.OSON

Trip ID # 3774 3775 3776 3777 3778

B. TRIP CHECKLIST to be completed **only** after Principal signs page 1.

NOTE: Check only if applicable to requested trip.

*** The entire packet, including page 1, must be submitted for final administrative approval at least six (6) weeks prior to the date of the trip.

- ☑ **Student Roster Form, include a copy to clinic**
- ☑ **Transportation Accommodations**: Copy of Purchase Order for Charter Bus (charter bus company must be on district approved list) OR a copy of the purchase order for an airline reservation.
- ☑ **Bus/Airline Seating Chart**
- ☐ **Rental Vehicle Information:** Rental Request/Procedure. Persons driving a rental vehicle must have a copy of their driver's license attached to this form.
- ☑ **Leave Form and Sub Request** (if applicable) for all attending staff completed with Principal's signature
- ☑ **Volunteer/Chaperone Form** is for both NON DISTRICT and DISTRICT persons. This form includes Chaperone Medical Training Verification. All Non-District Chaperones are required to be an approved Level 2 Volunteer.
- ☑ **Lunches** for Field Trip Form
- ☑ **Letter to Parents** must be typed on school letterhead. It must be signed by an administrator prior to being given to students. AND letter **MAY NOT** be distributed until trip is approved.
- ☑ The **Educational Activities Permission for Participation Form** The completed Activities Permission Form must be taken on trip.
- ☑ **Hotel Accommodations:** A printout of the information from the hotel website is to be attached to this packet.
- ☑ **Overnight Stay Emergency Form**
- ☑ **Student to Chaperone ratio: 1 Chaperone per 10; however the 1/10 ration must be same gender chaperone.**

***If approved, I will be responsible for each of the following by the date indicated above.

- ☐ a. Contacting Site and verification of visit.
- ☐ b. Print out of hotel website/reservation
- ☐ c. Student Roster List/Clinic & Lunchroom Notification
- ☐ d. Submitting Bus/Charter/Vehicle Request **(Must be vendor approved charter bus company)**
- ☐ e. Submitting Leave Request to principal
- ☐ f. Chaperone List
- ☐ g. Sending Information Letter to parents
- ☐ h. Sending Educational Activities Permission Form home
- ☐ i. Submitting monies collected to bookkeeper if applicable

Sponsor/Coach Signature — *Date* 9/19/25

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HERNANDO COUNTY SCHOOL BOARD

Initial Request of Out-of- STATE OVERNIGHT Trip
Planning Guide

A. INSTRUCTION: All requests for field trips must have the principal's or designee's approval.
Fundraising for a trip cannot occur prior to administrative approval. Airbnb/VRBO lodging is not permitted.

Field Trip Type (please check one) Educational ☒ Extracurricular ☐ Athletic ☐

Define the purpose of the field trip. to expand students knowledge and awareness of the US government and how it works.

GENERAL INFORMATION

Trip Contact (please check one) Teacher ☒ Coach ☐

Course, class, or activity Seniors No. of students involved: Male 15 Female 30

Event Name Senior Class Trip Destination (city/state) Washington DC

Destination Name and Address Holiday Inn National Mall

Date & Departure Time from school 2/19/26 7:00am Date & Return Time to school 2/23/26 12:55 AM

Costs to be paid from (be specific) ☒ Internal Account ☐ District Account _____

See Bookkeeper for cost/trip information if using district account.

Bookkeeper Signature: [signature]

Will students be required to pay anything? (Yes) No ☐

If yes, explain. See attached pay schedule

I have read and agree to adhere to the Field Trip Procedures as stated in the Staff Handbook/School Board Policies.

[signature] 9/19/25
Signature *Date*

352 797 7010 ext 316 earles-d@hcsb.k12.fl.us
Phone Number *Email Address*

SHS
School

APPROVALS

Initial Approval ☒ Final Approval ☒ School Board: Approved ☐

Denied ☐ Denied ☐

Dana Pearce
Principal Signature
9/22/25
Date

Dana Pearce
Principal Signature
9/22/25
Date

NOTE: Principal, or designee, is responsible for completing all steps to place trip request on School Board agenda. Placement on Board agenda must comply with agenda item due date. Call Kelly Pogue if any questions.

