

COMPLETE ALL INFORMATION AND RETURN TO TRANSPORTATION

TODAY'S DATE 10/2/2023 Elementary High School Guardian Angel
Faculty/Staff/Coach/Sponsor(s) Coach Ross Hart
Date(s) of Trip 12/26/24 - 12/30/24 Departure Time TBD Return Time TBD

*If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip.

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip, Specify Class _____
- Class Trip (i.e. Junior, Senior), Specify _____
- Organization/Club Trip, Specify _____
- Other (athletic, band, if applicable), Specify Boys Basketball Team

**DESTINATION KSA Events Holiday Basketball Miles (one way) to destination: _____
City/State Orlando, Florida

Overnight: Give name of lodging and address Gaylord Palms Resort, 6000 W Osceola Pkwy
Kissimmee, FL 34746

TRANSPORTATION

0 Number of Buses needed (1 driver per bus unless otherwise indicated) or Suburban Van

See 09.36 AP.212

**Does trip exceed 100 miles? Yes No If Yes, trip requires Board of Education approval.

THIS SECTION COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Available Yes No Suburban Available Yes No Van Available Yes No
 Bus # _____ has been reserved.
 Transportation Supervisor _____
 Signature _____ Date _____

Use of Common Carrier in Lieu of School Bus Procedure 09.36
(Complete Use of Common Carrier form, requires Board of Education approval)

Private Vehicle, if allowed by policy. Specify Driver(s) We would fly to Orlando. All transportation from airport + theme parks is provided through KSA and the resorts.

Purpose/Educational Value Team Building/Play new opponents/generate excitement around basketball program

Number of days absent from school 0 Number of: Students Going on Trip ~18 Faculty/Staff 3-4

Other Chaperones _____ **ARE ALL CHAPERONES ON THE VOLUNTEER LIST?** YES NO
IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.

SUPERVISION - Attach a list of names of adults accompanying students on trip. (Boys Basketball Staff)

Trip Approved Yes No
 Principal [Signature] 10/12/2023
 Signature _____ Date _____

Trip Approved Yes No Superintendent/Designee _____
 Signature _____ Date _____
 Yes No Board of Education _____
 Signature _____ Date _____