SUFFOLK PUBLIC SCHOOLS

(Attach to field trip application requiring School Board approval)

Field Trip #: 21790
School: Nansemond River High School
Grade/Subject/Club/Team: V. Field Hockey Team
Date of Field Trip: September 20, 2024 to September 22, 2024
Destination: Conshohocken, PA
Purpose: Nansemond River High School V. Field Hockey Team will participate in the MaxPreps Invitational Field Hockey Tournament.
Objectives: Nansemond River High School V. Field Hockey Team will have the opportunity to participate in the MaxPreps Invitational Field Hockey Tournament in Conshohocken, PA.
Approve
Disapprove On Director of Secondary Leadership Date
School Board Action:
☐ Approve
☐ Disapprove
Clerk of the Board Date



Trip Approval Calendar Reports

Suffolk City P

Trips Pending Approval

Waiting on Approval

Trip Emails

Trip inquiry

Schedules/Assignments

Daily Vehicle Schedule

Assignment Inquiry

		acker		IN 14 2021
Create Duplicate	Request			K. J.
Travel Reque	st Form		BA:	
Please Note: Wel	come to Suff	erve an activity bus for a		travel center. Within this software, you can submit nd reserve a car for staff travel. If you have any
Trip Number	<u> </u>	21790		
* Category		○ Staff	Only Travel Travel W	/ith Students
* Type of Trip		Athletic	~	
	l (you may c	check more than one)		
Band		Boys Soccer	Boys Tennis	Boys Volleyball
Cross Cour	ntry	Debate	Forensics	Girls JV Vollsyball
Girls Socce	•	Girls Tennis	Girls Volleyball	Golf
☐ HS ACTIVIT	ry BUS	Indoor Track	INTRAMURAL BASKETBALL	INTRAMURAL FIELD HOCKEY
INTRAMUR	AL FOOTBALL	Intramural Outdoor Track	INTRAMURAL SOCCER	☐ INTRAMURAL VOLLEYBALL
☐ JV Basebal	a	JV Boys Basketball	JV Boys Soccer	☐ JV Cheerleading
JV Field Ho	ockey	☐ JV Football	JV Girls Basketball	JV Girls Soccer
JV Softball		JV Wrestling	MS ACTIVITY BUS	One Act Play
Outdoor Tr	ack	Scholastic Bowl	SHUTTLE BUS	Swimming
☐ V Baseball		V Boys Basketball	☐ V Cheerleading	V Field Hockey
☐ V Football		V Girls Basketball	V Softball	☐ V Wrestling
Trip Leave * Date * Time p Year/Week 2024		M	Trip Retu * Date * Time	9/22/2024 Sunday 8:00 PM
* Date * Time p Year/Week 2024 s this trip overn	6:00 A	M	iday * Date	9/22/2024 Sunday 8:00 PM
* Date * Time p Year/Week 2024	6:00 A	ut this trip iver to drop off will print	tiday * Date * Time 00 miles one way?	9/22/2024 Sunday 8:00 PM
* Date * Time p Year/Week 2024 s this trip overn Comments Enter any conthat is importation when as location. This	6:00 A	at this trip iver to drop off will print iver.	tiday * Date * Time 00 miles one way?	9/22/2024, Sunday 8:00 PM
* Date * Time p Year/Week 2024 s this trip overn Comments Enter any conthat is importation when as location. This on the trip tick	6:00 A	ut this trip iver to drop off will print iver.	tiday * Date * Time 00 miles one way? © Yes	9/22/2024 Sunday 8:00 PM Sunday Sunday
* Date * Time p Year/Week 2024 s this trip overn Comments Enter any conthat is importation when as location. This on the trip tick	6:00 A light, out-of- mments about ant for the dri pick up and a information teet for the dri //Dept (i)	ut this trip iver to drop off will print iver.	* Date * Time * Time 00 miles one way? Yes Invitational Field Hockey T	9/22/2024 Sunday 8:00 PM Sunday Sunday