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ALPHA STUDENT ROSTER

NOTE: This form must be signed by administrator and placed in all mailboxes 4 school days prior to trip.

Please excuse the following students on Thurs. (Day), 2/19/26 (Date), at all day (Time).

They will be returning to school at approximately 2/24/26 1st period (Time)

During this time, we will be participating/attending Washington, D.C.

Teachers: Each student is aware of his/her responsibility for all class work that is missed. If you feel that an absence at this time will be detrimental for any student whose name appears on this list, please contact the Principal no later than **TWO** days prior to the trip. Thank you for your cooperation.

Deana Earles

Teacher/Coach

1		31	
2		32	
3		33	
4		34	
5		35	
6		36	
7	TBD.	37	
8		38	
9		39	
10		40	
11	cap @ 45	41	
12		42	
13	students	43	
14		44	
15		45	
16		46	
17		47	
18		48	
19		49	
20		50	
21		51	
22		52	
23		53	
24		54	
25		55	
26		56	
27		57	
28		58	
29		59	
30		60	

NOTE: Clinic Notification – The students listed above will be off campus. Please provide a list of student names, the medication(s), the dosage amount, and the time the med is to be given. The meds list is to be given to the staff member who has completed the meds training.

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TRANSPORTATION ACCOMMODATIONS

CHARTER BUS/AIRLINE INFORMATION

Charter Bus Company*	Cost per bus
Contact Representative	Phone Number
American Airline	$349.00
Airline Company	Cost per student
Contact Representative	Phone Number
Cupcake Castles	
Travel Agency	
Bridget Laroche	7275056290
Contact Representative	Phone Number

Attach copy of: Purchase Order for Charter bus OR
Purchase Order for airline reservation pending

*Trips must utilize a charter bus company that is on the current district approved list. See school bookkeeper for the list.

AIRLINE SEATING

pending 3774

Row/seating may not be provided until flight departure.

	Student Name	Student ID Number	Row/Seat Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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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	EMPLOYEE I.D. NUMBER
Earles	Deanna	m	146619
POSITION			SCHOOL/COST CENTER
ESE Inc tchr			SHS

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

TO BE COMPLETED BY APPLICANT:

I hereby apply for:

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

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

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

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

Number of Hours Requested 23.25

Purpose/Benefit (DO NOT use acronyms) Chap field trip

Destination Washington DC

BEGINNING	ENDING
Time 6:55 AM ____ PM	Time ____ AM 2:40 PM
Day of Week Thurs	Day of Week Mon.
Date 2/19/26	Date 2/23/26

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

✗ Signature of Applicant D Earles Date 9/19/26

FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor Dana Pearce Date 9/22/25

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.

SO-Per-025
November 2020
Reorder from Printing

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

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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	EMPLOYEE I.D. NUMBER
McNerney	Dennis		13307
POSITION			**SCHOOL/COST CENTER**
Teacher			SHS

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

TO BE COMPLETED BY APPLICANT:

I hereby apply for:

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

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

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

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

Number of Hours Requested 23.25

Purpose/Benefit (DO NOT use acronyms) chaperone field trip

Destination Washington DC

BEGINNING	ENDING
Time 6:55 AM _____ PM	Time _____ AM 2:40 PM
Day of Week Thurs	Day of Week Mon
Date 2/19/26	Date 2/23/26

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

✗ Signature of Applicant _____ Date 9/19/25

FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor Dana Pearce Date 9/19/25

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.

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

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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	EMPLOYEE I.D. NUMBER
Pearce	Dana		6396
POSITION			SCHOOL/COST CENTER
Principal			SHS 0181

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

TO BE COMPLETED BY APPLICANT:

I hereby apply for:

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

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

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

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

Number of Hours Requested 23.25

Purpose/Benefit (DO NOT use acronyms) Chaperone Field Trip

Destination Washington DC

BEGINNING	ENDING
Time 7:00 AM ____ PM	Time ____ AM 3:00 PM
Day of Week Thurs. Date 2/19/24	Day of Week Monday Date 2/23/24

SOURCE OF FUNDS

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

✗ Signature of Applicant Dana Pearce Date 9/22/25

FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor ✗ [signature] Date 9/23/25

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.

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

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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	EMPLOYEE I.D. NUMBER
Taafe	Kyra		08398
POSITION			**SCHOOL/COST CENTER**
Bdg. Coach			JHS

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

TO BE COMPLETED BY APPLICANT:

I hereby apply for:

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

- ☐ Sick Leave
- ☐ Personal Leave (charged to Sick Lv.)
- ☐ Personal Leave (Without Pay)
- ☐ Professional Leave
- ☐ Other _____
- ☐ Worker's Comp
- ☐ Military Leave
- ☐ Vacation Leave
- ☒ Temporary Duty (Attach documentation)
- ☐ Compensatory Time (non-exempt employees only)
- ☐ Per Diem
- ☐ Registration
- ☐ Mileage
- ☐ Meals
- ☐ Hotel Expense (Single Room Rate)

*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 23.25

Purpose/Benefit (DO NOT use acronyms) Chaperone field trip

Destination Washington, DC

BEGINNING	ENDING
Time 655 AM _____ PM	Time _____ AM 240 PM
Day of Week Thurs Date 2/19/26	Day of Week Mon Date 2/23/26

SOURCE OF FUNDS

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

✗ Signature of Applicant Kyra Taafe Date 9/22/25

FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor Dana Pena Date 9/22/25

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.

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

I certify that the non-district employees whose names are listed below have been scanned in the **Safe Visitation** system for sexual offender/predator offenses (done at school level) **AND** have been screened by the **Volunteer Coordinator** and approved as a Volunteer in the Hernando County School District. All Non-District Chaperones are required to be an approved Level 2 Volunteer.

Principal or Asst. Principal Signature Dana Pearce Date 9/22/25

School Volunteer Coordinator Donna Lorys Date 9/19/25

	Non-District Volunteer Registered Names	Cell Phone #	Medical Training Certified by Nurse Nurse's signature Required
1			
2			
3			
4			
5			
6			
7			
	Staff/District Chaperone Names		
1	Deanna Carles	8134460781	yes
2	Kyra Iaffe	352 585 5594	yes
3	Dana Pearce x2	352 584 5700	
4	Jason McNerney	352 942 1163	
5			
6			
7			
8			

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one EIGHTY CAFÉ

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**. If this form is not provided to the cafeteria in the time requested, items may not be available. Also, please supply your own cooler(s) if necessary. It is the teacher's responsibility to fill out this form, and it is also the responsibility of the teacher to advise the cafeteria of any **allergy meals** that may be required.

This form can be submitted with an approximate number of lunches needed, and then a more definite number given two days prior to the field trip. Also, if a student should forget their bag lunch on the day of the trip, one can be provided by the cafeteria.

To the Cafeteria:

Please be advised that _____ (teacher's name/grade) will be attending a field trip on _____(date) from _____(am/pm) to _____(am/pm).

Currently, I anticipate needing about _____student lunches and _____adult lunches.

To confirm the number of lunches needed, I will notify you of the exact count on _____ which is no later than two days prior to the planned trip.

_____ _____

Teacher Signature Date Cafeteria Specialist Signature Date

_____

Administrator Signature Date

It is the policy of the Hernando County School District not to illegally discriminate or allow its employees to illegally discriminate on the basis of race, color, religion, national origin, age, sex, marital status, disability or GINA in its educational programs or employment practices.

F.W. Springstead High School

3300 Mariner Boulevard

Spring Hill, Florida 34609

Phone (352) 797-7010 Fax (352) 797-7110

Trip Name: Senior Washington D.C.
Where: Washington D.C.
Cost: $1400

Date(s): 2/19/2026-2/23/2026
Trip Sponsor/Coach: Deanna Earles

Dear Parents:

If interested in being a chaperone, you must be an approved Level 2 Volunteer for the current school year. Complete the application online for Office of Safe Schools and apply early as approvals can take time.

Please review the Behavior Expectations per the Student Code of Conduct, Page 43, Expected Behavior

"Expected Behavior The District expects students to conduct themselves in keeping with their levels of development, maturity, and demonstrated capabilities with a proper regard for the rights and welfare of other students and school staff, the educational purpose underlying all school activities, and the care of school facilities and equipment.

