HERNANDO COUNTY SCHOOL DISTRICT TRIP REQUEST CHECKLIST

DATE	STEP 1 - 45 SCHOOLS DAYS BEFORE TRIP
10-28-24	SO-Gadm-001 COMPLETE FORM — "INITIAL REQUEST OF TRIP APPROVAL*
45 - 1000	TRIP ENTERED INTO INFOFINDER (LEVEL 1 - Yellow) * Reques + # 2289
	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
10-29-24	S0-TR-060 STUDENT ROSTER FORM-2 COPIES (1 W/ PACKET; 1-10 BE GIVEN TO DRIVER ON TRIP)*
	S0-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.
	v
	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
STEP-TIME LINE-	□ SO-TR-065 TRIP REPORT & EVALUATION (FOR EDUCATIONAL TRIPS ONLY) Scanned to Transportation
REQUIRED	*Forms that must be done for all trips
CODAAC	

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.

with Board Chairperson's signature must be se TRIP MAIN INFORMATION:	nt to Transportation.			ived, a copy of this form
Trlp Name: (i.e. HHS 9th Grade; class or team)	Florida Future Edu	cator's State Conferen	ice WWHS 10-	12th Graders
Trip Contact: Traci Athanason		school: Weeki h		
Department: District Internal	Non School	Remedial	Vacine C 11	ign och vol
Activity: Activity Athletic	Enrichment	Non School		
*Please fill out Field Trip Report & Evaluation SO-TR-065 or		send to Transportation Departr	nent	
DEPARTURE:				
Departure Date: 01 / 31 / 25 Time	9 : 00 AM	■ PM □		
Return Date: 02 / 02 / 25 Time: 3	. 00 AM	PM ■		
Departure: Choose School leaving from Note				
DESTINATION:				
Destination: (Name/Event/Place) Rosen Place	za FFEA State	Conference cod	le from Approve	ed Trip List: VS1310
Street: 9700 International Drive		ity/State: Orlando, F	lorida	
Person / Sponsor directly responsible for supe	vising the activity:	(Contact): Traci Atha	nason	
Phone: 321-615-1380	Email: Athanasor	n_T@hcsb.k12.fl.u	S	
TRIP DETAILS:				
Equipment: Bus X Charter Bus:	CREATE A.S.	Par	ent Rental	Van (District)
Student Walking				
# of Students: Male 3 Female 1	7 # Adults 5	# of W/c 0	# of \	Vehicles 0
COST/FUNDS:				
Costs to be paid from - Specify source(s): CTE	District Accoun	nt		
Cost strip Information				
Fund Fund	tion Objec	t Cost Center	Project	Sub Project
Will students be required to pay anything? Yes			,,,,,,,,	our (Tojece
f yes, explain:				
I have read and agree to adhe	re to the Field Trip	Procedures as stated	in the Staff Ha	indbook:
Date 10 / 39 / 2024 Sign	da Traci	2+6		
	y succe (-
	APPROVALS *	as needed		
	DIAS	30.		
Principal/Designee	District (
	Director of Tran	sportation	Board Chair	person*
Fig. 1				
Date 18 131 124	Date		/	

SO-GAdm-001 June 2016 Reorder from Printing DISTRIBUTION: White: Principal

Yellow: Teacher Pink: Transportation

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

9:00 AM - 11:00 AM EST

Breakfast Buffet

Closing Session with Keynote

Speaker

Presentation of Awards

HERNANDO COUNTY SCHOOL DISTRICT STUDENT ROSTER

SCHOOL NAME Weeki Wachee High School

Teacher/Sponsor Name Traci Athanason

Field Trip/Activity FFEA State Conference

Destination Rosen Plaza in Orlando

Date(s) of Field Trip/Activity January 31 - February 2, 2025

List names with identification numbers and emergency contact information.

ID#	Name	Emergency Contact Name	Emergency Contact Number
5007938	Monica Bellamy	Adelle Bellamy	352-701-5988
0137416	Nicholas Chany	Deborah and Fred Chany	352-585-4218
0134938	McKenna Genuardi	Kelli Crognale	352-519-9880
5014309	Brianna DeRose Green	Jamie Jenkins	727-277-9829
5005746	Kaila Diaz	Yvette Diaz	929-385-1034
0136422	Kolbi Fremer	Bobbie and John Fremer	352-232-6548 352-232-654
0136200	Jessica Hannigan	Grace Hannigan	352-458-8706
5008822	Iveliss Minaya	Zelma Minaya	718-690-5221
5006088	Jayden Russo	Corby Miller	813-695-9913
0141125	Bella Schubiger	Melissa Schubiger	352-610-0525
0137457	Isabella Skolny	Michelle Murtaugh	717-797-9711
5007178	Katelyn Sword	Billie Jo Sword	513-582-2454
0136347	Jade Thompson	Julie Thompson	352-279-9749
5010672	Emily Umphlette	Don and Lisa Owens	757-718-0479
0144395	Brenna LaRose	Stacee LaRose	352-573-7768
0141238	Maribel Rivera	Lilliam DeJesus	727-271-3099
5007148	Lydia Cruz Molina	Diana Cruz	609-218-7299
0148496	Bakari Hodge-Mauldin	LaRisa Hodge	717-693-9818
0168575	Mia Frias	Maria Ambrosi	908-764-1555
0165276	Casey Coben	Christina Coben	352-232-8070
0142844	Caleb Rinehart	Carrie Rinehart	352-777-2034

HERNANDO COUNTY SCHOOL DISTRICT

Emergency Contact/Chaperone/Medical Training Information

Name of Trip Florida Future Educators of America State Conference	January 31 - February 2, 2025 Date of Trip
Trip Organizer(s) Traci Athanason	Approximate Student count 24

	Staff/Chaperone Name	Cell Number	*	Medical Training Certified	Nurse (initial) Approved
1	Traci Athanason	321-615-1380		Yes	E Section
2	Mildred Murrman-Dudley	352-277-1767	*	No	
3	Edward LaRose	352-573-7169	*	No	
4	Laura Santiago	352-345-7441	*	No	
5	Kristen Tormey	352-410-0154	*	No	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
					-11-50
	*DO	NOT GIVE OUT NUMBER T	O STUD	ENT	1

