

HERNANDO COUNTY SCHOOL DISTRICT
TRIP REQUEST CHECKLIST

DATE

10-28-24

STEP 1 - 45 SCHOOLS DAYS BEFORE TRIP

- ☒ **SO-Gadm-001 COMPLETE FORM** – "INITIAL REQUEST OF TRIP APPROVAL"
 - ☒ TRIP ENTERED INTO INFOFINDER (LEVEL 1 - Yellow) * Request # 2289
 - ☐ TRIP APPROVED IN INFOFINDER BY SCHOOL ADMINISTRATION (LEVEL 2 - Brown)*
- **SCHOOL BOARD APPROVAL NEEDED IF TRIP IS OUT OF STATE****

10-29-24

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

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

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 WWHS 10-12th Graders

Trip Contact: Traci Athanason School: Weeki Wachee 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:

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 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): Traci Athanason

Phone: 321-615-1380 Email: Athanason_T@hcsb.k12.fl.us

TRIP DETAILS:

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

☐ Student ☐ Walking

of Students: Male 3 Female 19 # 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 / 29 / 2024 Signed Traci Athanason

APPROVALS *as needed		
		
Principal/Designee	Director of Transportation	Board Chairperson*
Date <u>10 / 31 / 24</u>	Date <u>10 / 31 / 25</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 Weeki Wachee High School

Teacher/Sponsor Name Traci Athanason

Field Trip/Activity FEEA 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 352-232-6549
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 Date of Trip January 31 - February 2, 2025
 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	
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					
	*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) Larose		FIRST Ed	INITIAL	EMPLOYEE I.D. NUMBER 11792
POSITION Principal			SCHOOL/COST CENTER 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 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.

Number of Hours Requested **Over weekend**

Purpose/Benefit (DO NOT use acronyms) **FFEA Annual State Conference**

Destination **Rosen Plaza Orlando**

BEGINNING			ENDING		
Time _____ AM	2:00 PM		Time _____ AM	3:00 PM	
Day of Week Friday	Date 1-31-25		Day of Week Sunday	Date 2-2-25	

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 **10/25/24**

FOR OFFICE USE ONLY:	
Site Administrator/Supervisor [Signature]	APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/> Date 10/31/24
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 listed above.	
Name of substitute(s) (if any): _____	Amount of Time substituting:
_____	_____ hours: _____ days.
_____	_____ hours: _____ days.

**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) Tormey		FIRST Kristen	INITIAL D.	EMPLOYEE I.D. NUMBER 12218
POSITION principal		SCHOOL/COST CENTER NWKB		

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 ☐ Worker's Comp
☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave
☐ Personal Leave (Without Pay) ☐ Vacation Leave
☐ Professional Leave ☒ Temporary Duty (Attach documentation)
☐ Other _____ ☐ 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 **over weekend**

Purpose/Benefit (DO NOT use acronyms) **FEEA Annual State Conference**

Destination **Rosen Plaza Orlando**

BEGINNING			ENDING		
Day of Week	Time	Date	Day of Week	Time	Date
Fri	2:00 PM	1/31/25	Sunday	3:00 PM	2/2/25

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant **[Signature]** Date **10/25/24**

FOR OFFICE USE ONLY:	
<input checked="" type="checkbox"/> APPROVED Site Administrator/Supervisor [Signature] Project Director (if applicable) _____	<input type="checkbox"/> NOT APPROVED Date 10/28/24 Date _____

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
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>Murrman-Dudley,</u>		FIRST <u>Mildred</u>	INITIAL	EMPLOYEE I.D. NUMBER <u>10583</u>
POSITION <u>Asst. Principal</u>		SCHOOL/COST CENTER <u>WWHS</u>		

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.

