

HERNANDO COUNTY SCHOOL DISTRICT
TRIP REQUEST CHECKLIST

Request
2294

DATE

STEP 1 - 45 SCHOOLS DAYS BEFORE TRIP

- ☒ SO-Gadm-001 COMPLETE FORM – "INITIAL REQUEST OF TRIP APPROVAL"
- ☒ TRIP ENTERED INTO INFOFINDER (LEVEL 1 - Yellow) *
- ☐ TRIP APPROVED IN INFOFINDER BY SCHOOL ADMINISTRATION (LEVEL 2 - Brown)*

****SCHOOL BOARD APPROVAL NEEDED IF TRIP IS OUT OF STATE****

STEP 2 - 30 SCHOOLS DAYS BEFORE TRIP

- ☒ SO-TR-060 STUDENT ROSTER FORM-2 COPIES (1 W/ PACKET; 1-TO BE GIVEN TO DRIVER ON TRIP)*
- ☒ SO-TR-062 EMERGENCY CONTACT/MEDICAL TRAINING INFORMATION SHEET*
- ☒ SO-Per-025 LEAVE OF ABSENCE FORM-TDL'S (COPY FOR ALL SCHOOL BOARD EMPLOYEES)
- ☒ SO-TR-066 OVERNIGHT EMERGENCY INFORMATION FORM- INCLUDE HOTEL ACCOMMODATIONS W/ADDRESS, TELEPHONE NUMBER AND QUOTE OF PRICE- IF APPLICABLE
- ☒ PARENT PERMISSION SLIPS/COLLECT MONEY (copy of permission slip sent home)
- ☒ SO-TR-061 SIGNED STAFF/VOLUNTEER CHAPERONE LIST (RECOMMENDED RATIO 10:1)*
- ☒ SEC-Adm-021 CONSENT FOR PRIVATE TRANSPORT-PER SCHOOL BOARD POLICY-IF APPLICABLE
- ☒ SO-TR-067 PRIVATELY OWNED VEHICLE USE FORM – IF APPLICABLE
- ☒ SO-TR-059 FLORIDA STANDARDS (Educational trips only)
- ☒ SO-TR-064 CAFETERIA NOTIFICATION (Educational trips only)
- ☒ SO-TR-063 CLINIC NOTIFICATION (Educational trips only)

I ACKNOWLEDGE THAT ALL FORMS IN STEP 1 & 2 HAVE BEEN COMPLETED AND APPROVED AT THE SCHOOL LEVEL.

X Sharon Swihart
PRINCIPAL / DESIGNEE

SCAN/EMAIL COMPLETED PACKETS TO TRANSPORTATION FOR APPROVAL (INCLUDE THIS CHECKLIST)

STEP 3- 10 SCHOOLS DAYS BEFORE TRIP – MUST BE RECEIVED BY TRANSPORTATION

- ☐ TRIP IN INFOFINDER (LEVEL 3 - Purple) REQUEST APPROVED AT TRANSPORTATION

STEP 4- DIRECTOR OF TRANSPORTATION

- ☐ FIELD TRIP APPROVED (Level 4 - Blue)
- ☐ BUS ASSIGNED (TRANSPORTATION APPROVED - Green)

STEP 5- TO BE TAKEN ON TRIP

- ☐ SO-TR-060 STUDENT ROSTER FORM (SEE STEP 2)*

STEP 6- AFTER FIELD TRIP HAS BEEN COMPLETED

- ☐ SO-TR-065 TRIP REPORT & EVALUATION (FOR EDUCATIONAL TRIPS ONLY) Scanned to Transportation

*Forms that must be done for all trips

STEP-TIME
LINE-
REQUIRED
FORMS

REQ#
2292

HERNANDO COUNTY SCHOOL DISTRICT
Initial Request of Trip Approval
A guide in planning a trip

INSTRUCTIONS:

All requests for trips must have the Principal's/Designee's approval signature. All trips must also have the approval of the Deputy Superintendent. In addition, out-of-state trips must be approved by the Hernando County School Board. A request for Placement on School Board Agenda must be turned in to the District Office 30 days prior to an out-of-state trip. Once received, a copy of this form with Board Chairperson's signature must be sent to Transportation.