WORD-Field Trip Emergency contact-Chaperone-Medical

SO-TR-062 July 2015 Online Only

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

LAST NAME (Print or Type)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER	
Lakose	FA	INTIAL	11 0	1
POSITION	LU			1
Principal			SCHOOL/COST CENTER	
Except in the case of an emergency, a pre-planned (i.e. doctor's appointment	Il leave, other than sick le	eave, must be appr		west for siels leave in
pre-planned (i.e. doctor's appointment completed upon return within five (5) y), it must be pre-approve	d. For sick leave a	bsences that are not pre-pl	anned, this form must be
completed upon return within five (5) to BE COMPLETED BY APPLICANT:	vorking days.			annua, uno form mast pe
I hereby apply for:	This		1	
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Personal Leave (charged to Sick Lv.)	Worker's Comp Military Leave	*No	ote: This leave does not constitu	te any salary in addition to that wh
Personal Leave (Without Pay)	Vacation Leave	the	individual would normally receive	e for the dates indicated herein.
☐ Professional Leave	Temporary Duty (Attach do	cumentation)	Per Diem	e
□ Other	Compensatory Time non-e	exempt employees only)		Expense (Single Room Rate)
Number of Hours Requested Over				
Purpose/Benefit (DO NOT use acronyms)	FFEA Anni	ual Sta	ite Confere	010
Destination Rosen Plaza	0 1	The state of the s	LIC CONTICTE	
The state of the s	Orland	0		
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Date			unday D	ate <u>2 · 2 · 2 5 · </u>
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SUBSTITUTE CHARG	ED TO:		TRAVEL EXPENSE C	CHARGED TO:
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1				
	/ //		1/2	-/21
X Signature of Applicant	2/1	EN .	Date 10/2	5/24
FOR OFFICE USE ONLY:	PAPPROVED .	☐ NOT APPROV	/FD	
Site Administrator/Supervisor	1 minh	and I	10/2/21	1
Project Director (if applicable)	year		Date (0/3/192	
Troject birector (ii applicable)			Date	
TO BE COMPLETED BY PRINCIPAL OR SU	PERVISOR AND SUBMIT	TED WITH THE RE	GULAR PAYROLL.	
	s) for the regular employee			
Name of substitute(s) (if any):) for the regular employee	listed above.	Amount of Time substitution	
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			hours:	days.
			hours:	days.
				Guys.

SO-Per-025 November 2020 Reorder from Printing

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

LAST NAME (Print or Type)	FIRST	INITIAL	EMPLOYEE IS AND THE	
10 r r r r	Kristen	D.	EMPLOYEE I.D. NUMBER	
POSITION Dringla			SCHOOL/ÇQST ÇENTER	
Except in the case of an emergency			L WWK8	
O BE COMPLETED BY APPLICANT:	5) working days.		roved in advance. If the request for sick leave is ibsences that are not pre-planned, this form mus	st be
I hereby apply for: Sick Leave	This I	leave is requested:	With Pay Without Pay Substitute Need	la a
☐ Personal Leave (charged to Sick Lv.☐ Personal Leave (Without Pay)☐ Professional Leave) Military Leave	*No	ote: This leave does not constitute any salary in addition to bindividual would normally receive for the dates indicated h	o sheett
Other	Temporary Duty (Attach de	ocumentation)	I Por Diam - I III	
	Compensatory Time (non-	exempt employees only)	Pagistration	9)
urpose/Benefit (DO NOT use acronyms)	FFEA Annu	ual State	e Conference	
estination NOSEN Plan	a Orlando			
BEGINNI	NG		ENDING	
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eek 711 Da	1011=	Day of Week S	unday Date 2/2/25	
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SUBSTITUTE CHAI	792 - The Control of		TRAVEL EXPENSE CHARGED TO:	
FUND FUNCTION OBJECT	CENTER PROJECT	FUND	FUNCTION OBJECT CENTER PRO	JECT
Signature of Applicant	Joney		Date 10/25/24	
OR OFFICE USE ONLY:	PPROVED	□ NOT APPROV	/ED	
e Administrator/Supervisor	0		Date 1008604	
pject Director (if applicable)			Date	
BE COMPLETED BY PRINCIPAL OR :			GULAR PAYROLL.	
	The state of the s	e listed above		
his leave constituteshou	r(s) for the regular employee	s listed above.	Amount of Time substituting:	
This leave constitutes hou	r(s) for the regular employee	s listed above.	Amount of Time substituting:	
This leave constitutes hou Name of substitute(s) (if any):	ir(s) for the regular employes		Amount of Time substituting: hours: days. hours: days.	

SO-Per-025 November 2020 Reorder from Printing

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.

Murman Dudley, Midred	INITIAL EMPLOYEE I.D. NUMBER
POSITION I DUCHECL	SCHOOL/COST CENTER
Hsst. Principal	I WWHS
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 completed upon return within five (5) working days.	or sick leave absences that are not pre-planned, this form must be
TO BE COMPLETED BY APPLICANT: I hereby apply for: This leave	is requested: With Pay
☐ Sick Leave	*Note: This leave does not constitute any salary in addition to that which
☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave ☐ Personal Leave (Without Pay) ☐ Vacation Leave	the individual would normally receive for the dates indicated herein.
☐ Professional Leave ☐ Temporary Duty (Attach documer ☐ Other ☐ Compensatory Time (non-exemple	(B) [10] (B)
	15×3
Purpose/Benefit (DO NOT use acronyms) FFEA Annual	State Conterence
Destination Rosen Plaza, Orlando	
BEGINNING	ENDING
Time 9:00 AMPM	Timp AM 3:00 PM
Day of Friday Date 1-31-25	Day of Sunday Date 2-2-25
SOURCE	OF FUNDS J
SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT	TRAVEL EXPENSE CHARGED TO:
FUND FUNCTION OBJECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT
X Signature of Applicant MM ——————————————————————————————————	Date 10:25:24
FOR OFFICE USE ONLY: APPROVED O	NOT APPROVED
Site Administrator/Supervisor	Date
Project Director (if applicable)	Date
TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED) WITH THE REGULAR PAYROLL.
This leave constitutes hour(s) for the regular employee liste	
Name of substitute(s) (if any):	Amount of Time substituting:
	hours: days.
	hours: days.

SO-Per-025 November 2020 Reorder from Printing

DISTRIBUTION:

White: Payroll
Yellow: Applicant (Attach to
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) FIRST	INITIAL CHELOVER
Athanason Traci	INITIAL EMPLOYEE I.D. NUMBER
POSITION 1 1 1 CC	10767
Teaching Academy Teacher CTE	SCHOOL/COST CENTER WWHS
Except in the case of an emergency, all leave, other than sick leave pre-planned (i.e. doctor's appointment). It must be pre-approved.	, must be approved in advance. If the request for sick leave is
completed upon return within five (5) working days	or sick leave absences that are not pre-planned, this form must be
TO BE COMPLETED BY APPLICANT:	
I hereby apply for: This leave	is requested: With Pay
☐ Sick Leave ☐ Worker's Comp ☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave	
D Personal Leave (Without Pay)	*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.
☐ Professional Leave Temporary Duty (Attach document	
Other Compensatory Time (non-exempt	employees only)
Number of Hours Requested 7.75 x 3	
Purpose/Benefit (DO NOT use acronyms) FFEA Annual	State Conference
Destination Rosen Plaza - Orthogolo	Orlando
BEGINNING	ENDING
Time 9:00 AM PM	Time AM 3:00 PM
Day of Friday Date Jan 31, 2025	Day of C
Date July ava	Week Sunday Date Feb. 2, 2025
SOURCE	OF FUNDS
SUBSTITUTE CHARGED TO:	TRAVEL EXPENSE CHARGED TO:
FUND FUNCTION OBJECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT
	THOSE OF THE PROPERTY OF THE P
X Signature of Applicant Tage of Atlantage	15 25 211
X Signature of Applicant Lace thancot	Date 10-25-24
FOR OFFICE USE ONLY:	NOT APPROVED
Site Administrator/Supervisor	Date 10-25-24
Gaussian Line	Date / O d d
Project Director (if applicable)	Date 11/4/2024
TO BE COMPLETED BY PRINCIPAL OR SUPERVICED AND SUPPLIES	
TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED	WITH THE REGULAR PAYROLL.
This leave constitutes hour(s) for the regular employee listed	d above.
Name of substitute(s) (if any):	Amount of Time substituting:
	hours: days.
	days.
	hours: days.
	#\h
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	LDY \(\\\C_\\\)

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DISTRIBUTION:
White : Payroll
Yellow : Applicant (Attach Infravel
Pink : Applicant
Gold : Site Administrator

HERNANDO COUNTY SCHOOL DISTRICT

Leave of Absence Form

payroll.

Leave of Absence Form

be approved by Site Administrator/Supervisor and submitted with the regular

LAST NAME (Print or Type)	FIRST	IMPERAL		
Jantiago	Laura	INITIAL	EMPLOYEE I.D. NUMBER	
POSITION	Laura		20110.01	03512
leaching Acad	emy leacher		SCHOOL/COST CENTER	
Except in the case of an omover-	11.		/ed in advance of the	
		or sick leave abs	ences that are not pre-	quest for sick leave is
TO BE COMPLETED BY APPLICANT	(5) working days.			named, this form must be
I hereby apply for:	This leave	is requested:	With Day - 1111	
☐ Sick Leave	☐ Worker's Comp	io requested.	With Pay D Without Pa	ay Substitute Needed
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☐ Professional Leave	☐ Vacation Leave ☐ Temporary Duty (Attach docume	10.00	avidual would normally receive	e for the dates indicated herein.
☐ Other	Compensatory Time (non-exemp	ot employees only)	Per Diem	
Number of Hours RequestedOV6	er weekend	The process of the pr	Tegistration D Hotel E	Expense (Single Room Rate)
	- wierena			
Purpose/Benefit (DO NOT use acronym	s) FFEA Annual	State	Conference	0
Destination Rosen Pla	70 Aul 1		Concrenc	
BEGIN	IING		ENDING	
Time 11:30 AM	PM			
Day of Fridau	10100	Day of	Time AM	3:00 PM
	Date 1-31-25	Week Ju	nday o	ate 2 2 25
	SOURCE (OF FUNDS	J	
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FUND FUNCTION OBJECT	CENTER PROJECT	FUND	FUNCTION OBJECT	Principle of the second
			TONOTION OBJECT	CENTER PROJECT
		3		
Signature of Applicant		>		
Signature of Applicant	ma)	<	Date 10.25.	24
FOR OFFICE USE ONLY:	CHAPPROVED TO	NOT APPROVED	Tellie and the	
ite Administrator/Supervisor				-14
	4 4 4	Dat	- 10-25	
roject Director (if applicable)	th Lastra		Date // //	2024
				ACCOM NEWS TO SEE
BE COMPLETED BY PRINCIPAL OR	SUPERVISOR AND SUPMITTED	MITHER		
			LAR PAYROLL.	
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- suscituto(s) (ii dily).		-	mount of Time substitutin	g:
			hours:	days.
			hours:	days.

SO-Per-025 November 2020 Reorder from Printing

DISTRIBUTION:
White : Payroll
Yellow : Applicant (Attac
Pink : Applicant
Gold : Site Administrat

HERNANDO COUNTY SCHOOL DISTRICT OVERNIGHT STAY EMERGENCY INFORMATION

School: Weeki Wachee High	gh School		
Group/Team: FFEA Florida	a Future Educators of Ar	merica	
Sponsor/Coach: Traci Atha	nason		
Field Trip Location (be specifi	c): Rosen Plaza Hotel	9700 International Drive	Orlando, Fl 32819
		TO: February 2, 2025	
Hotel/Motel/Other: Rosen	APPENDIX TO A STREET OF THE PARTY OF THE PAR		TALL STATE
	nclude/attach Web print-out, e	tc., of accommodations, if avai	lable)
Address: 9700 Internationa	Il Drive Orlando, Florida	32819	
otel Telephone Number: 1	-800-627-8258		
1.01	raci Athanason		
<u> </u>	Lead Chaperone Pho	one Information:	
aytime Phone Number: ()		ng Phone Number: (
cell Phone Number: \$21615		Emergency Phone Numb	er: ()
	a phone available to reach you,		
cond Sponsor/Coach Name:	Ed LaRose	Cell Phone Number:	\$52)573-7169
ird Sponsor/Coach Name:	Mildred Murrman	Cell Phone Number:	\$52)277-1767
		Cell Phone Number:	\$52) 345-7441
urth Sponsor/Coach Name:	Laura Santiago		WOZ 10 10 1 111

Name Monica Bellamy Period 3
School Email monica bellanua hernando Tshirt size XXL Schools .013 Permission to Participate in
I hereby give permission for my student, Monico Bollow, to participate in the State Conference and Competition field trip. This trip will take him/her away from the campus and
subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I underst my child will attend skill-building and career exploration in the field of Education that will develop skills, provide future employment and college opportunities as well as participate in state competitions. I understand that this is a 3 day/2 night trip to Orlando, Fl. My child will stay at the Rosen Plaza Hotel will students/room. I understand that this trip will be under the direct supervision of a faculty member(s) of Hernando County School District and that my child will be transported by a Hernando County School Distribus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continent Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand in child WILL need to bring money for fast food lunch (\$10) on the way home on Sunday.
I also authorize any medical treatment, as directed by my student's file with the clinic, in case of emergency.
For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and teacher from any claim for injury to our child resulting from simple negligence and agree not to institute a party to any suit against the School Board arising out of said student attending any of the events descriptore to which I/We, have not objected.
Emergency Parent/Guardian Information:
Name(s): Adelle Bellance Relation to student: MOther
Home/Cell Phone: 352 701 - 5988 Work Phome: 353 913 5702
Date: Parent/Guardian Signature:
Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions: てたら、人)いもら
Daily Medications (Day and Night Time):