Add a Stop on the Way There Add a Stop on the Return

* Approximate Nbr of Miles Round Trip	589:17		CALCULATE MILES	
Funding Source #1	Athletics		v	Budget Code
Est Trip Cost \$0.00	Est Bal \$255,000.00			
Funding Source Desc test of funding man				Budget Code Desc
Funding Approver				
Teacher / Advisor / Staff N	lame	Ali Dize		
Teacher / Advisor / Staff Phone # Teacher / Advisor / Staff Email Note: This email will receive the requester emails if of Emergency Contact Info Emergency Contact Name		7573734650		
		kristybrett@	spsk12.net	
		_		
			Teacher / Advisor / Staff	
		Ali Dize		
Emergency Contact Phon		7573734650	0	
lumber of Individual				
* Male Adults 1	* Fema	ale Adults	2	Total Adults 3
* Male Students 0	* Fema	ale Students	20	Total Students 20
Additional Informatio	n			
School will be billed for Milea	age		Yes O No	
School will be billed for Drive	er		● Yes ○ No	
District Event			○ Yes ◎ No	
Non District Event	STREET STREET		● Yes ○ No	21.0
Description of the funding so	iurce you will be using.:		Field Hockey Account at N	RHS
Will a coach be driving the tr	ip?		O Yes No	
If yes, please enter the coac	hes name. If no, enter N	IA.	na	
Vill you be using external tr	The state of the s		reconved vehicle (s). Please	include details of trip, including itinerarie
ransportation company if a	pplicable.	illion to, the	eserved verificie(s). Flease	include details of trip, including itinerarie
narter Bus Company TBD				
/ehicles Needed	•			
Do you need vehicles?	Yes No			
erson Submitting Request	kr	istybrett@sps	k12.net	
Pate Submitted		ın 14, 2024, 9		
Trip Estimator (click to ope	en and enter additiona	l information	for estimating trip cost)	
.evel 01 Approval - L	ocation Approva	ı		
Comment				
Decision		Approved		
Name		tinapaul@sp	sk12.net	

Supporting Documents

i Choose File No file chosen

Add

File Type

Size

File Name

Created 6/14/24,

application/pdf

206 KB

Field Hockey Pennsylvania Trip Sept 2024.pdf

Send Email

Comments

Create Duplicate Request

Cancel Trip/Reservations

Reschedule Trip

Request Status Trip: 21790

Pending Second Level Location Approval

Final Approval Date

Email Audit Log: Refresh

Page << First | < Previous |

Subject: Email Sent on: Email Sent by: Email Sent To: Date User Action C 6/14/24, 9:20:37 AM tinapaul@spsk12.net Save and Close Trip (Submit Page Determines Return) N 6/14/24, 9:20:24 AM tinapaul@spsk12.net Location Level Approved 6/14/24, 9:08:41 AM kristybrett@spsk12.net Save and Close Trip (Submit Page Determines Return)



Version 4.6.112



Trip Received By:

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 Nansemond River High School Date May 29, 2024 REQUEST FOR SPECIAL USE OF SCHOOL BOARD VEHICLE (Personal cars are not to be used to transport students) Date of Field Trip 9 120 12024 Time Departing School 6:00am Time Returning to School 8: Destination; Best Western Fort Washington Inn; 285 Commerce Dr. Fort Washing Number Needed Non-School Board SPECIAL NEEDS BUS Transportation -Equipment Needed: W/C ____ PCR __ ___Safety Vest __ Furnished School Car_____ Number Needed _____ By: (School cars are not to be used to transport students) Number of Students 16-20 Number of Classes Total Cost to Student _____ *Other Costs Incurred _____ *Paid By_____ Names of Chaperones (Not including Teachers) Allison Dize, Cortney Parker, Raymond Brown Date Parental Permission Secured and Filed in Office. Trip Requested By:

