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

**Field Trip #:** 21562

School: Nansemond River High School	
Grade/Subject/Club/Team: 9-12 FBLA	
Date of Field Trip: June 30, 2024 - July 3, 2024	
<b>Destination:</b> Orange County Convention Center - Or	lando, Florida
Purpose: FBLA 2024 National Leadership Conference	ce
<b>Objectives:</b> Students will be demonstrating leaders student organization activities.	ship skills through participation in
Approve	
Disapprove  Mdu Slummu  Director of CTE	5-21-2024 Date
Approve	
Disapprove	5/28/24
Chief of Schools	Date / / \
School Board Action:	
☐ Approve	
☐ Disapprove	
Clerk of the Board	Date

### **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

21562

Category

**Travel With Students** 

Type of Trip

Field Trip

Field Trip Event

CTE

### **Trip Leave**

\* Date

6/30/24

Sunday

**Trip Return** 

Date

7/3/24

Wednesday

Time

8:00 AM

Time

10:00 PM

#### Trip Year/Week 2024-27

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

Comments

Your School/Dept (1)

240 Nansemond River High

3301 Nansemond Parkway, Suffolk, VA 23435

Main Destination (i)

Other (Type Below)

Orlando, FL 32804, USA

**Destination Not Listed** 

Conference Center, Orlando, FL, USA \* Destination Name Orlando Conference Center

Approximate Nbr of Miles Round Trip

1470.10

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

Melissa Kemp

Teacher / Advisor / Staff Phone #

7573734650

Teacher / Advisor / Staff Email

kristybrett@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** 

Melissa Kemp

**Emergency Contact Phone #** 

7573734650

Grade Level(s) Making Trip

10

11

12

Description of group or person(s) making

NRHS FBLA Students @National Convention

\* Educational Objective for Field Trip

See attachment

### **Number of Individuals Making Trip**

Male Adults

Female Adults

Total Adults

4

Male Students 0

Female Students 3

**Total Students** 

3

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

Nο

\* What is the cost to the Student?

\$595.00

\* Description of the funding source you will be using :

student paid

\* 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

Students and chaperone will use airplane as mode of travel. Once at the conference a shuttle is provided by the event.

### Vehicles Needed

\* Do you need vehicles? No

Person Submitting Request

kristybrett@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** 

May 15, 2024, 9:16:09 AM

https://appgarden6.app-garden.com/traveltrackva127.nsf/TravelRequestPrint.xsp?id=!f20rzwec5eiby6bf37pfsya6n!

<sup>\*</sup> 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.

### 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

mit intact to the Athletic Director, Principal, or Bookkeeper/Secretary, at least 3 eduled date of the trip. All professional leave forms for this trip must be submitted lue or black ink only.	with this form. All forms are to be do
chool/Organization NRHS/FBLA Date	4/18/24
chool/Organization NRHS/FBLA Date rade/Subject/Club 10 +2 / FBLA Teachers	Kemp
REQUEST FOR SPECIAL USE OF SCHOOL BOA (Personal cars are not to be used to transport students)	dents)
ate of Field Trip 6 30/24 Time Departing School N:A Time	
estination; Orlando, Florida Orlando Conferes	nce Center
chool Bus Number Needed WA	
SPECIAL NEEDS BUS	Non-School Board
Equipment Needed: W/C PCR DSafety Vest DSchool Car Number Needed	Type:
School Car Number Needed	Ву:
(School cars are not to be used to transport students)	
Number of Students 3 Number of Class	es NA
Overnight Trip? Yes No	
Total Cost to Student \$505.00 *Other Costs Incurred_	\$230
*Paid By_Student	
Names of Chaperones (Not including Teachers)	
Teacher Only	
Date Parental Permission Secured and Filed in Office 5/15/24	` <u>`</u>
Trip Requested By: Melisse a Kerry FB	LA Advisor
Trip Received By: Maul	Date: 4-23-24

WHITE-Athletic Director YELLOW-Business Office

# Transportation Cost Estimator Nansemond River High School

2023-2024

Use this tool to determine the approximate cost of transportation for your upcoming trip. While this tool will give you an estimate of your cost, it may not be correct, as your trip may take more or less time than expected due to unforeseen circumstances.

This tool must be submitted with all other field trip forms in order for your request to be considered, regardless of the source of funding.

Name of Group: NRHS PBLA Date of	Trip: <u>Le/30 - 7/3/29</u>
Name of Sponsor(s): Melissa Kemp # of stude	nts: 3
Mileage You MUST find the exact mileage for your trip. You cannot estimate the journey.	
Trip Origin:	
Trip Destination:	a) mi from origin
	b) ml from destination
	e (a+b) = miles  x \$3.00 per mile
Time Estimation (in hours) of time for your trip: x \$18 pc  2) TOTAL HOURLY WAGE EST	
Compute	
Total from 1) + total from 2) = 3) Cost for one	bus =
Number of Busses Needed:	
Total from 3)x number of busses required	STATE SALES
,	Cost of Trip
Signature of Sponsor:	Date:
Known Funding Source? No Yes (Explain)	
Admin/Activity Director Only:	
☐ NRHS Fund	Approved
SAO Fund	Denied
☐ Club/Org/Ath Fund	
Other:	

# 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	**PARENTS
1. Melissa A. Kemp	1.
2.	2.
3.	3.
4.	4-
5.	5
6.	· · 6.
7.	7.
8.	8.
9.	9.
10.	10.
SPECIAL EDUCATION TEACHERS	TEACHER ASSISTANTS
1.	1.
2.	2.
3.	3
4.	4.
5.	5
6.	6
7.	7



### SUFFOLK PUBLIC SCHOOLS Field Trip Instructional Objectives

School NRHS	
Person completing the form Melissa Komp	
Grade Level 10,11,12	
Date of Trip 6/30 - 7/3/24	
Listed below are the instructional objectives for the requested field trip:	
Objectives:	Correlated Standard of Learning:
Develop competent, aggressive busines	s English 10.6
Leadership. Strengthen the confidence	
of students in themselves and their	
work.	

This form <u>must</u> be attached to the Application for Field Trip.

# Nansemond River HS Trip Permit

rotore business leaders of America (FBL)	A) National Leade	rsnip Cor	nierence
	_ (Student Name) has m	y permiss	sion to
participate in the FBLA National Leaders	ship Conference to	be held	in Orlando, FL
from <b>Saturday</b> , <b>June 29<sup>th</sup></b> through <b>Tuesdo</b>	ıy, July 2 <sup>nd</sup> , 2024.		
Time of Departure: Approx. 5:16 am, Sun June 30 (from No Approximate Time of Return: Approx. 2:50 pm, Wednesday., July 3rd			rport)
For questions and/or concerns, please contact 757-923-4101 during normal school hours.	this trip's teacher(s)/sp	oonsor(s), N	As. Kemp at
At this level, the dress code is taken very serious (https://www.fbla.org/dresscode/) which must be attire must also comply with the SPS & NRHS drebe disqualified from competition.	pe worn at all official oss code. Students we	conference	e events. Casual
rarent / Gua	rdian Information		
Parent / Guardian Name(s):			8/
Home Phone:	Cell Phone: _		
Work Phone:			
Parent / Guardian Signature:		Date	
I agree not to purchase, possess, or consume any alcagree to abide by all school rules and regulations convened River High School. I understand that if I consequences set by school officials.  Student Signature	nceming student behav do not abide by school (	rior. Trealize rules and reg	that I am representing

### PARENT MEDICAL CONSENT AND INFORMATION FORM

Ι,	, parent	guardian of	
			[Student Name]
[Age] Nansemond Rive	er High School ,	do authorize in advan	ce any necessary
medical treatment required	by the student na	amed above while he/s	she is attending the FBLA
National Leadership Confere	ence.		
Student's DOB			
Is student on medication?	What?		
Is student allergic to stings?			
Other necessary medical inf	formation		
Telephone numbers where y Home Parent/Guardian Address	Work	Oth	ner
If parent/guardian cannot b	e reached in case	of an emergency, co	ntact:
Name		Phone	
9		Signed	Ĭ.
		Date	4

### FBLA CODE OF CONDUCT

The conduct of FBLA members, advisers, and representatives should reflect positively on the organization and themselves, upholding the reputation of the organization. Listed below are rules of conduct for FBLA members, advisers, representatives, and attendees of events.

### At all times, FBLA members, advisers, and representatives are expected to:

- 1. Behave in a courteous and respectful manner, avoiding language or actions that might bring discredit upon themselves, their school, other attendees, advisers, or FBLA, including speech and conduct that creates an intimidating, hostile, or offensive environment.
- 2. Promote FBLA as a positive experience and therefore act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
- 3. Obey all local, state, and federal laws.