Name Nick Chany	Period
School Email Nicholas . Chanye	a hernandoscu Tshirt size M
	Participate in
Educational Activities or	Extracurricular Activities
I hereby give permission for my student, <u>Necestate Conference and Competition</u> field trip. This trip was subsequent classes on <u>Friday, January 31, 2025 at 9 AN</u> my child will attend skill-building and career exploration provide future employment and college opportunities a understand that this is a <u>3 day/2 night trip to Orlando, students/room</u> . I understand that this trip will be understand County School District and that my child will bus driver. Students will be provided the following mean Breakfast and Lunch Buffet on Saturday, February 1, an child <u>WILL</u> need to bring money for fast food lunch (\$10)	A to Sunday, February 2, 2025 at 3 PM. I understand in the field of Education that will develop skills, as well as participate in state competitions. I FI. My child will stay at the Rosen Plaza Hotel with 4 or the direct supervision of a faculty member(s) of the transported by a Hernando County School District Is: Dinner Buffet on Friday, January 31, Continental d Breakfast Sunday, February 2nd. I understand my
I also authorize any medical treatment, as direct emergency.	ted by my student's file with the clinic, in case of an
For all extracurricular activities and trips I/We, release teacher from any claim for injury to our child resulting fa party to any suit against the School Board arising out above to which I/We, have not objected.	
Emergency Parent/Guardian Information:	
Name(s): Deb + Fred chany	Relation to student: Paren †
Home/Cell Phone: (1) 352585 4218 Wo	
Date: 10/29/2024 Parent/Guardian Signatu	ire: Mal May

Home/Cell Phone: (1) 352585 42/8 Work Phone: (1) M/A

Date: /0/29/2024 Parent/Guardian Signature: MA. DO NOT LEAVE BLANK!

Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!

Allergies/Diet Restrictions: Ponicillin

Daily Medications (Day and Night Time): M/A

Permission to Participate in Educational Activities or Extracurricular Activities I hereby give permission for my student, Activities State Conference and Competition field trip. This trip will take him/her away from the campus and subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I understand my child will attend skill-building and career exploration in the field of Education that will develop skills, provide future employment and college opportunities as well as participate in state competitions. I
I hereby give permission for my student, Activities I hereby give permission for my student, Activities State Conference and Competition field trip. This trip will take him/her away from the campus and subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I understand my child will attend skill-building and career exploration in the field of Education that will develop skills,
I hereby give permission for my student, ASTY CIBEN, to participate in the FFEA State Conference and Competition field trip. This trip will take him/her away from the campus and subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I understand my child will attend skill-building and career exploration in the field of Education that will develop skills,
<u>State Conference and Competition</u> field trip. This trip will take him/her away from the campus and subsequent classes on <u>Friday</u> , <u>January 31</u> , <u>2025 at 9 AM to Sunday</u> , <u>February 2</u> , <u>2025 at 3 PM</u> . I understand my child will attend skill-building and career exploration in the field of Education that will develop skills,
understand that this is a <u>3 day/2 night trip to Orlando, Fl</u> . My child will stay at the <u>Rosen Plaza Hotel with 4 students/room</u> . I understand that this trip will be under the direct supervision of a faculty member(s) of Hernando County School District and that my child will be transported by a Hernando County School District bus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continental Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand my child <u>WILL</u> need to bring money for fast food lunch (\$10) on the way home on Sunday.
I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency.
For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and and teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.
Emergency Parent/Guardian Information: Name(s): Home/Cell Phone: 15 17 1949 Parent/Guardian Signature: Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions:

Daily Medications (Day and Night Time): NHAGE - AS N 560 60

Name (Idia) Cluz	Period 6 14
Name (/dia) Cret School Email (/dia Chemolina @ home	_ Tshirt size
Permission to Participate	in
Educational Activities or Extracurricu	ılar Activities
I hereby give permission for my student,	er away from the campus and ebruary 2, 2025 at 3 PM. I understand f Education that will develop skills, cipate in state competitions. I ill stay at the Rosen Plaza Hotel with 4 pervision of a faculty member(s) of d by a Hernando County School District et on Friday, January 31, Continental inday, February 2nd. I understand my
I also authorize any medical treatment, as directed by my stud emergency.	
For all extracurricular activities and trips I/We, release the School Bo teacher from any claim for injury to our child resulting from simple ne a party to any suit against the School Board arising out of said student above to which I/We, have not objected.	gligence and agree not to institute or be
Emergency Parent/Guardian Information:	
Name(s): Diana Cloz Relation to	student: m cm
Home/Cell Phone: (1) 813 609 7254 Work-Phone: (10)	11218-7799
Date: Out 7 4 Parent/Guardian Signature:	
Please list the following: REQUIRED!! Please answer N/A. DO NOT LE	AVE BLANK!

Allergies/Diet Restrictions:

Daily Medications (Day and Night Time): _______

NIA

Name Briana Delkosa Green Period 6
School EmailTshirt size Lage
Permission to Participate in
Educational Activities or Extracurricular Activities
I hereby give permission for my student,
For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and any teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.
Emergency Parent/Guardian Information:
Name(s): Jamie Jenkins Relation to student: Mom
Home/Cell Phone: (127) 217-98 29 Work Phone: ()
Date: 10/28/24 Parent/Guardian Signature: Sauce Senting
Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!

NA

Allergies/Diet Restrictions:

Daily Medications (Day and Night Time): N/A

Name Maila Diat	Period	3
School Email Kaila Diaz @Hernandoschools	orgTshirt size_	XL
Permission to Participa		
Educational Activities or Extracur		
I hereby give permission for my student, Kalla Dia State Conference and Competition field trip. This trip will take him subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday my child will attend skill-building and career exploration in the field provide future employment and college opportunities as well as parameters and that this is a 3 day/2 night trip to Orlando, FI. My child students/room. I understand that this trip will be under the direct Hernando County School District and that my child will be transport bus driver. Students will be provided the following meals: Dinner B Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast child WILL need to bring money for fast food lunch (\$10) on the way	h/her away from the car y, February 2, 2025 at 3 d of Education that will of articipate in state compositions I will stay at the Rosen F supervision of a faculty ted by a Hernando Count uffet on Friday, January Sunday, February 2nd.	npus and PM. I understand develop skills, etitions. I Plaza Hotel with 4 member(s) of nty School District
I also authorize any medical treatment, as directed by my semergency.	tudent's file with the cli	nic, in case of an
For all extracurricular activities and trips I/We, release the School teacher from any claim for injury to our child resulting from simple a party to any suit against the School Board arising out of said stud above to which I/We, have not objected.	negligence and agree n	ot to institute or be
Emergency Parent/Guardian Information:		
Name(s): 4VE++C DIO? Relation	to student: MO+V	
Home/Cell Phone: (_)929-385-1034 Work Phone: (_) Date: 10 24 24 Parent/Guardian Signature:	ndthe So	929 n
Allergies/Diet Restrictions:		

Daily Medications (Day and Night Time):

