

# SUFFOLK PUBLIC SCHOOLS

(Attach to field trip application requiring School Board approval)

**Field Trip #:** 23152

**School:** Northern Shores Elementary School

**Grade/Subject/Club/Team:** TEAMS Music/4th & 5th Graders

**Date of Field Trip:** 5/10/25

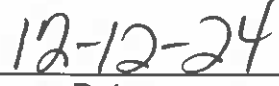
**Purpose:** Northern Shores Elementary School TEAMS Music will participate in America Sings

**Objectives:** Northern Shores Elementary School TEAMS Music will have the opportunity to participate in America Sings at the Lincoln Memorial, 2 Lincoln Memorial Circle, NW, Washington, DC.

**Approve**

**Disapprove**

  
\_\_\_\_\_  
**Director of Elementary Leadership**

  
\_\_\_\_\_  
**Date**

**School Board Action:**

**Approve**

**Disapprove**

\_\_\_\_\_  
**Clerk of the Board**

\_\_\_\_\_  
**Date**

*CPW*  
*12-17-24*

### 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 **23152**

\* Category Travel With Students

\* Type of Trip Field Trip

\* Field Trip Event  
Chorus

#### Trip Leave

\* Date 5/10/25 **Saturday**

\* Time 7:00 AM

#### Trip Return

\* Date 5/10/25 **Saturday**

\* Time 10:00 PM

Trip Year/Week 2025-19

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

#### Comments

\* Your School/Dept ⓘ 391 Northern Shores Elementary  
6701 Respass Beach Rd, Suffolk, VA 23435

\* Main Destination ⓘ Other (Type Below)  
2 Lincoln Memorial Cir NW, Washington, DC 20004, USA

Destination Not Listed 2 Lincoln Memorial Circle Northwest, Washington, DC, USA \* Destination Name Lincoln Memorial

\* Approximate Nbr of Miles Round Trip

Special Instructions for Permission Slip See attached documents

Funding Source #1 School Allotment - Northern Shores Elementary Budget Code

Funding Source Desc Budget Code Desc

Funding Approver

Are funds payable to a third party? Yes

(Does venue require payment prior to trip?)

Amount of Payment 6945.00

Payment Option	Mail Check
Purchase Order/Requisition Nbr	1274
Payment Due To	American Sings, Inc. PO Box 990 Ocoee, FL 34761
Comments Concerning Payment	The \$6,945.00 is the total amount due for the Registration with America Sings(\$65.00 per 39 students= \$2535.00) and the charter bus with Venture (\$4410.00). The required \$200.00 deposit with America Signs to hold the spot has been paie. C Stadler is planning to submit a fundraiser to help cover as much of the cost .

* Teacher / Advisor / Staff Name	Chistopher Stadler, Music Teacher
* Teacher / Advisor / Staff Phone #	7575756312
Teacher / Advisor / Staff Email	christopherstadler@spsk12.net
<b>Note: This email will receive the requester emails if different from requester</b>	
Emergency Contact Info	<input type="checkbox"/> <b>Same as Teacher / Advisor / Staff</b>
* Emergency Contact Name	Andrea Banks, Principal
* Emergency Contact Phone #	7579234169

* Grade Level(s) Making Trip	4 5
* Description of group or person(s) making trip	Music Teacher, 39 TEAMS Music Students(4th and5th graders) and four chaperones. See attached sheets for details
* Educational Objective for Field Trip	See attached sheets for details

**Number of Individuals Making Trip**

* Male Adults	2	* Female Adults	3	Total Adults	5
* Male Students	9	* Female Students	30	Total Students	39

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 39 Teacher Chistopher Stadler, Music Teacher  
Students will be away from school during the lunch period.

**Additional Information**

* School will be billed for Mileage	Yes
* School will be billed for Driver	Yes
* What is the cost to the Student?	178.08 per student. Fundraiser will be requested to help off set this cost.
* Description of the funding source you will be using	Parent payment and/or fundraiser donations. :
* 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.