Such behavior is essential in maintaining an environment that provides each student the opportunity to obtain a high-quality education in a uniform, safe, secure, efficient, and high-quality system of education.

The standards for student behavior shall be set cooperatively through interaction among students, parents/guardians, staff, and community member, producing an atmosphere that encourages students to grow in self-discipline. The development of such an atmosphere requires respect for self and others, as well as for District and community property on the part of students, staff, and community members. School administrators, faculty, staff, and volunteers serve as role models for students and are expected to demonstrate appropriate behavior, treating others with civility and respect, and refusing to tolerate harassment or bullying.

Students are expected to conform to reasonable standards of socially acceptable behavior; respect the person, property, and rights of others; obey constituted authority; and respond to those who hold that authority."

Respectfully,

Dana Pearce

Dana Pearce
Principal

Itinerary (attached)

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Washington, D.C.

2.19.26 - 2.23.26- dates subject to availability, they may change but will stay in this time frame.

Students must pay on time due to deposits needing to be made.
Adherence to the HCSB attendance policy will be strictly enforced.
Failure to follow the rules in D.C. can also result in loss of privileges such as the Universal trip, the See Ya Fest, or even walking at graduation.
There will be NO REFUNDS.

Cost- $1,400- Includes:

- Roundtrip Airfare
- Hotel, 3 to a room
- Breakfast and Dinner
- Sponsor T-Shirt
- Metro Pass

Payment Schedule:

- 9.22.25 Deposit- $250
- 10.17.25- $300
- 11.10.25- $300
- 12.5.25- $300
- 1.5.26- $250

All Money will be paid on RevTrak

Popular Destinations:

- Arlington
- U.S. Capitol
- The White House
- Holocaust Museum
- National Zoo
- Smithsonian

Fundraising Available

- Sponsorships on T-Shirts
- Sponsorship Calendar
- Block Party

SportsYou Code: DPFC-C2WL

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Senior Class 2025 Washington, D.C. Trip

Initial Trip Contract

This document must be signed and handed in to Ms. Earles at the time of or before the deposit. Both parent/guardian and student must sign & date all sections.

Student Name _____

Government Issued Photo ID

Students are required to have a government issued photo ID (Real ID) to take with them on the trip. It is understood that students will not be permitted to travel to DC without their ID. Should a student arrive at the airport without their photo ID they will not be permitted to attend the trip. A parent MUST return to the airport to pick up said student. The student will remain in the ticketing area until a parent is there. The chaperones will not be able to wait with the student as they will need to get the rest of their kids through security.

_____

Parent Signature Student Signature Date

HCSB Attendance Policy

It is understood that should the student have more than 10 absences per semester as set forth by the Hernando County School Board said student will not be permitted to participate in the Washington, D.C. trip. It is the responsibility of the parent and student to monitor attendance, turn in absent notes / doctor's notes to attendance in the 3-day window allowed.

_____

Parent Signature Student Signature Date

Sportsyou Account

Students and parents MUST join the Washington, D.C. Sportsyou prior to turning in deposit. This is our communication tool leading up to and during the trip. You will be able to use this account to communicate with Ms. Earles via chat with questions prior to and during the trip. Payment reminders can also be found here. Code DPFC-C2WL

_____

Parent Signature Student Signature Date

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Trip Payments

Payment schedule was provided. Should a student fall behind on payments they will forfeit their spot on the trip, no money will be refunded for payments already made.

Parent Signature Student Signature Date

Behavior

It is understood that in the event the student gets into any compromising situation while on the Washington, D.C. trip that a discipline will be given upon return to school. Depending on the severity of the incident – the student will risk losing their Senior field trip to Universal Studios.

Parent Signature Student Signature Date

Mandatory Parent Meeting – January 2026

Parents understand there is a mandatory parent / guardian meeting in January 2026. The date will be communicated through the Washington, D.C. SportsYou page. This is where additional emergency information will be provided to the chaperones and specific details of the trip will be discussed.

Parent Signature Student Signature Date

Room Assignments

I understand that my student will be sharing a room with two other students. I understand Ms. Earles will accommodate room assignments to the best of her ability.

Parent Signature Student Signature Date

Please fill out all the information below. Please PRINT LEGIBLY as this is the document used for ticketing with the airline.

Student's full name on government issued photo ID.