Name Mia Frias	Peri	od	P.3
School Email mia. fria	s @ hernandoschools Tshi	rt size	XL
	• ഗ(ರ್ರ ermission to Participate in		
Educational	Activities or Extracurricular Acti	vities	
State Conference and Competition field subsequent classes on Friday, January 3: my child will attend skill-building and car provide future employment and college understand that this is a 3 day/2 night trestudents/room. I understand that this to Hernando County School District and that bus driver. Students will be provided the Breakfast and Lunch Buffet on Saturday, child WILL need to bring money for fast for the subsequence of the state of th	eer exploration in the field of Education opportunities as well as participate in the field will stay at the field will stay at the field will be under the direct supervision the things of the following meals: Dinner Buffet on Frid February 1, and Breakfast Sunday, February 1, and Breakfast Sunday, February 1.	rom the ca 2, 2025 at 3 on that will state comp the Rosen of a facult mando Cou lay, Januar oruary 2nd. Sunday.	mpus and B PM. I understand develop skills, petitions. I Plaza Hotel with 4 y member(s) of unty School District y 31, Continental I understand my
For all extracurricular activities and trips teacher from any claim for injury to our of a party to any suit against the School Bos above to which I/We, have not objected.	child resulting from simple negligence ard arising out of said student attending	and agree	not to institute or be
Emergency Parent/Guardian Infor	mation:		
Name(s): Maria Ambros			ner .
Home/Cell Phone: (_) 908-46 Date: 10 25 24 Parent/G	uardian Signature: ()		1 (A QAKÎ
Please list the following: REQUIRED!! Please	ease answer N/A. DO NOT LEAVE BLA	NK!	
Allergies/Diet Restrictions:			
Daily Medications (Day and Night Time):			

Name Kolbi Fremer	Period 35 ^d
School Email Lab fremerah	ernandoschools.org Tshirt size M
Pe	ermission to Participate in
Educational A	Activities or Extracurricular Activities
State Conference and Competition field to subsequent classes on Friday, January 31 my child will attend skill-building and care provide future employment and college of understand that this is a 3 day/2 night tristudents/room. I understand that this tribus driver. Students will be provided the Breakfast and Lunch Buffet on Saturday, F	udent, Kolbi Fremer, to participate in the FFEA crip. This trip will take him/her away from the campus and a 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I understand the exploration in the field of Education that will develop skills, apportunities as well as participate in state competitions. I per to Orlando, Fl. My child will stay at the Rosen Plaza Hotel with 4 per will be under the direct supervision of a faculty member(s) of a my child will be transported by a Hernando County School District following meals: Dinner Buffet on Friday, January 31, Continental February 1, and Breakfast Sunday, February 2nd. I understand my bood lunch (\$10) on the way home on Sunday.
I also authorize any medical treatremergency.	nent, as directed by my student's file with the clinic, in case of an
teacher from any claim for injury to our cl	I/We, release the School Board of Hernando County, Florida, and any nild resulting from simple negligence and agree not to institute or be rd arising out of said student attending any of the events described
Emergency Parent/Guardian Inform	nation:
Name(s): Bobbi and John Fr	Relation to student: parents Dad's cell
Home(Cell)Phone: (352) 23 2 - 65 48	Work Phone: (352) 232-6549
Date: 10/27/24 Parent/Gu	ardian Signature: Bolili Fremes
Please list the following: REQUIRED!! Ple	ase answer N/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions:	
Daily Medications (Day and Night Time):	n/a

Name McKenna Genuardi Period pd. 3/6
School Email McKenna. Genuardighamando Tshirt size Medium Schools org
Educational Activities or Extracurricular Activities
I hereby give permission for my student, McKerca Conference in the FFEA State Conference and Competition field trip. This trip will take him/her away from the campus and subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I understand my child will attend skill-building and career exploration in the field of Education that will develop skills, provide future employment and college opportunities as well as participate in state competitions. I understand that this is a 3 day/2 night trip to Orlando, FI. My child will stay at the Rosen Plaza Hotel with 4 students/room. I understand that this trip will be under the direct supervision of a faculty member(s) of Hernando County School District and that my child will be transported by a Hernando County School District bus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continental Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand my child WILL need to bring money for fast food lunch (\$10) on the way home on Sunday. I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an
emergency.
For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and any teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.
Emergency Parent/Guardian Information:
Name(s): Keili Croopale Relation to student: Mother
Home/Cell Phone: (25)2 - 519 - 9 & 80 Work Phone: 10 29 21 Parent/Guardian Signature: 10 29 20 Parent/Guardian Signature: 10 20 Parent/Guardian Signature: 1
Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions:

Daily Medications (Day and Night Time): _______

Name Jessica Han	nigan	Period	3
School Email Jessica. hon	Schools, org	Tshirt siz	re L
	Permission to Participate in	n	
Educationa	Activities or Extracurricul	ar Activities	
I hereby give permission for my State Conference and Competition field subsequent classes on Friday, January 3 my child will attend skill-building and caprovide future employment and college understand that this is a 3 day/2 night to students/room. I understand that this the Hernando County School District and the bus driver. Students will be provided the Breakfast and Lunch Buffet on Saturday, child WILL need to bring money for fast I also authorize any medical treatemergency. For all extracurricular activities and trip teacher from any claim for injury to our party to any suit a raint the School Breakfast and any claim for injury to our	It trip. This trip will take him/her 1, 2025 at 9 AM to Sunday, Fel reer exploration in the field of E opportunities as well as participarity to Orlando, Fl. My child will trip will be under the direct superat my child will be transported by following meals: Dinner Buffet February 1, and Breakfast Sunday food lunch (\$10) on the way how the sunday how the sunday how the sunday food lunch (\$10) on the way how the sunday how	away from the bruary 2, 2025 and a ducation that we pate in state constay at the Rose ervision of a factory a Hernando Con Friday, January, February 2rme on Sunday. Int's file with the dof Hernando Consequence and agreement agreement of the state of th	campus and at 3 PM. I understand vill develop skills, mpetitions. I en Plaza Hotel with 4 ulty member(s) of County School District eary 31, Continental end. I understand my e clinic, in case of an County, Florida, and any ee not to institute or be
a party to any suit against the School Bo above to which I/We, have not objected	ard arising out of said student a	ttending any of	the events described
Emergency Parent/Guardian Infor	mation:		
Name(s): Grace Hanniopyn		tudent: Moll	ner
Home/Cell Phone: (351) 458- 8766	Work Phone: (کاچار)		
000	uardian Signature: Svace	Hennes	r
Please list the following: REQUIRED!! Pl	ease answer N/A. DO NOT LEA	VE BLANK!	
Allergies/Diet Restrictions:			
Daily Medications (Day and Night Time):	N/A		

Name Bakari Hodge-Mauldin Period
School Email Davar. modgemaulain @nemando Schools-org. Permission to Participate in
Educational Activities or Extracurricular Activities
I hereby give permission for my student, Box 1 Hore May Into participate in the FFEA State Conference and Competition field trip. This trip will take him/her away from the campus and subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I understand my child will attend skill-building and career exploration in the field of Education that will develop skills, provide future employment and college opportunities as well as participate in state competitions. I understand that this is a 3 day/2 night trip to Orlando, FI. My child will stay at the Rosen Plaza Hotel with 4 students/room. I understand that this trip will be under the direct supervision of a faculty member(s) of Hernando County School District and that my child will be transported by a Hernando County School District bus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continental Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand my child WILL need to bring money for fast food lunch (\$10) on the way home on Sunday.
I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency.
For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and any teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.
Emergency Parent/Guardian Information:
Name(s): Lakisce Hodge Relation to student: Mother
Home/Cell Phone: 717 693-9818 Work Phone: 717) 1093. 9818
Date: 10.28.24 Parent/Guardian Signature: Jakoba Hoolg
Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions:
Daily Medications (Day and Night Time):

Name Brenna Lahose Period 3
School Email hrenna larose@hern- Tshirt size and oschools . arg
Educational Activities or Extracurricular Activities
I hereby give permission for my student, <u>Preno Lorose</u> , to participate in the <u>FFEA State Conference and Competition</u> field trip. This trip will take him/her away from the campus and subsequent classes on <u>Friday</u> , <u>January 31</u> , <u>2025 at 9 AM to Sunday</u> , <u>February 2</u> , <u>2025 at 3 PM</u> . I understand my child will attend skill-building and career exploration in the field of Education that will develop skills, provide future employment and college opportunities as well as participate in state competitions. I understand that this is a <u>3 day/2 night trip to Orlando</u> , <u>FI</u> . My child will stay at the <u>Rosen Plaza Hotel with 4</u>
students/room. I understand that this trip will be under the direct supervision of a faculty member(s) of Hernando County School District and that my child will be transported by a Hernando County School District bus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continental Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand my child WILL need to bring money for fast food lunch (\$10) on the way home on Sunday.
I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency.
For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and an teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.
Emergency Parent/Guardian Information:
Name(s): Stacee Larose Relation to student: Mother
Home/Cell Phone: (359) 573 - 7768 Work Phone: (359) 573 7169
Date: 10/24/24 Parent/Guardian Signature:
Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions: Gluton Free, Shrimp, sesame seeds, peanuts, tree nuts egg white, wheat, dairy, soybean
Daily Medications (Day and Night Time): NO

Name Tvoiss Minama Period NIA
School Email Nelss. MINAUM @WWW. Wardow Tshirt size X5
Permission to Participate in
Educational Activities or Extracurricular Activities
I hereby give permission for my student,
bus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continental Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand my child <u>WILL</u> need to bring money for fast food lunch (\$10) on the way home on Sunday.
I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency.
For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and any teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.
Emergency Parent/Guardian Information:
Name(s): ZUM MINOUM Relation to student: MOM
Home/Cell Phone: () 718-690-5221 Work Phone: ()
Date: 10127124 Parent/Guardian Signature: M
Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions:
Daily Medications (Day and Night Time):

Name Caleb Rinehart	Period
School Email	Tshirt size
Permission	to Participate in
Educational Activities	or Extracurricular Activities
State Conference and Competition field trip. This trip subsequent classes on Friday, January 31, 2025 at 9 my child will attend skill-building and career explorate provide future employment and college opportunition understand that this is a 3 day/2 night trip to Orlands students/room. I understand that this trip will be understand County School District and that my child when the students will be provided the following many contents.	AM to Sunday, February 2, 2025 at 3 PM. I understand tion in the field of Education that will develop skills, es as well as participate in state competitions. I do, FI. My child will stay at the Rosen Plaza Hotel with 4 nder the direct supervision of a faculty member(s) of will be transported by a Hernando County School District neals: Dinner Buffet on Friday, January 31, Continental and Breakfast Sunday, February 2nd. I understand my
I also authorize any medical treatment, as di emergency.	rected by my student's file with the clinic, in case of an
teacher from any claim for injury to our child resulti	ase the School Board of Hernando County, Florida, and any ng from simple negligence and agree not to institute or be out of said student attending any of the events described
Emergency Parent/Guardian Information:	
Name(s): Carrie Finehant	Relation to student: Mom
Home/Cell Phone: () 777 - 2034	Work Phone: (352) 345 - 8655
Date: 10-29-24 Parent/Guardian Sign	nature: Callo Ralm

Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!

Allergies/Diet Restrictions:

Daily Medications (Day and Night Time): _______

Name maribel rivers Period 7th
School Email maribel rivera Pherananto Tshirt size
Permission to Participate in
Educational Activities or Extracurricular Activities
I hereby give permission for my student, <u>Deriverses</u> , to participate in the <u>FFEA State Conference and Competition</u> field trip. This trip will take him/her away from the campus and subsequent classes on <u>Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM.</u> I understand my child will attend skill-building and career exploration in the field of Education that will develop skills, provide future employment and college opportunities as well as participate in state competitions. I understand that this is a <u>3 day/2 night trip to Orlando, Fl.</u> My child will stay at the <u>Rosen Plaza Hotel with 4 students/room</u> . I understand that this trip will be under the direct supervision of a faculty member(s) of Hernando County School District and that my child will be transported by a Hernando County School District bus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continental Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand my child <u>WILL</u> need to bring money for fast food lunch (\$10) on the way home on Sunday.
I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency.
For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and any teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.
Emergency Parent/Guardian Information:
Name(s): Lilliam De Tesus Relation to student: mother
Home/Cell Phone: (127) 271-3099 Work Phone: (10) 28 24 Parent/Guardian Signature:
Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!

Allergies/Diet Restrictions:

Daily Medications (Day and Night Time): N

Name Jayden Russo	Period
School Email_ Jayden. russo 200 hami	ancloschools org Tshirt size M
Permission to	Participate in
Educational Activities or	Extracurricular Activities
I hereby give permission for my student, State Conference and Competition field trip. This trips subsequent classes on Friday, January 31, 2025 at 9 All my child will attend skill-building and career exploration provide future employment and college opportunities and understand that this is a 3 day/2 night trip to Orlando, students/room. I understand that this trip will be understand County School District and that my child will bus driver. Students will be provided the following mean Breakfast and Lunch Buffet on Saturday, February 1, and child WILL need to bring money for fast food lunch (\$1)	A to Sunday, February 2, 2025 at 3 PM. I understand in the field of Education that will develop skills, as well as participate in state competitions. I FI. My child will stay at the Rosen Plaza Hotel with 4 er the direct supervision of a faculty member(s) of be transported by a Hernando County School District als: Dinner Buffet on Friday, January 31, Continental d Breakfast Sunday, February 2nd. I understand my
I also authorize any medical treatment, as direct emergency.	ted by my student's file with the clinic, in case of an
For all extracurricular activities and trips I/We, release	the School Board of Hernando County, Florida, and any from simple negligence and agree not to institute or be of said student attending any of the events described
Name(s): Orby Miller	Relation to student: MO Hrev
60100 No.0	ork Phone: (213) 1001 404 W
Date: 10 2124 Parent/Guardian Signat	ure: (ay co
Please list the following: REQUIRED!! Please answer	I/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions:	
Daily Medications (Day and Night Time):	9-

