

SUFFOLK PUBLIC SCHOOLS

(Attach to field trip application requiring School Board approval)

Field Trip #: 22499

School: King's Fork High School

Grade/Subject/Club/Team: 9-12 FBLA

Date of Field Trip: December 6, 2024

Destination: The White House - 1600 Pennsylvania Avenue NW, Washington, DC

Purpose: FBLA students touring the White House to experience day to day function and activities.

Objectives: Students will be demonstrating leadership skills through participation in student organization activities, such as meetings, programs, and projects.

Approve

Disapprove

Audie Skinner
Director of CTE

10/23/2024
Date

Approve

Disapprove

Atta Kelly
Chief of Schools

10/23/24
Date

School Board Action:

Approve

Disapprove

Clerk of the Board

Date

Andre' Skinner 10/14/2024

Travel Request Form

Please Note: Welcome to Suffolk City Public Schools Travel Tracker, your one-stop travel center. With 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 **22499**

* Category **Travel With Students**

* Type of Trip **Field Trip**

* Field Trip Event
Standard Field Trip

Trip Leave

* Date **12/6/24** **Friday**

* Time **6:00 AM**

Trip Return

* Date **12/6/24** **Friday**

* Time **7:00 PM**

Trip Year/Week 2024-49

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

Comments

* Your School/Dept ⓘ **395 King's Fork High**
351 King's Fork Rd, Suffolk, VA 23434

* Main Destination ⓘ **Other (Type Below)**
1600 Pennsylvania Avenue NW, Washington, DC 20500, USA

Destination Not Listed **White House, Pennsylvania Avenue Northwest, Washington, DC, USA** * Destination Name **The White House**

* Approximate Nbr of Miles Round Trip

Special Instructions for Permission Slip

Funding Source #1 **School Allotment - Kings Fork 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 Jaleel Nelson
 * Teacher / Advisor / Staff Phone # 757-681-1413
 Teacher / Advisor / Staff Email jaleelnelson@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 Jaleel Nelson
 * Emergency Contact Phone # 757-681-1413

* Grade Level(s) Making Trip 9
 10
 11
 12
 * Description of group or person(s) making trip KFHS students in grades 9-12 and FBLA
 * Educational Objective for Field Trip TSW - demonstrate leadership skills through participation in student organization activities, such as meetings, programs, and projects
 TSW -

Number of Individuals Making Trip

* Male Adults 2	* Female Adults 1	Total Adults 3
* Male Students 20	* Female Students 20	Total Students 40

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? Yes

Nbr Students 40 Teacher Jaleel Nelson

Bagged lunches have been requested for this field trip. Please contact teacher to verify number of lunches needed.

Additional Information

* School will be billed for Mileage Yes
 * School will be billed for Driver Yes
 * What is the cost to the Student? 0
 * Description of the funding source you will be using FBLA funds
 :
 * Will a coach be driving the trip? No
 * If yes, please enter the coaches name. If no, enter N/A
 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 12/6/24
 * Time 6:00 AM

Vehicle Return

* Date 12/6/24
 * Time 7:00 PM

Total Trip Hours 13.00

* 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

Vehicle Driver Information

Owner shanellwilliams@spsk12.net

Bid Id/Closing Date 24-12-01 11/28/2024

Person Submitting Request brianneashley@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

10/8/24, 1:39 PM

Travel Tracker

Decision

Approved

Name

derrickbryant@spsk12.net

Decision Date

Oct 8, 2024, 12:05:38 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



SUFFOLK PUBLIC SCHOOLS

RECEIVED

By: BUTAM aw
Date: 10/14/24

BF-6-15

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 K.F.H.S / FDLA Date 10/2/24
Grade/Subject/Club 9th-12th / FBLA Teachers Nelson, Jaleel
Riddick, Andrew

REQUEST FOR SPECIAL USE OF SCHOOL BOARD VEHICLE Breckenridge-Mo
(Personal cars are not to be used to transport students) Jerome LaCher

Preferred Date: 10-12/16

Date of Field Trip 10/16/24 Time Departing School 6:00am Time Returning to School 7:00pm

Destination: The White House

School Bus yes Number Needed 1

SPECIAL NEEDS BUS

Equipment Needed: W/C PCR Safety Vest

School Car _____ Number Needed _____

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

Number of Students 23-40 Number of Classes 1

Overnight Trip? Yes No

Total Cost to Student _____ *Other Costs Incurred _____

*Paid By FBLA Fund

Names of Chaperones (Not including Teachers) _____

Date Parental Permission Secured and Filed in Office _____

Trip Requested By: [Signature]

Trip Received By: [Signature] Date: 10/8/24

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

****PARENTS**

1. Nelson, Jaleel
2. Breckenridge Moore, Jermecela Chea
3. Riddick, Andrew
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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

SPECIAL EDUCATION TEACHERS

TEACHER ASSISTANTS

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

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



SUFFOLK PUBLIC SCHOOLS
Field Trip Instructional Objectives

School K. F. H. S

Person completing the form Jaleel Nelson

Grade Level 9th - 12th

Date of Trip Preferred Dates , , , 12/6

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

Objectives:	Correlated Standard of Learning:
Demonstrate leadership skills through participation in student organization activities, such as	
meetings, programs, and projects	FBLA
Explain the benefits & responsibilities of different organizations in professional	
organizations as an adult	FBLA

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

Transportation Cost Estimator
King's Fork High School
2024-2025

Use this tool to determine the approximate cost of transportation for your upcoming trip. While this 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 funding source.