First Name Middle Name Last Name

Birthdate _____

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- 4 day unlimited Metro Card $47.25 per person
- ~~Panoramic City Tour (with guide & transportation): $1,779 total~~
- Optional Dinners at Student-Friendly Restaurants (Pinstripes, Hard Rock, Carmine's, etc.): $225 per person (one salad, one entrée, one dessert and one soda)(transportation not included)

Itinerary

Complimentary Washington, D.C. Experiences

(*Reservations may be required for groups of 100; subject to availability*)

I will arrange if you can provide days you wish to visit so they will be anticipating your arrival.

- Smithsonian Institution Museums (History, Natural History, American Indian, Portrait Gallery, Air & Space Udvar-Hazy Center, etc.)
- Smithsonian Gardens & Castle
- National Postal Museum
- Hirshhorn, Renwick, Sackler, Freer, and more
- Arlington National Cemetery - Free admission (there may be a cost for guided tours/tram).
- U.S. Capitol Building - Free, but timed tour reservations recommended.
- Library of Congress - Free, timed-entry passes required.
- U.S. Holocaust Memorial Museum - Free, but timed-entry passes required (a small $1 service fee per ticket when reserved online).
- National Museum of African American History and Culture - Free, but timed-entry passes required.
- D.C. Memorial Walk (Lincoln Memorial, MLK Memorial, etc.) - Free.
- White House - Free, but requests must be submitted through a member of Congress (security clearance required).
- National Zoo - Free admission; parking and some attractions/experiences have a fee.
- Mount Vernon (George Washington's Estate) - Admission fee applies (about $28 adults, $15 youth).
- Pentagon 9/11 Memorial - Free, open to the public.

Key Notes

- No hotel space is currently being held; rates subject to availability at booking.
- Convenience factor: Holiday Inn is centrally located by the National Mall—worth weighing location against slight price differences.
- Air seats are being held with Southwest Airlines until 9/8 American Airlines 9/12
- Taxes and fuel surcharges subject to change until ticketing (approx. 30 days prior).
- Double Occupancy is highly recommended/ Triple occupancy is the highest we would recommend
- A group contract will need to be signed once the hotel is decided and specific deposit dates are outlined.

School Letterhead/School Logo

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A letter typed on school letterhead/school logo will go out to parents and is to be included in the packet submitted for administrator signature.

Letter needs to include trip details, cost, itinerary, and behavior expectations (See Code of Conduct).

Parents: If interested in being a chaperone, you must be an approved Level 1 Volunteer for the current school year. Complete the application online for Office of Safe Schools and apply early as approvals can take time.

Dana Pearce

Administrator's Signature

9/22/25

Date

F.W. Springstead High School

3300 Mariner Boulevard

Spring Hill, Florida 34609

Phone (352) 797-7010 Fax (352) 797-7110

To: HCSD Board Members
RE: 2026 Senior Trip to Washington, D.C.

To Whom it May Concern:

The Senior Class of 2026 is requesting the opportunity to visit Washington, D.C. in the Spring of 2026. This will be the school's first trip as a Senior Class to the Nation's Capital. We will be traveling on our own this year. Our trip dates are February 19, 2026 – February 23, 2026.

Attached you will find our itinerary for this year's 2026 trip. You will also find the field trip packet completed to the best of our ability. Some information in the field trip packet cannot be provided until future dates, such as students attending, chaperones attending, etc.

We will be flying direct from Tampa International to Reagan National Airport with a total of 45 students.

Upon arrival at Reagan National Airport, we will use the DC Metro for transportation to our hotel and throughout our trip for getting around the city. Students will receive a DC Metro card as part of their package. This card is an unlimited short trip card.

We plan to stay at the Holiday Inn at the National Mall. This hotel is located near a metro station, provides good rates, is located in a safe neighborhood, provides a continental breakfast each morning, and is close to restaurants.

The cost of each student is approximately $1,400. This includes airfare, hotel for 4 nights, breakfast, dinner, D.C. Metro pass, and transportation.

Hotel ($600 per room for 5 nights)
Flight (based on current price $400)
Metro Cards ($50)
Dinners ($225 per person)
Sponsorship shirts ($25)
Total estimated cost of trip = $1,400

The students will not be expected to pay any more than the $1,400 which will cover the costs for the chaperones.