Name Bella	Schubiger	Period	d <u>Z/3</u>
School Email®	belladonna.Schubig@h	emardoschols Tshirt	: size <u>Small</u>
	Permission to	Participate in	
	Educational Activities or	Extracurricular Activit	ties
State Conference and Cosubsequent classes on I my child will attend skill provide future employing understand that this is a students/room. I under Hernando County School bus driver. Students will Breakfast and Lunch Bus	rmission for my student, Bell Competition field trip. This trip we Friday, January 31, 2025 at 9 AN Il-building and career exploration ment and college opportunities at a 3 day/2 night trip to Orlando, erstand that this trip will be under oil District and that my child will libe provided the following mean affet on Saturday, February 1, and g money for fast food lunch (\$10)	vill take him/her away from I to Sunday, February 2, 2 In in the field of Education Is well as participate in sta I. My child will stay at the I. the direct supervision of I. the transported by a Herna I. Dinner Buffet on Friday I. Breakfast Sunday, February	m the campus and 2025 at 3 PM. I understand that will develop skills, ate competitions. I e Rosen Plaza Hotel with 4 f a faculty member(s) of ando County School District y, January 31, Continental uary 2nd. I understand my
I also authorize emergency.	any medical treatment, as direct	ed by my student's file w	ith the clinic, in case of an
teacher from any claim	activities and trips I/We, release for injury to our child resulting f ast the School Board arising out of ave not objected.	rom simple negligence an	nd agree not to institute or be
Emergency Parent/	Guardian Information:		
Name(s): Melissa	Schubiger	Relation to student: ₩	Nother
Home/Cell Phone: (357)	610-10525 Wo	rk Phone: ()	0//.
Date: 10/28/24	Parent/Guardian Signate	ure: Melisser E	Dolwhys
Please list the followin	g: REQUIRED!! Please answer N	A. DO NOT LEAVE BLAN	<u>K!</u>

Allergies/Diet Restrictions:

Daily Medications (Day and Night Time): \sqrt{A}

Name Isabella Skoiny Period 3rd 36th
Name <u>Tsabella</u> Skolny Period 3 9 6 School Email Isabella Skolny Chernando Schools of Tshirt size Small
Permission to Participate in
Educational Activities or Extracurricular Activities
I hereby give permission for my student, State Conference and Competition field trip. This trip will take him/her away from the campus and subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I understand my child will attend skill-building and career exploration in the field of Education that will develop skills, provide future employment and college opportunities as well as participate in state competitions. I understand that this is a 3 day/2 night trip to Orlando, Fl. My child will stay at the Rosen Plaza Hotel with 4 students/room. I understand that this trip will be under the direct supervision of a faculty member(s) of Hernando County School District and that my child will be transported by a Hernando County School District bus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continental Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand my child WILL need to bring money for fast food lunch (\$10) on the way home on Sunday.
I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency.
For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and and teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.
Emergency Parent/Guardian Information:
Name(s): Michele Murtaugh Relation to student: Mother
Home/Cell Phone: () 717- 797-9711 Work Phone: () Date: 10-24-24 Parent/Guardian Signature:
Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions:
Daily Medications (Day and Night Time):

Name	Katelyn	Sword		_ Period _	3
Schoo	l Email 🏡	telyn. Sword	@ Hernando Scha	<u>⊿</u> sTshirt si	ize <u>Medium</u>
			ssion to Participate		
	E	ducational Activ	vities or Extracurricu	ular Activities	
subsequer my child v provide fu understar students/ Hernando bus driver Breakfast child WILL	ference and Comp nt classes on Frida will attend skill-bu ature employment and that this is a 3 c froom. I understa a County School Di c. Students will be and Lunch Buffet L need to bring mo	betition field trip. Iny, January 31, 202 Ilding and career estand college opposite trip to and that this trip will strict and that my provided the following for fast food leading for fast food leading to a strict and that my provided the following for fast food leading for fast fast food leading for fast fast food leading for fast fast fast fast fast fast fast fast	This trip will take him/h 5 at 9 AM to Sunday, F exploration in the field of tunities as well as partion Orlando, Fl. My child well be under the direct such ild will be transported wing meals: Dinner Buffuary 1, and Breakfast Such (\$10) on the way	ter away from the second secon	t will develop skills, competitions. I competitions. I competitions of aculty member(s) of a County School District muary 31, Continental 2nd. I understand my
l a emergend		medical treatment	, as directed by my stud	dent's file with t	the clinic, in case of an
teacher fr a party to	om any claim for	njury to our child he School Board ar	resulting from simple n	egligence and a	lo County, Florida, and any gree not to institute or be of the events described
Emerger	ncy Parent/Gua	rdian Informati	on:		
Name(s):	Billie so	Sword	Relation t	o student: M	other
	ll Phone: <u>(ති)</u> නි	D 3464	Work Phone: (學	727 809- 3	3305
Date: 00	4 24, 202	Parent/Guardi	an Signature: Bellie	408win	d
			answer N/A. DO NOT L	EAVE BLANK!	
Allergies/	Diet Restrictions: Noก	e			
Daily Med	dications (Day and	Night Time): N &	ne		

Name <u>Jade Thompson</u> Period 3
School Emailyade thompson @nemandoscnools Tshirt size
Permission to Participate in
Educational Activities or Extracurricular Activities
I hereby give permission for my student, Jode Trongson, to participate in the FFEA State Conference and Competition field trip. This trip will take him/her away from the campus and subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I understand my child will attend skill-building and career exploration in the field of Education that will develop skills, provide future employment and college opportunities as well as participate in state competitions. I understand that this is a 3 day/2 night trip to Orlando, Fl. My child will stay at the Rosen Plaza Hotel with 4 students/room. I understand that this trip will be under the direct supervision of a faculty member(s) of Hernando County School District and that my child will be transported by a Hernando County School District bus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continental Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand my child WILL need to bring money for fast food lunch (\$10) on the way home on Sunday. I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency. For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and any teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.
Emergency Parent/Guardian Information:
Name(s): Julic Thompson Relation to student: MOther
Home/Cell Phone: (357) 279 - 974 9 Work Phone: ()
Please list the following: REQUIRED!! Please answer N/A. DO NOT LEAVE BLANK!
Allergies/Diet Restrictions:
Daily Medications (Day and Night Time): Methorn (pm).

