

# SUFFOLK PUBLIC SCHOOLS

(Attach to field trip application requiring School Board approval)

**Field Trip #:** 22335

**School:** John Yeates Middle School

**Grade/Subject/Club/Team:** 6-8 Grade TSA

**Date of Field Trip:** November 15-17, 2024

**Destination:** Hartfield, Virginia

**Purpose:** TSA Fall Leadership Academy

**Objectives:** Students will be demonstrating workplace readiness skills by exploring, designing, and evaluating technological systems.

Approve

Disapprove

*Andie Skinner*

\_\_\_\_\_  
Director of CTE

*9/24/2024*

\_\_\_\_\_  
Date

Approve

Disapprove

*ALL*

\_\_\_\_\_  
Chief of Schools

*9/24/24*

\_\_\_\_\_  
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 **22335**

\* Category Travel With Students

\* Type of Trip Field Trip

\* Field Trip Event  
Standard Field Trip

#### Trip Leave

\* Date 11/15/24 Friday

\* Time 4:30 PM

#### Trip Return

\* Date 11/17/24 Sunday

\* Time 11:30 AM

Trip Year/Week 2024-46

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

Comments TSA LEADERSHIP ACADEMY CAMP PIANKATANK

\* Your School/Dept ⓘ 380 John Yeates Middle  
4901 Bennetts Pasture Rd, Suffolk, VA 23435

\* Main Destination ⓘ Other (Type Below)  
1586 Stampers Bay Rd, Hartfield, VA 23071, USA

Destination Not Listed 1586 Stampers Bay Road, Hartfield, VA, USA \* Destination Name Camp Piankatank

\* Approximate Nbr of Miles Round Trip

Special Instructions for Permission Slip na

Funding Source #1 School Allotment - John Yeates Middle 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 C.Owens  
 \* Teacher / Advisor / Staff Phone # 7579234105  
 Teacher / Advisor / Staff Email courtneyowens@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 C.Owens  
 \* Emergency Contact Phone # 7579234105

\* Grade Level(s) Making Trip 6  
 7  
 8  
 \* Description of group or person(s) making trip TSA CLUB  
 \* Educational Objective for Field Trip COMPETION

**Number of Individuals Making Trip**

* Male Adults	0	* Female Adults	1	Total Adults	1
* Male Students	3	* Female Students	3	Total Students	6

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? Yes  
 \* If so, will these students need packed lunches? No

Nbr Students 6 Teacher C.Owens  
 Students will be away from school during the lunch period.

**Additional Information**

\* School will be billed for Mileage No  
 \* School will be billed for Driver No  
 \* What is the cost to the Student? 140.00  
 \* Description of the funding source you will be using SCHOOL BOARD  
 \* 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)? No

**Vehicles Needed**

\* Do you need vehicles? Yes  
 Check here to indicate trip is drop-off only Location

Check here to indicate trip is pickup only Location

Vehicle Pickup	
* Date	11/15/24
* Time	4:30 PM

Vehicle Return	
* Date	11/17/24
* Time	11:30 AM

Total Trip Hours 43.00

\* Type of vehicles needed to reserve Yellow Bus 

\* How many vehicles do you need? 1

Vehicle Guidelines: Elementary 64 and 77 passengers. Secondary 44 to 48

\* Need Lift? No

Nbr Wheelchair Slots 0 Nbr Safety Vests 0 Nbr Fold Down Seats 0

Special Needs

Comments or Details Concerning Needs NA

Vehicle Driver Information NA

Owner taylorbracy@spsk12.net

Bid Id/Closing Date 24-11-10 11/07/2024

Person Submitting Request angelabalestino@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 angelabalestino@spsk12.net

Decision Date Sep 23, 2024, 10:17:25 AM

### 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 John Yeates Middle School Date 9/18/2024  
Grade/Subject/Club TSA Club Teachers Courtney Owens

#### REQUEST FOR SPECIAL USE OF SCHOOL BOARD VEHICLE (Personal cars are not to be used to transport students)

Date of Field Trip 11/15/24 Time Departing School 4:30pm Time Returning to School 11:30 a  
Destination; VA TSA Leadership Academy - Camp Piankatchank 1586 on 11/17/24  
School Bus  Number Needed 1 Stampers Bay Rd. Herts

#### SPECIAL NEEDS BUS

Equipment Needed: W/C  N/A PCR  N/A Safety Vest  N/A

School Car N/A Number Needed N/A

Non-School Board Transportation
Type: _____
Furnished By: _____

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

Number of Students 6 Number of Classes TSA Club

Overnight Trip?  Yes  No

Total Cost to Student \$140 \*Other Costs Incurred N/A

\*Paid By TSA Club funds

Names of Chaperones (Not including Teachers) \_\_\_\_\_

Date Parental Permission Secured and Filed in Office 9/18/2024

Trip Requested By: Courtney Owens

Trip Received By: [Signature] Date: 9/19/2024

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



**SUFFOLK PUBLIC SCHOOLS**  
Field Trip Instructional Objectives

School John Yeates Middle School  
Person completing the form Courtney Owens  
Grade Level 6-8  
Date of Trip Nov. 15-17

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

Objectives:	Correlated Standard of Learning:
All TSA (competencies) and events align with the VDOE Standards and competencies	(#44)

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

**PROFESSIONAL LEAVE PROCESSING CHECKLIST**

(This form **MUST** be attached to the Professional Leave Request)

**FROM:** Cartney Owens  
**SCHOOL:** John Peales Middle School  
**DATE:** 9/17/24

*No Action required*  
**ATTN: INSTRUCTIONAL SERVICES**

- I have already processed my registration and submitted payment to the organization.
- I have not processed my registration and would like SAO to do so (*completed registration form is attached*).
- No registration is required.
- I have made my hotel reservations; information is attached for processing payment.
- I have not made hotel reservations; would like SAO to do so (*suggested locations are attached*).

**Arrival Date** \_\_\_\_\_ **Departure Date** \_\_\_\_\_

No hotel reservations are needed.

**PLEASE NOTE**

Ample time must be given in order to process registration and hotel information (30-45 days prior).

- Registration will not be processed without completed paperwork.
- Hotel reservations will not be made without suggested lodging information.

Any incomplete information will be returned and may cause further delay of processing your leave in a timely manner.



**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. Cathy Owers
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**\*\*PARENTS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**SPECIAL EDUCATION TEACHERS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**TEACHER ASSISTANTS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_



### 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

Courtney Owens

EMPLOYEE NAME

009680

EMPLOYEE ID NUMBER

John Yeates Middle School

SCHOOL/LOCATION

2620

JOB CODE

MONTH AND DATE(S) OF ABSENCE: NOV. 15<sup>th</sup>, 2024

NUMBER OF DAYS REQUESTED 1

SUBSTITUTE REQUIRED:  YES  NO

EXPLANATION OF ACTIVITY (NAME AND PLACE OF EVENT): Virginia TSA

Leadership Academy - Fall Competition

ESTIMATE OF EXPENSES:

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
N/A			
		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.

Courtney Owens

EMPLOYEE SIGNATURE

9/17/24

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.

APPROVED

DISAPPROVED

John M. Brito

PRINCIPAL/SUPERVISOR SIGNATURE

9/19/2024

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.