We project this number to fluctuate up or down and exact numbers cannot be determined until we have a commitment from all students.

F.W. Springstead High School

3300 Mariner Boulevard

Spring Hill, Florida 34609

Phone (352) 797-7010 Fax (352) 797-7110

Students will be required to buy lunch on their own each day. There will be various food trucks and restaurants on and around the national mall which is where we stay for lunch each day.

In order to offset the costs students will have the opportunity to participate in fundraising opportunities throughout the school year to raise money to pay for their trip.

We plan to visit the following places while in D.C.

Arlington National Cemetery, where students will get to witness the changing of the guard at the Tomb of the Unknown Soldier. They will visit John F. Kennedy's gravesite where the eternal flame is burning. They will also get to tour Robert E. Lee's home which sits at the top of the hill in Arlington Cemetery.

We will take a tour of the US Capitol Building and hopefully get to see a session in congress.

We will walk the various monuments along the National Mall after sundown to see them lit up.

We will visit the Washington Monument, Lincoln Memorial, World War II Memorial, Vietnam Memorial, Korean War Memorial, Jefferson Memorial, and Martin Luther King Jr. Memorial

Students will have several opportunities to visit the many museums along the National Mall at their leisure. A few favorites are always the Air & Space Museum and Natural History Museum. We will tour the Library of Congress, visit and tour the US National Holocaust Museum and we will attempt to visit and tour the US African American Museum

A list of seniors attending the trip will be given to all parties involved as we get close to the trip date. The list of students going will fluctuate. The most accurate list will be a few weeks prior to the trip.

Airline information with flight numbers will also be provided a month out. Flight numbers change, flight times and schedules also change. A more accurate airline agenda will be provided to all parties involved as we get closer to the trip.

Please let us know if we need to provide any further information.

Respectfully,

Deanna Earles
Kyra Taaffe
Dennis McNerney
SHS Senior Class Trip Sponsors

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THE SCHOOL BOARD OF HERNANDO COUNTY, FLORIDA

Educational Activities Permission for Participation

I/We, hereby grant permission for (name of student) _____
to participate in all educational activities and trips for the current school year. I/We, understand that announcement of the activities or trip and location will be made in advance, so that if I/we, were to have any objections, I/we, could easily phone or write the school and my child would not participate in the activity or the trip.

I/We, authorize the school representative, in the exercise of his/her judgment as to necessity, to obtain medical treatment in the event of illness or injury and the undersigned agrees to pay any expense incurred for this treatment.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Student Number _____

Street Address _____

_____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact: Name: _____ Number _____

NOTE: Students who have not returned this form prior to the trip, will not be allowed to attend trip.

This form will be taken on the trip by the teacher/coach.

Map Map | Filter/Sort | Points | Amenities | Pet friendly | Kitchenette | Free breakfast

63 Hotels Found

Includes taxes and fees

Holiday Inn Washington Capitol - Natl Mall
1 800 972 3159
1 mi (1.61km) from city center

- Pets Allowed
- 1 Pool(s)
- In hotel restaurants
- EV charging
- Health/Fitness Ce
- Business Center

180
USD
per night

Select

Holiday Inn Washington-Central/White House
1 800 972 3159
1.09 mi (1.75km) from city center

Feedback

- EV charging
- Health/Fitness Center
- Business Center
- Pool
- In hotel restaurant
- Wireless Internet

Only a

151
USD
per night

Sel

Holiday Inn Express Washington DC Downtov
1 888 HOLIDAY (1 888 465 4329)
1.32 mi (2.12km) from city center

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Washington, D.C. Group Travel Proposal

Travel Dates: February 19 – 23, 2026 (4 nights)
Departure City: Tampa, FL

Air Transportation Option #1

- Airline: Southwest Airlines (TPA ↔ DCA)
  - Outbound: TPA 10:00 AM → DCA 12:15 PM (WN 3090)
  - Return: DCA 4:40 PM → TPA 7:20 PM (WN 2513)
- Group Air: 100 seats held @ $445 per seat (price is high as you securing all of you will be together)
- Bonus: 3 complimentary seats (taxes only at $74.25 each)
- Deposit Due: $3,034 by September 8, 2025 (credit card only)
- Final Payment Due: January 2, 2026 (I recommend we rectify prior to Christmas break)
- Once deposited, there is no refund if less than 100 travel