Name Emily UMPhiete Period _____ Period ____ 3 School Email@milyumphiete@hemadoschoog Tshirt size ____ Small Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Emily Omphete to participate in the FFEA State Conference and Competition field trip. This trip will take him/her away from the campus and subsequent classes on Friday, January 31, 2025 at 9 AM to Sunday, February 2, 2025 at 3 PM. I understand my child will attend skill-building and career exploration in the field of Education that will develop skills, provide future employment and college opportunities as well as participate in state competitions. I understand that this is a 3 day/2 night trip to Orlando, FI. My child will stay at the Rosen Plaza Hotel with 4 students/room. I understand that this trip will be under the direct supervision of a faculty member(s) of Hernando County School District and that my child will be transported by a Hernando County School District bus driver. Students will be provided the following meals: Dinner Buffet on Friday, January 31, Continental Breakfast and Lunch Buffet on Saturday, February 1, and Breakfast Sunday, February 2nd. I understand my child WILL need to bring money for fast food lunch (\$10) on the way home on Sunday.

I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency.

For all extracurricular activities and trips I/We, release the School Board of Hernando County, Florida, and any teacher from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the School Board arising out of said student attending any of the events described above to which I/We, have not objected.

Emergency Parent/Guard	lian Information:	Λ .	
Name(s): Donald	owens	Relation to student: +ather	V. 75 - 1
Home/Cell Phone: (161) 718-0	479	Work Phone: (757) 718 - 5125 ignature: Drud EUwens	
Please list the following: REC	UIRED!! Please answ	wer N/A. DO NOT LEAVE BLANK!	
Allergies/Diet Restrictions:		MA	
Daily Medications (Day and N	ight Time):	A/M	

HERNANDO COUNTY SCHOOL DISTRICT

Field Trip

Staff/Volunteer Chaperone List (To be submitted with ALL Field Trips)*

ncipal or Ass	t. Principal Signature	Date 1977
hool Volunte	er Coordinator	Date
	Volunteer Registered Name	Birth date (if possible)
1.	Traci Athanason	02/18/67
2.	Mildred Murman-Dudley	12/06/80
3.	Ed LaRose	12/06/80
4.	Laura Santiago	05/11/74
5.	Kristen Tormey	05/25/80
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		The sales and the sales are
14.		
15.		

Online Only

SO-TR-061 July 2015

T HERNANDO COUNTY SCHOOL DISTRICT

PRIVATELY OWNED VEHICLE USE

The information indicated on this form is required for each privately owned vehicle to be used for transporting students to and from school related activities, and must be updated for each vehicle/driver if any changes occur prior to use.

TO BE COMPLETED BY VEHICLE OWNER	Name of Owner (Print)
Model of Vehicle	Name of Owner (Frint)
Year of Vehicle	Vehicle Tag Number
Make of Vehicle	Venicle Tag Number
transportation purposes set forth below, is cover \$10,000 per person/\$20,000 per occurrence, coverage of <i>at least</i> \$10,000 per person. This coverage is with In	
This vehicle complies with the Federal Mocompliance is normally reflected by a sticker loves No NOTE: If No, the vehicle	otor Vehicle Safety Standards. (Verification of ocated in the door well of the driver's door.) a is NOT to be used for transporting students.
Signature of Owner	Date
Address	
Phone	
The state of the s	70
TO BE COMPLETED BY VEHICLE DRIVE	Number
	to transport students for the purpose of (field competition) to the following location and back at transportation destinations.
I understand that all passengers will be see	ated in designated seating positions and shall be on system provided by the vehicle manufacturer. bers are requested to report student misconduct to
Signature of Driver	Date
Address	
Phone	
TO BE COMPLETED BY THE SCHOOL P	RINCIPAL OR DESIGNEE
Teacher Sponsor	
The above driver and vehicle is approved to t	ransport students on
Signature of Principal or DesigneeSchool	Bate
<u> </u>	

September 2015

SO-TR-067

Online

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

erformance expectations.	be competing in the video, speech, lesson plan, chapter display, Power Point, and
e WWHS Future Teacher Academy will	t the Florida Future Educators of America Conference
om January 31, 2025 - February 2,	2025
om January 31, 2020 - 1 obracing - 1	t forma learning?
or educational field trips explain	n what follow-up experience will be used to reinforce learning? Make a booklet
Review concepts	
Discussion Lett	er to parents Other (explain) Video for
Photographs	olay of items acquired on trip School Board
- Filotographis	
Introduction To	Teaching Course Standards
Cluster :	
A series	Control of
	Demonstrate professionalism in an educational and
02.0	Demonstrate professionalism in an observation
	training session.
	III. i-ternal and
07.0	Identify effective relationships with internal and
07.0	external stake holders.
44.0	Recognize leadership and career and technical student
11.0	organization (CTSO) activities.
	Demonstrate the ability to lead and work on a team.
10.0	
Startagia Blan Goal(s).	
District Strategic Plan Goal(s):	e by recruiting, developing, and retaining accomplished professionals.
People. Build dedicated Welliam	
	(please check one)
Which model classroom best	practices does the educational experience support: (please check one)
	Do-to driven problem solving
High student engagement	The state of a series all content areas
☐ Differentiated instruction	- deathinking (questioning)
☐ Blended (student use) of	hasad instructional models
☐ Formative/summative ass	

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.

can be provided by the cafeteria.		
Date January 31, 2025		
To the Cafeteria:		's
Please be advised that Mrs. Athanason's		•
	31, 2025	
from 9:00 AM AM/PM to 2:45 PM	AM/PM.	
The total number of students participating is $\frac{2}{2}$		
o districts pooding about 0	student lunches and 0	adult
At this time I anticipate needing about 0		
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,		
Traci Athanason		
Teacher		
1/1/		
1////		
11.121		
Administrative Signature		

HERNANDO COUNTY SCHOOL DISTRICT FIELD TRIP CLINIC NOTIFICATION FORM

Date 10/31/24		
Please be advised that Mrs. Athanason's FFEA	Students	's class(es) will be AM/PM to
away on a field trip on Friday, Jan. 31, 2025	from <u>9:00 AM</u>	ANI/PINI to
Feb. 2, 2025 AM/PM.		· - I during that
The following students will be away. Please provi	de any meds that may be r	equired during that
time.		
Traci Athanason		
Teacher Name		
	u otalia.	
Monica Bellamy	Isabella Skolny	
	Katelyn Sword	
Nick Chany	Jade Thompson	
Casey Coben	Emily Umphlette	
Lydia Cruz Molina		
Brianna DeRosa Green		
Kaila Diaz		
Kolbi Fremer		
Mia Frias		
McKenna Genuardi		
Jessica Hannigan		
Bakari Hodge-Mauldin		
Brenna LaRose		
Iveliss Minaya		
Caleb Rinehart		
Maribel Rivera		
Jayden Russo		
Bella Schubiger		