TRIP MAIN INFORMATION:

Trip Name: (i.e. HHS 9th Grade; class or team) Florida Future Educator's State Conference

Trip Contact: JB Dill School: Hernando High School

Department: ☒ District ☐ Internal ☐ Non School ☐ Remedial

Activity: ☒ Activity ☐ Athletic ☐ Enrichment ☐ Non School

*Please fill out Field Trip Report & Evaluation SO-TR-065 once trip is completed and send to Transportation Department

DEPARTURE:

(Friday) Departure Date: 01 / 31 / 25 Time: 9 : 00 AM ☒ PM ☐

(Sunday) Return Date: 02 / 02 / 25 Time: 3 : 00 AM ☐ PM ☒

Departure: Choose School leaving from Notes (where to load from) _____

DESTINATION:

Destination: (Name/Event/Place) Rosen Plaza FFEA State Conference Code from Approved Trip List: VS1310

Street: 9700 International Drive City/State: Orlando, Florida

Person / Sponsor directly responsible for supervising the activity: (Contact): JB Dill

Phone: 352-238-2889 Email: dill_j@hcsb.k12.fl.us

TRIP DETAILS:

Equipment: ☒ Bus ☐ Charter Bus: _____ ☐ Parent ☐ Rental Van (District)

☐ Student ☐ Walking

of Students: Male 4 Female 20 # Adults 5 # of W/c 0 # of Vehicles 0

COST/FUNDS:

Costs to be paid from - Specify source(s): CTE District Account

Cost strip information _____

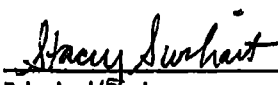
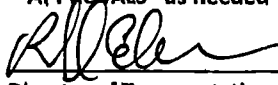
Fund	Function	Object	Cost Center	Project	Sub Project
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Will students be required to pay anything? Yes _____ No X

If yes, explain: _____

I have read and agree to adhere to the Field Trip Procedures as stated in the Staff Handbook:

Date 10 / 28 / 2024 Signed _____

APPROVALS *as needed		
 Principal/Designee	 Director of Transportation	_____ Board Chairperson*
Date <u>10</u> / <u>28</u> / <u>24</u>	Date <u>10</u> / <u>31</u> / <u>24</u>	Date ____ / ____ / ____

Florida Future Educators of America (FFEA) Annual State Conference
“Lights, Camera, Teach!”
Rosen Plaza
9700 International Drive, Orlando, Florida 32819
January 31- February 2, 2025
TENTATIVE AGENDA

Friday, January 31, 2025:

3:00 PM – 5:30 PM EST	Conference Registration and Set-Up Chapter Displays
5:30 PM – 9:00 PM EST	Welcome Session
	Pizza & Pasta Buffet
	FFEA State Officer Introductions
	State Officer Campaign Speeches
	Chapter Introductions and Welcome Activities
9:00 PM – 11:59 PM EST	On Your Own Time

Saturday, February 1, 2025:

8:00 AM – 9:00 AM EST	Conference Registration
8:00 AM – 9:00 AM EST	Continental Breakfast
9:00 AM – 10:00 AM EST	General Session with Teacher Spotlights
10:10 AM – 10:50 AM EST	Concurrent Session A
11:00 AM – 11:40 AM EST	Concurrent Session B
11:50 AM – 12:30 PM EST	Concurrent Session C
12:30 PM – 1:40 PM EST	Lunch Buffet
	General Caucus/Vote for State Officers
1:50 PM – 2:30 PM EST	Concurrent Session D
2:40 PM – 3:20 PM EST	Concurrent Session E
3:30 PM – 4:10 PM EST	Concurrent Session F
4:15 PM – 6:00 PM EST	College Night (High School Members)
6:00 PM – 11:59 PM EST	On Your Own Time

Sunday, February 2, 2025:

8:00 AM – 9:00 AM EST

Breakfast Buffet

9:00 AM – 11:00 AM EST

Closing Session with Keynote

Speaker

Presentation of Awards

HERNANDO COUNTY SCHOOL DISTRICT STUDENT ROSTER

SCHOOL NAME Hernando High School

Teacher/Sponsor Name JB Dill

Field Trip/Activity FFEA State Conference

Destination Rosen Plaza Hotel

Date(s) of Field Trip/Activity _____

List names with identification numbers and emergency contact information.

[illegible]

HERNANDO COUNTY SCHOOL DISTRICT

Emergency Contact/Chaperone/Medical Training Information

Name of Trip FIFA-Florida Date of Trip Jan 31 - Feb. 2
2025
 Trip Organizer(s) Jb Dill Approximate Student count _____

	Staff/Chaperone Name	Cell Number	*	Medical Training Certified	Nurse (Initial) Approved
1	Jb Dill				
2	Nancy Lovelock	TBD			
3	RJ Inman				
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	*DO NOT GIVE OUT NUMBER TO STUDENT				

HERNANDO COUNTY SCHOOL DISTRICT
Leave of Absence Form

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

LAST NAME (Print or Type) <u>Love/lock</u>	FIRST <u>Nancy</u>	INITIAL <u>E</u>	EMPLOYEE I.D. NUMBER <u>10411</u>
POSITION <u>Media Specialist</u>			SCHOOL/COST CENTER

Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days.