Venture Charter bus will be used for this trip. See attached documents with Quote and their Insurance information.

## Vehicles Needed

\* Do you need vehicles? No

Person Submitting Request

deborahdaubenspeck@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

andreawilkins@spsk12.net

Decision Date

Dec 6, 2024, 9:29:38 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 Northern Shores Elementary School Date 10/23/24  
Grade/Subject/Club TEAMS Music (4th/5th) Teachers Stadler

#### REQUEST FOR SPECIAL USE OF SCHOOL BOARD VEHICLE

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

Date of Field Trip 5/10/25 Time Departing School 7:00 AM Time Returning to School 10:00 PM

Destination; Lincoln Memorial

School Bus Charter Number Needed 1

#### SPECIAL NEEDS BUS

Equipment Needed: W/C  PCR  Safety Vest

School Car N/A Number Needed 0

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

Non-School Board Transportation
Type: <u>Charter</u>
Furnished By: <u>Venture Touring</u>

Number of Students 39 (30 girls, 9 Boys) Number of Classes 1

Overnight Trip? Yes  No

Total Cost to Student \$178.08 \*Other Costs Incurred Registration per student \$65.00 x 39 = \$2,535.00

\*Paid By Student / Going to do a Fundraiser to help cover cost. Charter Bus \$4,410.00

Names of Chaperones (Not including Teachers) Brynn Datson, Ebony Taylor, Cristine Pisani  
David Van Clief II

Date Parental Permission Secured and Filed in Office 12/19/24

Trip Requested By: Stadler, Christopher

Trip Received By: Andue Banco Date: 10/23/24

(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:** Northern Shores Elementary

**Person completing the form:** Christopher Stadler

**Grade Level(s):** 4th, 5th

**Date of Trip:** 05/10/25

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

<b>Objectives:</b>	<b>Correlated Standard of Learning:</b>
The student will recognize various professional music careers (e.g., music producer, recording engineer, composer, arranger, music business, arts administrator, performer, music therapist, music teacher)	5.9
The student will explain how music is an integral part of one's life and community.	4.7
The student will describe how people may participate in music within the community as performers, consumers of music, and music advocates.	5.7
The student will analyze and evaluate music.	4.3, 5.3
Demonstrate audience and participant etiquette appropriate for the purposes and settings in which music is performed.	4.5 A
Exhibit acceptable performance etiquette as a participant and/or listener in relation to the context and style of music performed.	5.5 A
The student will develop skills for individual and ensemble singing performance.	4.13, 5.13

**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. Christopher Stadler
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**\*\*PARENTS**

1. Brynn Dotson
2. Ehony Taylor
3. Cristine Pijani
4. David Van Cleaf II
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. \_\_\_\_\_





**Department of Fine and Performing Arts**  
 100 North Main Street  
 Suffolk, VA 23434  
 (757) 925-6750



**Permission Slip**

**Event: TEAMS MUSIC to Washington D.C. for "America Sings" Choral Festival**

**Date: 5/10/2025**

**Destination: Lincoln Memorial, Washington DC**

**Time of Departure: 6:00 AM**

**Approximate Time of Return: 10:00 PM**

**Teacher/Sponsor: Mr. Stadler**

**Home School: Northern Shores Elementary School**

**Additional Notes/Dress Code: Students should wear comfortable clothes for travel and walking. They must bring their event shirt and any other materials needed for a day trip.**

**Parent/Guardian:**

My student \_\_\_\_\_ (*print*) has my permission to attend the above listed event through Suffolk Public Schools Department of Fine and Performing Arts. I understand that my student's teacher has coordinated this trip through Suffolk Public Schools and will abide by all rules and regulations set forth by SPS and their home school.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student:**

I agree to abide by all school rules and regulations concerning student behavior set forth by Suffolk Public Schools and my home school. I recognize that I am representing both my home school and Suffolk Public Schools.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_