Number of Hours Requested Over weekend 7.75x3

Purpose/Benefit (DO NOT use acronyms) FFEA Annual State Conference

Destination Rosen Plaza, Orlando

BEGINNING		ENDING	
Time <u>9:00</u> AM _____ PM _____	Time _____ AM <u>3:00</u> PM _____	Day of Week <u>Friday</u>	Day of Week <u>Sunday</u>
Date <u>1-31-25</u>	Date <u>2-2-25</u>		

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 10-25-24

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u>[Signature]</u>	Date <u>10-25-24</u>		
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 listed above.			
Name of substitute(s) (if any): _____		Amount of Time substituting:	
_____	_____	hours: _____	days: _____
_____	_____	hours: _____	days: _____

**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>Athanasou</u>		FIRST <u>Traci</u>	INITIAL	EMPLOYEE I.D. NUMBER <u>13469</u>
POSITION <u>Teaching Academy Teacher CTE</u>			SCHOOL/COST CENTER <u>NWHS</u>	

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:

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

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

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

Number of Hours Requested 7.75 x 3

Purpose/Benefit (DO NOT use acronyms) FFEA Annual State Conference

Destination Rosen Plaza - Orlando Orlando

BEGINNING		ENDING	
Time <u>9:00</u> AM _____ PM _____	Time _____ AM _____ PM <u>3:00</u>	Day of Week <u>Friday</u>	Day of Week <u>Sunday</u>
Date <u>Jan. 31, 2025</u>	Date <u>Feb. 2, 2025</u>		

SOURCE OF FUNDS

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

X Signature of Applicant Traci Athanasou Date 10-25-24

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	<u>[Signature]</u>	Date	<u>10-25-24</u>
Project Director (if applicable)	<u>Laura E. Gauthier</u>	Date	<u>10/4/2024</u>

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
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) Santiago		FIRST Laura	INITIAL	EMPLOYEE I.D. NUMBER 03512
POSITION Teaching Academy Teacher			SCHOOL/COST CENTER 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 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:

☐ 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)

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

***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 **Over weekend**

Purpose/Benefit (DO NOT use acronyms) **FFEA Annual State Conference**

Destination **Rosen Plaza, Orlando**

BEGINNING		ENDING	
Time 11:30 AM	PM	Time	AM 3:00 PM
Day of Week Friday	Date 1-31-25	Day of Week Sunday	Date 2-2-25

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant **Laura Santiago** Date **10-25-24**

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	Beth Lastra	Date 10-25-24
Project Director (if applicable)		Date 11/1/2024

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.

HERNANDO COUNTY SCHOOL DISTRICT
OVERNIGHT STAY EMERGENCY INFORMATION

School: Weeki Wachee High School

Group/Team: FFEA Florida Future Educators of America

Sponsor/Coach: Traci Athanason

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: Traci Athanason

Lead Chaperone Phone Information:

Daytime Phone Number: () Evening Phone Number: ()

*Cell Phone Number: \$21615-1380 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:	<u>Ed LaRose</u>	Cell Phone Number:	<u>\$52)573-7169</u>
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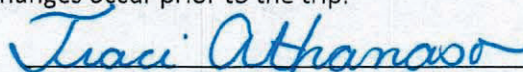
Third Sponsor/Coach Name:	<u>Mildred Murrman</u>	Cell Phone Number:	<u>\$52)277-1767</u>
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Fourth Sponsor/Coach Name:	<u>Laura Santiago</u>	Cell Phone Number:	<u>\$52)345-7441</u>
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I verify the above is accurate and will be updated if any changes occur prior to the trip.

Main Chaperone: Traci Athanason

Name Printed



Signature

Name Monica Bellamy Period 3

School Email monica.bellamy@hernando Tshirt size XXL
Schools.org

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Monica Bellamy, 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.

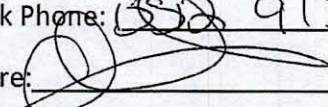
I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency.

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): Adelle Bellamy Relation to student: Mother

Home/Cell Phone: 850-701-5988 Work Phone: 850-913-5702

Date: _____ Parent/Guardian Signature: 

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

Allergies/Diet Restrictions:

Treo Nuts

Daily Medications (Day and Night Time): _____

Name Nick Chaney Period 3

School Email Nicholas.Chaney@hernandoschools.org Tshirt size M

**Permission to Participate in
Educational Activities or Extracurricular Activities**

I hereby give permission for my student, NICHOLAS CHANEY, 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): Deb & Fred Chaney Relation to student: parent

