



REGION USE ONLY  
Stamp Date Received

# FIELD TRIP REQUEST PACKET

(All forms in this packet must be completed)

PRE-APPROVED BY: BOARD POLICY 2340  FHSAA

PERMISSION IS REQUESTED TO PARTICIPATE IN A FIELD TRIP. DATE 09/08/2016

In-County  Out-of-County  Out-of-State  Out-of-Country

DESTINATION Busch Gardens ADDRESS 10165 N McKinley Drive Tampa FL 33612

DATES OF TRIP: (Include departure/return time) FROM 01/27/2017 5:00 AM TO 01/27/2017 11:00 PM

NAME OF SCHOOL GROUP (Band, Debate, etc.) Class of 2018

NAME OF SCHOOL GROUP SPONSOR Ayleen Monzon SPONSOR'S SIGNATURE

Number of Students in Group 894 Number of Students Participating in Trip 100

Cost to Each Student \$85 Provision for Those Unable to Pay fundraising

Means of Funding Trip student pay

# of Teachers 7 # of Parents 0 = Total # Chaperones 7 Additional Personnel\*       

(\*Paraprofessional Assistant, Nurse, Interpreter for the Deaf and Hard of Hearing, etc., are not to be counted as chaperones; however, they are responsible for supervising the student to which they are assigned.)

PARENT PERMISSION SLIPS for participating students found in this packet must be on file in the Office of the Principal prior to the field trip.

Students participating in a FHSAA, GMAC, and MSAP water sports such as swimming and water polo are not required to complete a Water Related Field Trip Packet (FM-6614) and/or meet the swim test requirement.

PURPOSE FOR TRIP (Include objective, invitation and itinerary) to participate in an in-depth discussion and observe over 300 different species from all around the world in Busch Garden's Edge of Africa and Animal Care Center.

**TRANSPORTATION:** \*Private Vehicle (Name of Driver) \_\_\_\_\_

\*\*Bus Company Miami Jet Tours

Airline (Name of Carrier) \_\_\_\_\_

Other (Specify) \_\_\_\_\_

\*Valid Driver's License verified? Yes \_\_\_\_\_ No \_\_\_\_\_ By Whom? \_\_\_\_\_  
(Private Vehicle Only)

\*\*Approved Private School Bus and Chartered Bus vendor verified by using the Department of Procurement Management website at [http://procurement.dadeschools.net/field\\_trips.asp](http://procurement.dadeschools.net/field_trips.asp) A printed copy reflecting vendor approval must be attached for review.

PRINCIPAL'S SIGNATURE \_\_\_\_\_ SCHOOL Coral Gables Senior High School

REGION SUPERINTENDENT \_\_\_\_\_ DATE \_\_\_\_\_  
(Return to school for submission to School Operations, Division of Athletics, Activities and Accreditation, if applicable)

- FORWARD ONE COPY OF THIS PAGE TO THE CAFETERIA MANAGER OF YOUR SCHOOL.
- FOR IN-COUNTY OR PRE-APPROVED TRIPS, FORWARD ONE COPY OF THIS PACKET TO THE REGION FOR REVIEW.
- FOR OUT-OF-COUNTY (NOT PRE-APPROVED), THIS PACKET MUST BE FORWARDED TO THE REGION FOR REVIEW AND APPROVAL.
- FOR OUT-OF-STATE (NOT PRE-APPROVED) AND OUT-OF-COUNTRY TRIPS, THIS PACKET MUST BE FORWARDED TO THE REGION AND THE DIVISION OF ATHLETICS/ACTIVITIES AND ACCREDITATION (MAIL CODE: 9723) FOR REVIEW AND SUBMISSION FOR BOARD APPROVAL.

**SCHOOL OPERATIONS, DIVISION OF ATHLETICS/ACTIVITIES AND ACCREDITATION USE ONLY**

Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Deputy Superintendent/Chief Operating Officer \_\_\_\_\_ Date \_\_\_\_\_