TO BE COMPLETED BY APPLICANT:

I hereby apply for:

This leave is requested: ☐ With Pay ☐ Without Pay ☐ Substitute Needed

- ☐ Sick Leave
☐ Personal Leave (charged to Sick Lv.)
☐ Personal Leave (Without Pay)
☐ Professional Leave
☐ Other _____
- ☐ Worker's Comp
☐ Military Leave
☐ Vacation Leave
☒ Temporary Duty (Attach documentation)
☐ Compensatory Time (non-exempt employees only)

*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.

- ☐ Per Diem
☐ Mileage
☐ Meals
☐ Registration
☐ Hotel Expense (Single Room Rate)

Number of Hours Requested 52 hours

Purpose/Benefit (DO NOT use acronyms) _____

Destination FEA State Conference Orlando Florida

BEGINNING		ENDING	
Time _____ AM <u>noon</u> PM	Day of Week <u>Friday</u>	Time _____ AM <u>3:00</u> PM	Day of Week <u>Sunday</u>
Date <u>1/31/24</u>		Date <u>2/2/24</u>	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant

Nancy E. Love/lock

Date

11/4/24

FOR OFFICE USE ONLY:

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor

Beth Gastra

Date

11/4/24

Project Director (if applicable)

Date

11/4/2024

TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.

This leave constitutes _____ hour(s) for the regular employee listed above.

Name of substitute(s) (if any):

Amount of Time substituting:

_____ hours: _____ days.
_____ hours: _____ days.

DISTRIBUTION:

White : Payroll
Yellow : Applicant (Attach to Travel Reimbursement form)
Pink : Applicant
Gold : Site Administrator

**HERNANDO COUNTY SCHOOL DISTRICT
Leave of Absence Form**

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

LAST NAME (Print or Type) DILL		FIRST INITIAL JENNIFER	EMPLOYEE I.D. NUMBER 11445
POSITION TCMR		SCHOOL/COST CENTER HHS	

Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days.

TO BE COMPLETED BY APPLICANT:

I hereby apply for: This leave is requested: ☐ With Pay ☐ Without Pay ☐ Substitute Needed

<input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Professional Leave <input type="checkbox"/> Other _____	<input type="checkbox"/> Worker's Comp <input type="checkbox"/> Military Leave <input type="checkbox"/> Vacation Leave <input checked="" type="checkbox"/> Temporary Duty (Attach documentation) <input type="checkbox"/> Compensatory Time (non-exempt employees only)
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*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.

<input type="checkbox"/> Per Diem <input type="checkbox"/> Registration	<input type="checkbox"/> Mileage <input type="checkbox"/> Hotel Expense (Single Room Rate)
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Number of Hours Requested **52**

Purpose/Benefit (DO NOT use acronyms) _____

Destination **FFEA State Conference Orlando FL**

BEGINNING		ENDING	
Day of Week FRIDAY	Time 12 AM PM	Day of Week SUNDAY	Time 3 AM PM
Date JAN 31		Date FEB 2	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:					TRAVEL EXPENSE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant **[Signature]** Date **11/4/24**

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor [Signature]	Date 11/4/24		
Project Director (if applicable) [Signature]	Date 11/4/24		

TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.			
This leave constitutes _____ hour(s) for the regular employee listed above.			
Name of substitute(s) (If any): _____		Amount of Time substituting:	
_____	_____	hours: _____	days: _____
_____	_____	hours: _____	days: _____

**HERNANDO COUNTY SCHOOL DISTRICT
OVERNIGHT STAY EMERGENCY INFORMATION**

School: Hernando High School

Group/Team: FFEA Florida Future Educators of America

Sponsor/Coach: JB Dill

Field Trip Location (be specific): Rosen Plaza Hotel 9700 International Drive Orlando, FL 32819

Dates/Time FROM: January 31, 2025 9:00 AM TO: February 2, 2025 3:00 PM

Hotel/Motel/Other: Rosen Plaza Hotel

(Please Include/attach Web print-out, etc., of accommodations, if available)

Address: 9700 International Drive Orlando, Florida 32819

Hotel Telephone Number: 1-800-627-8258

Lead Chaperone Name: JB Dill

Lead Chaperone Phone Information:

Daytime Phone Number: ()

Evening Phone Number: ()

*Cell Phone Number: (52)238-2889

Other Emergency Phone Number: ()

*(You must have a phone available to reach you, other than hotel, while you are on the trip.)