Home/Cell Phone: (1) 352 585 4218 Work Phone: () N/A

Date: 10/29/2024 Parent/Guardian Signature: Fred Chaney

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

Allergies/Diet Restrictions:

penicillin

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

Name Casey Coben Period 6th
School Email CASEY.COBEN@hernandoschools.org Tshirt size Small

**Permission to Participate in
Educational Activities or Extracurricular Activities**

I hereby give permission for my student, CASEY COBEN, 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): CHRISTINA OR DAVID COBEN Relation to student: PARENTS
Home/Cell Phone: () 352-232-8070 Work Phone: 352-610-5098
Date: 10/27/24 Parent/Guardian Signature: [Signature]

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

Allergies/Diet Restrictions:

NONE

Daily Medications (Day and Night Time): INHALES - AS NEEDED

Name Lidia Cruz Period 6th
School Email Lidia.Cruzmolina@hernandoschools.org Tshirt size L

**Permission to Participate in
Educational Activities or Extracurricular Activities**

I hereby give permission for my student, Lidia, 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.

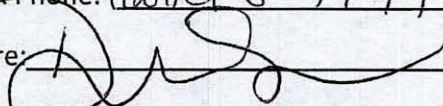
I also authorize any medical treatment, as directed by my student's file with the clinic, in case of an emergency.

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): Diana Cruz Relation to student: mom

Home/Cell Phone: (1) 813 609 7299 Work Phone: (1) 813 609 7799

Date: 01/24 Parent/Guardian Signature: 

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

Allergies/Diet Restrictions:

N/A

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

Name Brianna DeRosa Green Period 6
School Email _____ Tshirt size Large

**Permission to Participate in
Educational Activities or Extracurricular Activities**

I hereby give permission for my student, Brianna DeRosa Green, 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): Jamie Jenkins Relation to student: mom

Home/Cell Phone: (127) 277-9829 Work Phone: () _____

Date: 10/28/24 Parent/Guardian Signature: Jamie Jenkins

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

Allergies/Diet Restrictions:

N/A

Daily Medications (Day and Night Time):

N/A

Name Kaila Diaz Period 3

School Email Kaila-Diaz@Hernandoschools.org Tshirt size XL

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Kaila Diaz, 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): Yvette Diaz Relation to student: Mother

Home/Cell Phone: (929) 385-1034 Work Phone: (917) 577-3929

Date: 10/24/24 Parent/Guardian Signature: Yvette Diaz

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

Allergies/Diet Restrictions:

N/A

Daily Medications (Day and Night Time):

N/A

Name Mia Frias Period P.3

School Email mia.frias@hernandoschools.org Tshirt size XL

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, _____, 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): Maria Ambrosi Relation to student: mother

Home/Cell Phone: () 908-764-1555 Work Phone: () _____

Date: 10/25/24 Parent/Guardian Signature: Maria Ambrosi

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

Allergies/Diet Restrictions:

None

Daily Medications (Day and Night Time): _____

None

Name Kolbi Fremer Period 3rd

School Email kolbi.fremer@hernandoschools.org Tshirt size m

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Kolbi Fremer, 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): Bobbi and John Fremer Relation to student: parents

Home/Cell Phone: (352) 232-6548 ^{Dad's cell} Work Phone: (352) 232-6549

Date: 10/27/24 Parent/Guardian Signature: Bobbi Fremer

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

Allergies/Diet Restrictions:

none - n/a

Daily Medications (Day and Night Time): n/a

Name McKienna Genuardi Period pd. 3/6

School Email mckenna.genuardi@hernando Tshirt size Medium
Schools.org

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, McKienna Genuardi, 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): Keeli Cagnale Relation to student: Mother

Home/Cell Phone: (352) 519-9880 Work Phone: 0/1

Date: 10/29/24 Parent/Guardian Signature: Keeli Cagnale

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

Allergies/Diet Restrictions:

NO

Daily Medications (Day and Night Time): NO

Name Jessica Hannigan Period 3
School Email jessica.hannigan@hernando Tshirt size L
Schools.org

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Jessica Hannigan, 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): Grace Hannigan Relation to student: Mother

Home/Cell Phone: (352) 458-8706 Work Phone: (352) 597-7501

Date: Oct 29 2024 Parent/Guardian Signature: Grace Hannigan

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

Allergies/Diet Restrictions:

N/A

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

Name Bakari Hodge-Mauldin Period _____

School Email bakari.hodgemauldin@hernando Tshirt size M
schools.org.

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Bakari Hodge-Mauldin, 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): LaRissa Hodge Relation to student: Mother

Home/Cell Phone: 717 693-9818 Work Phone: 717 693-9818

Date: 10.28.24 Parent/Guardian Signature: LaRissa Hodge

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

Allergies/Diet Restrictions:

N/A

Daily Medications (Day and Night Time):

N/A

Name Brenna LaRose Period 3

School Email brennalarose@hernando-schools.org Tshirt size L

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Brenna LaRose, 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): Stacey LaRose Relation to student: Mother

Home/Cell Phone: (352) 573-7768 Work Phone: (352) 573-7169

Date: 10/24/24 Parent/Guardian Signature: [Signature]

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

Allergies/Diet Restrictions:

Gluten Free, Shrimp, Sesame seeds, peanuts, tree nuts
egg white, wheat, dairy, soybean

Daily Medications (Day and Night Time): NO

Name Eveliss Minaya Period N/A
School Email eveliss.minaya@hernandoschools.org Tshirt size XS

**Permission to Participate in
Educational Activities or Extracurricular Activities**

I hereby give permission for my student, Eveliss Minaya, 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): Zelma Minaya Relation to student: Mom

Home/Cell Phone: () 718-690-5221 Work Phone: () _____

Date: 10/27/24 Parent/Guardian Signature: [Signature]

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

Allergies/Diet Restrictions: NA

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

Name Caleb Rinehart Period 3

School Email _____ Tshirt size _____

**Permission to Participate in
Educational Activities or Extracurricular Activities**

I hereby give permission for my student, Caleb Rinehart, 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.

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Emergency Parent/Guardian Information:

Name(s): Carrie Rinehart Relation to student: Mom

Home/Cell Phone: (³⁵²) 777-2034 Work Phone: (³⁵²) 345-8655

Date: 10-29-24 Parent/Guardian Signature: Carrie Rinehart

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

Allergies/Diet Restrictions:

none

Daily Medications (Day and Night Time): none

Name maribel rivera Period 7th

School Email maribel.rivera@hernandob Tshirt size m
Schools.org

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, maribel Rivera, 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.

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Emergency Parent/Guardian Information:

Name(s): Lilliam De Jesus Relation to student: mother

Home/Cell Phone: (813) 271-3099 Work Phone: ()

Date: 10/28/24 Parent/Guardian Signature: [Signature]

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

Allergies/Diet Restrictions: N/A

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

Name Jayden Russo Period 3
School Email Jayden.russo2@hernandoschools.org Tshirt size M

**Permission to Participate in
Educational Activities or Extracurricular Activities**

I hereby give permission for my student, Jayden Russo, 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.

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Emergency Parent/Guardian Information:

Name(s): Corby Miller Relation to student: mother
Home/Cell Phone: 813 695 9913 Work Phone: 813 601 4046
Date: 10/27/24 Parent/Guardian Signature: Corby Miller

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

Allergies/Diet Restrictions:

N/A

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

Name Bella Schubiger

Period 2/3

School Email Belladonna.schubig@hernandeschools.org Tshirt size Small

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Bella Schubiger, 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.

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Emergency Parent/Guardian Information:

Name(s): Melissa Schubiger

Relation to student: Mother

Home/Cell Phone: (352) 610-0525

Work Phone: ()

Date: 10/28/24

Parent/Guardian Signature: Melissa Schubiger

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

Allergies/Diet Restrictions:

N/A

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

Name Isabella Skolny Period 3rd 3⁶th
School Email isabella.skolny@hernando.schools.org Tshirt size Small

**Permission to Participate in
Educational Activities or Extracurricular Activities**

I hereby give permission for my student, Isabella Skolny, 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): Michele Marstaugh Relation to student: Mother

Home/Cell Phone: () 717-797-9711 Work Phone: () _____

Date: 10-24-24 Parent/Guardian Signature: [Signature]

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

Allergies/Diet Restrictions:

N/A

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

Name Katelyn Sword

Period 3

School Email Katelyn.Sword@HernandoSchools.org Tshirt size Medium

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Katelyn Sword, 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): Billie Jo Sword

Relation to student: Mother

Home/Cell Phone: (813) 982 2454

Work Phone: (813) 809-3305

Date: Oct 24, 2024

Parent/Guardian Signature: Billie Jo Sword

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

Allergies/Diet Restrictions:

None

Daily Medications (Day and Night Time): None

Name Jade Thompson Period 3
School Email jade.thompson@hernandoschools.org Tshirt size XL

Permission to Participate in

Educational Activities or Extracurricular Activities

I hereby give permission for my student, Jade Thompson, 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): Julie Thompson Relation to student: mother

Home/Cell Phone: (352) 219-9749 Work Phone: ()

Date: 10/24/24 Parent/Guardian Signature: Julie Thompson

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

Allergies/Diet Restrictions: N/A

Daily Medications (Day and Night Time): metformin (pm)

Name Emily Umphlette Period 3
School Email emilyumphlette@hernadoschools.org Tshirt size Small

Permission to Participate in
Educational Activities or Extracurricular Activities

I hereby give permission for my student, Emily Umphlette 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): Donald Owens Relation to student: father
Home/Cell Phone: (571) 718-0479 Work Phone: (571) 718-5125
Date: 10-29-24 Parent/Guardian Signature: Donald Owens

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

Allergies/Diet Restrictions:

N/A

Daily Medications (Day and Night Time):

N/A

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.	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.		
14.		
15.		

Total # of District Employees attending: 5

Total # of Students Attending: 21

Total # of Approved Volunteers Attending: 0

Word-Field Trip Volunteer Chaperone List

N/A J. Athanasios

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

Model of Vehicle _____
Year of Vehicle _____
Make of Vehicle _____

Name of Owner (Print) _____
Name of Driver (Print) _____
Vehicle Tag Number _____

I certify that the above described vehicle, which is to be used only for the approved transportation purposes set forth below, is covered by bodily injury liability insurance of **at least** \$10,000 per person/\$20,000 per occurrence, AND personal injury protection ("No-Fault") coverage of **at least** \$10,000 per person.

This coverage is with _____ Insurance Co., and expires on _____.

This vehicle complies with the Federal Motor Vehicle Safety Standards. (Verification of compliance is normally reflected by a sticker located in the door well of the driver's door.)

Yes ☐ No ☐ **NOTE:** If No, the vehicle is **NOT** to be used for transporting students.

Signature of Owner _____

Date _____

Address _____

Phone _____

TO BE COMPLETED BY VEHICLE DRIVER

Driver's License: State _____ Number _____

I understand that I am authorized to only use the aforementioned vehicle for transportation of students, and that I am only authorized to transport students for the purpose of (field trip/illness/recreational outing/interscholastic competition) to the following location and back and that I am not to deviate from the authorized transportation destinations.

I understand that all passengers will be seated in designated seating positions and shall be required to use the occupant crash protection system provided by the vehicle manufacturer. Drivers who are not instructional staff members are requested to report student misconduct to the principal.

Signature of Driver _____

Date _____

Address _____

Phone _____

TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR DESIGNEE

Teacher Sponsor _____

The above driver and vehicle is approved to transport students on _____

Signature of Principal or Designee _____ Date _____

School _____

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

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 January 31, 2025

To the Cafeteria:

Please be advised that Mrs. Athanason's 's
class(es) will be attending a field trip on January 31, 2025
from 9:00 AM AM/PM to 2:45 PM AM/PM.

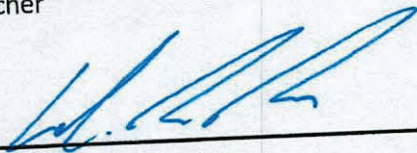
The total number of students participating is 21.

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,

Traci Athanason
Teacher



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
away on a field trip on Friday, Jan. 31, 2025 from 9:00 AM AM/PM to
Feb. 2, 2025 AM/PM.

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

Traci Athanason
Teacher Name

Monica Bellamy

Nick Chany

Casey Coben

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

Isabella Skolny

Katelyn Sword

Jade Thompson

Emily Umphlette