### While participating in an FBLA event, attendees are expected to:

- 1. Abide by all FBLA rules. Members must keep their advisers informed of their activities and whereabouts. Accidents, injuries, and illnesses must be reported to the local adviser(s) or state leader(s) immediately.
- 2. Avoid conduct not conducive to an educational conference. Such conduct includes, but is not limited to, actions disrupting the conference's professional atmosphere, association with nonconference individuals, and activities that endanger self or others.
- 3. Comply with the rules of all event facilities. Remember that other guests have rights as well. Noise should be kept at a respectful volume. Individuals or chapters will be responsible for repairing or replacing any property or furniture that is damaged. Facilities have the right to ask guests to leave.
- 4. Stay in the hotel room to which they are assigned. FBLA members must have permission from their local adviser(s) or state leader(s) to be in hotel rooms to which they are not assigned.
- 5. Follow the FBLA Dress Code during all conference activities, including general sessions, competitive events, exhibits, regional meetings, workshops, and other activities unless otherwise indicated.

- 6. Avoid smoking, use of vaping/e-cigarette devices, alcoholic beverages, cannabis, and controlled or illegal substances of any form. These items must not be used or possessed at any time, or under any circumstances. Use or possession of such substances may subject the attendee to criminal prosecution. This policy does not apply to medications legally prescribed for an individual attendee.
- 7. Not possess or use weapons of any kind at an FBLA-related event.
- 8. Local advisers and state leaders are responsible for the supervision of attendee conduct. They should refer to the Chaperone Policy for additional responsibilities.

### **Code of Conduct Violations**

Should an attendee violate the Code of Conduct, the FBLA staff member on duty will meet with the attendee and/or state leader(s) and local adviser(s)/chaperone(s).

- Attendees who violate the Code of Conduct may be subject to disciplinary action, up to and including expulsion from the conference. Attendees who are expelled from the conference will not be eligible for a refund of any fees paid and will be sent home at their own expense.
- Attendees may be given a warning for behavior and their adviser(s)/chaperone(s)
   will be notified.
- Attendees may be remanded to the custody of their adviser(s)/chaperone(s) and banned from all conference activities and facilities. FBLA will require that the adviser(s)/chaperone(s) notify a student attendee's parents/guardians.
- If an attendee's behavior or actions violate the law, FBLA will notify local security and authorities immediately.

agree to ablae by the Code of Co	nduci.	
FBLA Member/Delegate	Date	
Parent/Guardian	 Date	

### **SAFETY TIPS**

Attending meetings and conferences is a major part of our FBLA lives. A new city, a new hotel, new people to meet all add up to a stimulating environment away from the routine. Meetings are educational and rewarding, but they may cause us to let down our guard and become careless about the usual precautions we follow at home.

No city or town is exempt from crime today. In addition, tragic fires in major hotels have brought home another hazard to everyone who travels. We ask that you review these rules with your students and abide by the following Safety Tips.

### AT HOME AND ON ROUTE

### DO

- CARRY with you the name, address, and phone number of an individual to contact in case of accident.
- BE SURE to carry a card describing any medical difficulties such as diabetes or allergies to any drugs.
- TAKE as little cash as possible. Carry travelers' checks and credit/debit cards

### DO NOT

- DISPLAY large amounts of cash when paying for taxis or tips.
- LEAVE luggage unattended. Keep it in full view at all times. If your hotel room is not ready when you check in, use the luggage check-in service at the Bell Captain's desk or in the luggage holding area.

### **CHECKING IN**

#### DO

- BE CAREFUL what you say in the presence of strangers. Never reveal your room number or discuss plans for leaving the hotel when you can be overheard.
- ASK at the front desk or concierge desk about the neighborhood around the hotel so you know what streets to avoid.
- Use the in room save for valuables and money

### TO AND FROM YOUR ROOM

### DO

- CALL the front desk before letting in anyone who says they are with maintenance or TV repair. Find out if they are legitimate before opening the door.
- USE your peephole to identify callers before letting anyone in.
- USE every locking device on your door the night bolt, dead bolt, and safety
- CHECK carefully to know where fire exits are when you check in. Remember that smoke rises, so the red "exit" sign will probably be invisible if there is a fire.



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 EMPLOYEE NAME SCHOOL/LOCATION MONTH AND DATE(S) OF ABSENCE: NUMBER OF DAYS REQUESTED SUBSTITUTE REQUIRED: YES EXPLANATION OF ACTIVITY (NAME AND PLACE OF EVENT): **ESTIMATE OF EXPENSES:** DESCRIPTION **AMOUNT** DESCRIPTION AMOUNT TOTAL 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. 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. APPROVED DISAPPROVED L'SUPERVISOR SIGNATURE APPROVED DISAPPROVED

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.

**AUTHORIZED SIGNATURE** 

ACCOUNT NUMBER

**DATE SIGNED**