Second Sponsor/Coach Name: Nancy Lovelock

Cell Phone Number: ()

Third Sponsor/Coach Name: RJ Inmon

Cell Phone Number: ()

Fourth Sponsor/Coach Name: _____

Cell Phone Number: ()

I verify the above is accurate and will be updated if any changes occur prior to the trip.

Main Chaperone: JB Dill

Name Printed

Signature

HERNANDO COUNTY SCHOOL DISTRICT

Field Trip

Staff/Volunteer Chaperone List

(To be submitted with ALL Field Trips)*

I certify that the persons whose names are listed below have both been scanned in the V-Software system for sexual offender/predator offenses (done at school level) and have been screened by the District Volunteer office and approved as a Volunteer in the Hernando County School District. (Their name will appear on the approved volunteer list.)

Principal or Asst. Principal Signature _____ Date _____

School Volunteer Coordinator _____ Date _____

	Volunteer Registered Name	Birth date (if possible)
1.	JB Dill	
2.	Nancy Lovelock	
3.	RJ Inmon	
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Total # of District Employees attending: 3

Total # of Students Attending: 24

Total # of Approved Volunteers Attending: _____

**HERNANDO COUNTY SCHOOL DISTRICT
FLORIDA STANDARDS**

Define the purpose of the field trip. If educational specify how the experience will enhance student performance expectations.

The HHS Future Teacher Academy will be competing in the video, speech, lesson plan, chapter display, Power Point, and

Outstanding Chapter Competitions at the Florida Future Educators of America Conference

from January 31, 2025 - February 2, 2025

For educational field trips explain what follow-up experience will be used to reinforce learning?

☐ Review concepts

☐ Experience charts

☐ Make a booklet

☒ Discussion

☐ Letter to parents

☒ Other (explain) Video for

☒ Photographs

☒ Display of items acquired on trip

School Board

Cluster	Introduction To Teaching Course Standards
02.0	Demonstrate professionalism in an educational and training session.
07.0	Identify effective relationships with internal and external stake holders.
11.0	Recognize leadership and career and technical student organization (CTSO) activities.
10.0	Demonstrate the ability to lead and work on a team.

District Strategic Plan Goal(s):

People: Build dedicated workforce by recruiting, developing, and retaining accomplished professionals.

Which model classroom best practices does the educational experience support: (please check one)

☒ High student engagement

☐ Data – driven problem solving

☐ Differentiated instruction

☐ Writing across all content areas

☐ Blended (student use) of technology

☐ Higher order thinking (questioning)

☐ Formative/summative assessment

☐ Research – based instructional models

HERNANDO COUNTY SCHOOL DISTRICT
FIELD TRIP CAFETERIA NOTIFICATION FORM

LUNCHES FOR FIELD TRIPS:

Any student on the free/reduced lunch program is entitled to a bag lunch for field trips. We cannot require that the child bring a lunch from home, or money to purchase a lunch at the field trip site.

Supplies for the cafeteria are ordered every two weeks, therefore any request for bag lunches needs to be submitted to the cafeteria no later than two weeks prior to the field trip. It is the teacher's responsibility to fill out the form and return it. The form can be submitted with an approximate number of lunches needed, and then a more definite number given two days in advance of the trip. Also, if a student should forget their bag lunch on the day of the trip, one can be provided by the cafeteria.

Date 11/01/24

To the Cafeteria:

Please be advised that FFEA Students 's
class(es) will be attending a field trip on 01/31-02/02/25
from _____ AM/PM to _____ AM/PM.

The total number of students participating is 24.

At this time I anticipate needing about 0 student lunches and 0 adult lunches.

I will notify you of the exact count of lunches needed on _____
which is no later than 2 days before the planned trip.

Sincerely,

JB Dill
Teacher

Administrative Signature

HERNANDO COUNTY SCHOOL DISTRICT
FIELD TRIP CLINIC NOTIFICATION FORM

Date 11/01/24

Please be advised that FFEA Students's class(es) will be
away on a field trip on 01/31-02/02 from _____ AM/PM to
_____ AM/PM.

The following students will be away. Please provide any meds that may be required during that
time.

JB Dill

Teacher Name

TBD