Name of Group: F.B.L.A Date of Trip: 12/4 2024

Name of Sponsor(s): Jaleel Nelson # of students: 23-40

Mileage

You **MUST** find the exact mileage for your trip. You cannot estimate the journey.

Trip Origin: Kings Fork High School

Trip Destination: The White House a) 188 mi from origin

Returning to: King's Fork High School b) 188 mi from origin

Round Trip Mileage (a+b) = 376 miles
X \$3.00 per mile

1.) Total Mileage Estimation: \$ 1,128

Time

Estimation (in hours) of time for your trip: 13 x \$18 per hour = \$ 234

Total Hourly Wage Estimation: \$ 234

Compute

Total from 1) _____ + total from 2) _____ = 3) Cost for one bus = \$ 1,362

Number of Busses Needed:

Total from 3) \$ 1,362 x number of busses required 1 = \$ 1,362
Cost of Trip

Signature of Sponsor: [Signature]

Known Funding Source? No Yes (Explain) FBLA Funds

Administration Use Only

- KFHS Fund
- SAO Fund _____
- Club/Org/Ath Fund _____
- Other: _____

Approved

Denied



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

J. Nelson

EMPLOYEE NAME

8107

EMPLOYEE ID NUMBER

K.F.H.S

SCHOOL/LOCATION

2 6 3 0

JOB CODE

MONTH AND DATE(S) OF ABSENCE: 12/10

NUMBER OF DAYS REQUESTED 1

SUBSTITUTE REQUIRED: YES NO

EXPLANATION OF ACTIVITY (NAME AND PLACE OF EVENT): White House Field Trip

ESTIMATE OF EXPENSES:

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
N/A	\$0		
		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.

[Signature]

EMPLOYEE SIGNATURE

10/2/24

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
[Signature]

PRINCIPAL/SUPERVISOR SIGNATURE

DISAPPROVED
10/8/24

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.

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

Andrew Riddick 13674
 EMPLOYEE NAME EMPLOYEE ID NUMBER
 K.F.H.S 2630
 SCHOOL/LOCATION JOB CODE

MONTH AND DATE(S) OF ABSENCE: 12/10

NUMBER OF DAYS REQUESTED 1 SUBSTITUTE REQUIRED: YES NO

EXPLANATION OF ACTIVITY (NAME AND PLACE OF EVENT): White House Field Trip

ESTIMATE OF EXPENSES:

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
N/A	\$0		
		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.

Andrew Riddick 10/3/24
 EMPLOYEE SIGNATURE 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
 D. Bryant 10/8/21
 PRINCIPAL/SUPERVISOR SIGNATURE 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.



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

Jermeceláchea Breckenridge-moore
EMPLOYEE NAME

11476
EMPLOYEE ID NUMBER

KFHS
SCHOOL/LOCATION

2630
JOB CODE

MONTH AND DATE(S) OF ABSENCE: 12/16

NUMBER OF DAYS REQUESTED 1

SUBSTITUTE REQUIRED: YES NO

EXPLANATION OF ACTIVITY (NAME AND PLACE OF EVENT): White House Field Trip

ESTIMATE OF EXPENSES:

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
<u>N/A</u>	<u>\$0</u>		
		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.

[Signature]
EMPLOYEE SIGNATURE

10/03/24
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
[Signature]
PRINCIPAL/SUPERVISOR SIGNATURE

DISAPPROVED
10/8/24
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.



KINGS FORK HIGH SCHOOL

_____ has permission to go with the

Student Name

Future Business Leaders of America of Kings Fork High School to The White House (DC)

Name of Org.

Destination

on December 3rd, 5th, or 6th, 2024 (preferred dates)

Date

Time of departure: 7:30am

Approximate time of return: 7:30pm

Teacher/Sponsor: Jaleel M. Nelson

I authorize a staff member of Kings Fork High School to obtain medical attention for my child should an emergency arise.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact & Number: _____

I agree to abide by all the school rules and regulations concerning student behavior. I will not purchase, consume, or possess any type of alcoholic beverage or drug while representing Kings Fork High School during this trip. I understand that violating ANY school rules will result in administrative action taken by Kings Fork.

Student Signature: _____ Date: _____

(<https://www.whitehouse.gov>)

Welcome! Please register all attendees below.

If you have questions, concerns or access needs, please reach out to your point of contact.

Please enter your legal first name, legal middle name, legal last name, gender, date of birth, city and state of residence **exactly** as they appear on your government-issued ID.

If there are any discrepancies between the information provided and the ID presented, we cannot guarantee your clearance onto the complex.

Legal First Name *

Please enter your full legal first name as it is listed on the identification you plan to provide upon arrival. **Please do not enter a nickname.**

Legal Middle Name *

If you do not have a legal middle name listed on your ID, leave this field blank.

Legal Last Name *

Please enter your full legal last name as it is listed on the identification you plan to provide upon arrival. If you have a multiple part last name and/or a suffix, please enter in its entirety.

Date of Birth *



Email *

Confirm Email *

Country of Birth *

U.S. Citizen? *

Social Security Number *

This is not required for children 17 and under or for non-citizens.

Gender *

X = Unspecified or another gender identity

City of Residence *

If you live abroad, enter the city that you will visit.

State of Residence *

If you live abroad, enter the state that you will visit.

Next

*** Required fields**

Information you submit on this site will be used to process your security request and will be retained in accordance with applicable federal records laws. For children under 13, the information requested on this website must be submitted by a parent, guardian, or other adult with lawful authority. Information submitted through this website is subject to [our voluntary disclosure policy. \(http://www.whitehouse.gov/VoluntaryDisclosure\)](http://www.whitehouse.gov/VoluntaryDisclosure)