(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 Nansemond River High School	
Person completing the form Allison Dize	
Grade Level Varsity Field Hockey	*
Date of Trip Friday September 20, 2024 - Sunda	y September 2
Listed below are the instructional objectives for the requested field trip:	
Objectives:	Correlated Standard of Learning:
To improve the players' and teams skills	
them with valuable exposure and learning opportunities that can aid their athletic and personal development.	
	·

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

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	PANCIAIS
1.	Allison Dize	1.
2.	Cortney Parker (Volunteer)	2
3.	Raymond Brown (volunteer)	3.
	•	4.
		5.
		6.
7.		7
8.	·	8.
		9
		10.
		TEACHED ASSISTANTS
	SPECIAL EDUCATION TEACHERS	TEACHER ASSISTANTS
1.	· ·	TEACHER ASSISTANTS
1.	SPECIAL EDUCATION TEACHERS	
2.	· ·	1.
2. 3.		1.
 3. 4. 		1.
 3. 4. 5. 		1
 3. 4. 5. 6. 		1



Nansemond River High School

3301 Nansemond Parkway ■ Suffolk, Virginia 23434 Office (757) 923-4101 ■ Fax (757) 538-5430

Dr. Shawn Green, Principal

Mrs. Kimberly Warholak, Assistant Principal

Mrs. Tina Paul, Assistant Principal

Mr. Darrell Medley, Assistant Principal Mr. Stevie Green, Dean of Students

Nansemond River High School Field Trip Permission Form

Trip Details

Destination: Max Prep Invitational Field Hockey Tournament, Conshohocken, PA

Departure Date & Time: September 20th, 2024, at approximately 6:00 AM

Return Date & Time: September 22nd, 2024, in the evening

Accommodation: Best Western Fort Washington Inn, 285 Commerce Drive, Fort Washington, PA

19034

Itinerary

- -September 20th, 2024: Departure from Nansemond River High School at 6:00~AM; Travel to Fort Washington, PA
- -September 20th 22nd, 2024: Participation in 3 games at the Max Prep Invitational Field Hockey Tournament (1 game per day)
- -September 22nd, 2024: Return to Nansemond River High School in the evening

Student Information	
Student Name:	
Grade:	
Date of Birth:	••
Emergency Contact Name:	
Emergency Contact Phone:	
Parental/Guardian Consent	•
I, the undersigned, permit my child,	, to participate in the field
trip to the Max Prep Invitational Field Hockey Tournamen	t in Conshohocken, PA, from Septembe
20th, 2024, to September 22nd, 2024. I understand that the	team will depart from Nansemond
River High School at approximately 6:00 AM on September	er 20th and return on the evening of
September 22nd. The team will stay at Best Western Fort V	

I acknowledge that while every precaution will be taken to ensure my child's safety, I will not hold Nansemond River High School or its staff responsible for any unforeseen incidents that may occur during the trip.

Parent/Guardian Name:
Parent/Guardian Signature:
Date:
Medical Information
Does your child have any medical conditions we should be aware of?
☐ Yes ☐ No
If yes, please describe:
Is your child currently taking any medication? ☐ Yes ☐ No
If yes, please list:
Does your child have any allergies? □ Yes □ No
··
If yes, please list:
Family Physician Name:
Physician's Phone Number:
Includes a Traffic and the
Insurance Information
Insurance Company:
Policy Number: Group Number:
Group Trainoct.
Additional Notes
Please ensure your child has the following items packed:
- Field hockey gear (including uniform, sticks, mouthguard, shin guards)
- Personal items and toiletries
- Weather-appropriate clothing
- Any necessary medications
Contact Information
In case of emergency or questions, please contact Coach Ali Dize at (757) 334-2268 of
allisondize@spsk12.net
Please return this signed form by September 10th, 2024.
For School Use Only
Permission Form Received On:
Received By: