



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Field Trip/Activity Planning Report and  
 Approval Request**

Approved  Not Approved  
 Signatures required for approvals

Complete this request to receive approval for a field trip or school activity. (See Board Policies 2.40 and 2.404)

SCHOOL Jupiter High Environmental Research & Field Studies Academy (JERFSA)		SCHOOL NUMBER 0081	DATE OF REQUEST 12 / 20 / 2005
ACTIVITY OR FIELD TRIP Rainforest Ecostudy in Costa Rica		TRIP SPONSOR Phillip Weinrich	
CLUB OR GROUP JERFSA		TRIP SPONSOR TELEPHONE 743-6005	
PURPOSE OF ACTIVITY OR TRIP Field study of rainforest ecosystem and conservation efforts			
DESCRIBE ACTIVITY OR TRIP Travel group of 16 students and four chaperones to Costa Rica to study rainforest ecosystems and conservation efforts at and around tropical center and Corcovada National Park in Osa Peninsula of Costa Rica. Expenses and funds handled by Partnership for Environmental Education, Inc.			
TRIP/ACTIVITY BEGINNING DATE 03 / 17 / 2006	TRIP/ACTIVITY BEGINNING TIME 06 : 30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TRIP/ACTIVITY END OR RETURN DATE 03 / 27 / 2006	TRIP/ACTIVITY END OR RETURN TIME 08 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

**FUNDING INFORMATION**

No penalty of any type will be imposed against the student based upon a failure to pay. No student shall be denied the right to participate for failure to pay. The principal may forgo a planned activity or use of a particular item based upon the collection of insufficient funds to cover the cost of the item or activity.

Indicate the estimated cost of the following items on the lines provided:

- 1. Admission/registration \$37,500.00
- 2. Transportation \_\_\_\_\_
- 3. Meals \_\_\_\_\_
- 4. Lodging \_\_\_\_\_
- 5. Enrichment Activity \_\_\_\_\_
- 6. Other Fees \_\_\_\_\_

Funding Source  Budget  Internal Accounts

Total estimated costs \$37,500.00

**ITINERARY**

Provide a complete detailed itinerary including times and location. Use approximate time if unsure of exact time. If applicable list all probable stops including meals. (Example: 8:00 A.M. Bus leaves school parking lot, two hour travel time on bus, no stops; 10:00 A.M. arrives Disney world, ...) Approval will be based upon this sequential schedule. There can be no additional stops added without prior approval unless an emergency occurs. Parents must be aware of this schedule when their permission is obtained. Attach additional sheets if necessary.

TIME	ACTIVITY
630am	Bus departs JHS March 17, 2006
930am	Arrive Miami International Airport
1148am	Flight to San Jose International Airport, Costa Rica
136pm	Met at airport by instructors from Fundacion Neotropica. Local partners of Save the Rainforest, Inc. who handle all trip arrangements.
	March 17-March 27, 2006
	Follow in country itinerary of Save The Rainforests, Inc. as detailed in attachment
	March 27, 2006
915am	Depart San Jose International Airport
1253pm	Arrive Miami International Airport
130pm	Depart Miami
430pm	Arrive JHS

**Field Trip/Activity Request and Planning Packet continued**

ACTIVITY OR FIELD TRIP Rainforest Ecostudy in Costa Rica	SCHOOL NUMBER 0081
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**CHAPERONES**

All groups going on field trips are required to have sufficient chaperones to ensure each student's safety and to meet the student's personal health and security needs. All chaperones must have a completed and approved *School Volunteer On-Line Application* on record at the school prior to the event (see the School Volunteer Coordinator). Provide a description of circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. (EXAMPLE: *When students are on the rides at Disney World they will be treated and will be subject to the same level of supervision by the Disney World staff as any other visitor.*) If this request is approved provide a list of all chaperones and their telephone numbers to the principal.

Provide an estimate of the following

Number of chaperones	Male	<u>2</u>	Female	<u>2</u>	TOTAL	<u>4</u>
Number of student participating	Male	<u>11</u>	Female	<u>5</u>	TOTAL	<u>16</u>
Number of student not participating:	Male	<u>0</u>	Female	<u>0</u>	TOTAL	<u>0</u>

**TRANSPORTATION**

Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and upon request to the parents/guardians of the student traveling in the vehicle. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627 736. All volunteer drivers must have a completed and approved *School Volunteer On-Line Application* on record at the school prior to the event (see the School Volunteer Coordinator). The school must obtain a copy of each driver's auto insurance card and license before the event.

Method of transportation JHS Activity Bus, Commercial Airline, Fundacion Neotropica Bus

If applicable, provide number of vehicles required Cars/vans \_\_\_\_\_ Buses 1 Other transportation 1

**OTHER CONSIDERATIONS**

Indicate the number of other staff that may be required:

Custodian(s) \_\_\_\_\_ Substitute teacher(s) 2 / 1 day  
 School Police \_\_\_\_\_ Other \_\_\_\_\_ (specify) \_\_\_\_\_

If the following items are required describe the items and indicate who will provide them:

Equipment \_\_\_\_\_  
 Clean up \_\_\_\_\_  
 Meals/snacks \_\_\_\_\_

**MANDATORY SIGNATURES**

Phillip Weinrich 12/20/05  
SIGNATURE OF PERSON COMPLETING FORM DATE

Phillip Weinrich 26005  
PRINT NAME PK

Principal approval is required for ALL field trips/activities. Send a copy of all out-of-county field trip requests to the Area office.

Paula Neussmitt 12/21/05  
SIGNATURE OF PRINCIPAL DATE

**OUT-OF-COUNTY, OUT-OF-STATE OR OUT-OF-COUNTRY APPROVALS**

Area Superintendent approval is required for trips other than within the county. The Chief Academic Officer must approve trips outside the state. Trips outside the continental United States require School Board approval.

Mavisal 1-11-06  
SIGNATURE OF AREA SUPERINTENDENT (required for out-of-county) DATE

Ann Kellie 1-11-06  
SIGNATURE OF CHIEF ACADEMIC OFFICER (required for out-of-state) DATE

\_\_\_\_\_  
SIGNATURE OF SUPERINTENDENT OR BOARD CHAIR (required for out-of-county) DATE