DISAPPROVED4-8-25

DATE SIGNED

☐ APPROVED☐ DISAPPROVED

AUTHORIZED SIGNATURE

DATE SIGNED

ACCOUNT NUMBER _____

Completion of the absence form is the sole responsibility of the employee. Failure to complete the absence form within the time specified for completion will result in the absence being treated as unexcused and will result in loss of pay.

National Educators Rising Conference
June 26-29, 2025 (traveling on the 25th of June)
Rosen Shingle Creek Convention Center, Orlando Florida

Breakdown of Expenses:

Registration- \$415.00

Lodging- \$1,120.52 (4 nights)

Meals- \$200 for the 5 days

Transportation- flight prices are ranging from \$227-\$659 as of April 4, 2025

Mileage to and from the Norfolk airport- \$37.38

Orlando Bus Card to shuttle between hotel and convention center- \$16 for the entire trip

Uber to/from Orlando airport to Cabana Bay Resort (avg. is \$40-50 depending on time of day)-
\$100

My total expenses should not exceed \$2588.90