Air Itinerary Option #2

Group # 1 (50 seats)

- **TPA → DCA**: AA 3103, Depart 11:22a, Arrive 1:30p
- **DCA → TPA**: AA 3101, Depart 8:10a, Arrive 10:55a
- Price: $349 pp round trip

Group #2 (50 seats)

- **TPA → DCA**: AA 3103, Depart 1:30p, Arrive 3:40p
- **DCA → TPA**: AA 3103, Depart 10:14a, Arrive 1:00p
- Price: $349 pp round trip

Payment & Ticketing

- Deposit: $5,000 due Sept 12, 2025 ($50 per seat)
- Utilization Date: Dec 15, 2025
- Final Payment: Jan 13, 2026
- Passenger Names Due: Jan 13, 2026 (per passport)
- Ticketing: Jan 16, 2026

Hernando County School District

OVERNIGHT STAY EMERGENCY INFORMATION

School: Springstead High School

Group/Team: Seniors

Sponsor/Coach: Deana Earles

Dates/Time: FROM: 2/19/26 TO: 2/23/26

Hotel/Motel/Other: Holiday Inn National Mall

(Please include/attach Web print-out, etc. of accommodations)

Address: 550 C St. SW
Washington, D.C. 20024

Hotel Telephone Number: 800 972 3159

Lead Sponsor/Coach Name: Deana Earles

Lead Sponsor/Coach Phone Information:

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

*Cell Phone Number: (813446781 Other Emergency Phone # (352 584 5700

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

2nd Sponsor/Coach Name: Dana Pearce Cell Phone # (352 584 5700

3rd Sponsor/Coach Name: Kyra Taaffe Cell Phone # (352 585 5594

4th Sponsor/Coach Name: Denis McNemely Cell Phone # (352 942 1163

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

D. Earles — D Earles

Lead Sponsor/Coach: *Name Printed* — *Signature*

Students to chaperone ratio: 1 chaperone for every 10 students, however, the 1/10 ratio must be same gender chaperone.

Hotel Options (4 Nights with Breakfast & Taxes Included)

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Based on 100 passengers, rates are per person - We do not recommend quads. There is not enough space.

Triples would include a roll away or a sofa bed of sorts

1. **Melrose Georgetown Hotel (Full American Buffet)**
   - **Double: $789**
   - **Triple: $630**
   - **Quad: $550**
   - **Single: $1,267**
2. **Hyatt Place Georgetown/West End (Breakfast Buffet)**
   - **Double: $534**
   - **Triple: $389**
   - **Quad: $299**
   - **Single: $1,045**
3. **Holiday Inn Washington DC - National Mall (Hot Buffet Breakfast)**
   - **Double: $778**
   - **Triple: $595**
   - **Quad: $504**
   - **Single: $1,325**

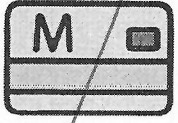
Included:

- **4 nights accommodations**
- **Daily breakfast**
- **Hotel porterage (1 bag per person delivered to room)**
- **Taxes**

Once the specific hotel is chosen, specific details can follow
Not Included:

- **Tips for hotel staff, recommended for housekeeping**

Ground & Tour Options (Additional Cost)



- Roundtrip Airport Transfers (2 x 54-seater coaches): $2,310 per coach

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Washington, D.C. Group Travel Pricing Comparison

Airline	Base Cost (Flight + Metro + Dinners)
Southwest	$717.25
American	$621.25

Melrose Georgetown

Occupancy	Southwest	American
Double	$1,506.25	$1,410.25
Triple	$1,347.25	$1,251.25
Quad	$1,267.25	$1,171.25

Hyatt Place Georgetown/West End

Occupancy	Southwest	American
Double	$1,251.25	$1,155.25
Triple	$1,106.25	$1,010.25
Quad	$1,016.25	$920.25

Holiday Inn – National Mall

Occupancy	Southwest	American
Double	$1,495.25	$1,399.25
Triple	$1,312.25	$1,216.25
Quad	$1,221.25	$1,125.25