## OVERNIGHT FIELD TRIP REQUEST FORM

This form must be completed AND approved at both the Education Committee Meeting AND the Regular School Board Meeting PRIOR TO the date of the trip. Contact the Assistant Superintendent's Office to verify meeting dates.

INSTRUCTIONS:

1. Originator - Complete by typing directly on form. Print form. Forward to Building Principal for approval.			
Building Principal - Approve and forward to the Assistant Superintendent's Office for approval and			
inclusion on the Education Committee and School Board Meeting agendas.			
3. Once Request has been approved at the School Board Meeting, a copy will be returned to the Originator.			
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Requested by:			
Group: Plum HS Music Department Ensembles School: PHS		es School: PHS	
Destination:	Festival Disney Orlando, Florida  To take part in a world class adjudication festival(an essential element to the success of the HS		
Purpose: music program), receive feedback from top musicians and educators, provide performa			
Adult Supervisor	rs/Sponsors:		onkaj, Birch, Members of the Plum Music Boosters
Person(s) Responsible for Activity:		Nurse	
		DeLuce, B	ronkaj, Birch
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Departure Date:	7-Mar-13	_ Time:	AM
Return Date:	11-Mar-13	_ Time:	PM
N			
Number of Students Participating: Number of Students NOT Participating:		approx. 20	
		Approx. 75	)-100
Number of Days Absent from School:		3	
Have any of the participating students been on other approved trips throughout the year?			
Not to my knowled	dge		
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Cost of Trip (Per Person): 1000-1300			
Student's Actual			1000-1300
How will money be raised to pay for the trip:			
year round student fundraising facilitated through the Plum Music Boosters Inc.			
year round student fundraising facilitated through the Fluith Music Boosters Inc.			
Places give a full explanation of the type of incurence accounts the aturdant will be useful a resticient in			
Please give a full explanation of the type of insurance coverage the student will have while participating in			
this activity. If there is no provision for insurance, all students participating must have their			
parent/guardian sign an insurance waiver form.			
Complete insurance including; \$5000 emergency accident, \$1000 Life, 250 Emergency Dental			
Method of Travel & Name of Commercial Agency:			
Flight, motor coaches while on property Agency determined after bid.			
Housing (Reservation, Address, Dates):			
Prefer Disney Properties (All-Star Music Resort)			
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1. Kow	6/5/12	Date appr	oved by Education Committee:
Principal's Signature Date approved by School Board:			