

REDACTED

Office of Inspector General

The School District of Palm Beach County

Case No. 16-497

Allegations/Issue: Employees Charging Transportation Fees to Students

Location: Pahokee High School

INVESTIGATIVE REPORT

AUTHORITY

Policy 1.092 Inspector General (4)(a)(iv). The Office of Inspector General is authorized to initiate, conduct, supervise, and coordinate investigations designed to detect, deter, prevent and eradicate fraud, waste, financial mismanagement, fiscal misconduct, and other abuses in District government. Receive and consider complaints, and conduct, supervise, or coordinate such inquiries, investigations, or reviews, as the Inspector General deems appropriate.

This investigation was conducted by Tanya Lawson, Investigator I.D. #201, in compliance with the *Quality Standards for Investigations, Principles, and Standards for Offices of Inspector General*, promulgated by the Association of Inspectors General.

BACKGROUND

On September 7, 2016, the OIG received a complaint via email from the Office of Professional Standards, Human Resource Manager, Carol Martin regarding a complaint that a bus driver at Pahokee High School charged students on the cheerleading team a \$5 fee in order to transport them to a game.

DOCUMENTS REVIEWED

- The Palm Beach County School District's PeopleSoft, Payroll/Accounting
- Payroll and Time & Labor Training Manual
- School Board Policy 6.12
- School District Bulletin P-12902-CAO/COO
- Payroll-Compensatory Time Frequently Asked Questions
- Internal Accounts Manual, Chapter 20; Field Trips and Chapter 7; Cash Receipts and Deposits
- SEIU Collective Bargaining Agreement; January 1, 2016-Dec. 31, 2018

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INTERVIEWS CONDUCTED

Student 1, 11th Grade, Cheerleader, Pahokee High School, and Parent 1

On September 14, 2016, the OIG conducted an interview with School District employee and Parent 1 in regards to the allegation of a fee being charged by the bus driver to take the cheerleading team to an away game at Seminole Ridge High School on August 26, 2016. Parent 1 gave the OIG permission to speak with her daughter in her presence. Per Parent 1, the cheerleading team was supposed to ride with the football team to the game, but the bus was full, and the cheerleaders had to find a ride to the game. Parent 1 stated that she was told by Ms. Jessica White, the cheerleading coach that the school had a bus on campus. Per Parent 1, after it was discovered that the bus was not working, Ms. White called the school's Principal, Michael Aronson, who in turn, called the west area facility to release a bus to the school. Parent 1 also stated that it was relayed to her by Ms. White and cheerleader (REDACTED), that the bus driver wasn't going to charge them a fee, but to just give the driver something to take them to the game. Parent 1 stated that she was told by Ms. White the fee that would be collected was to give to the bus driver for driving the kids to the game. Student 1 stated that her cousin and cheerleader, Student 2 paid the \$5 fee on her behalf because she didn't have any money (Exhibit 2). Student 1 stated that the name of the bus driver was Ms. Cynthia Dent (aka Cynthia Butler). Student 1 also stated that the money was given to Assistant Coach, Ms. Monshakeria Young. Student 1 stated that the only other time she can remember giving money for transportation was over the summer around July/August when a young lady came to the school to host a cheerleading camp. Student 1 stated that they collected money on that occasion to pay the gas for the guest coach because she had driven a long way to get to the school.

Student 2, 10th Grade, Cheerleader, Pahokee High School

On September 14, 2016, the OIG conducted an interview with cheerleader Student 2 in regards to the allegation of a fee being charged by the bus driver to take the cheerleading team to an away game at Seminole Ridge High School on August 26, 2016. The OIG contacted Parent 2, Student 2's mother, and was given permission to interview her daughter if, Parent 1 (adult family member) could sit in on the interview with her daughter. The OIG agreed to Parent 1 joining the interview. Per Student 2, she was told from some of the other cheerleaders that the bus driver, "Ms. Cynthia" volunteered to take them to the game. Student 2 stated that she has never had to pay to ride the bus. Student 2 stated that it was implied that the money was going to "Ms. Cynthia," but that she didn't actually see the money given to "Ms. Cynthia." Student 2 stated that she paid \$10, \$5 for herself, and the other \$5 for her cousin, Student 1 (Exhibit 2).

Student 3, 12th Grade, Cheerleader, Pahokee High School

On September 14, 2016, the OIG conducted an interview with cheerleader Student 3. The OIG contacted Parent 3, Student's 3 mother, who gave the OIG permission to conduct an interview with her daughter. Per Student 3, the cheerleaders were supposed to ride the bus with the

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football team to the away game on August 26, 2016, but the bus was full, which left the cheerleaders in need of a ride to the away game. Student 3 stated that they never paid before. Per Student 3, she thought that the bus driver was volunteering since fellow cheerleader [REDACTED] told them that she knew a bus driver who could volunteer, but later, the cheerleaders were told by Ms. White that the bus driver was going out of her way to drive them and they each needed to give \$5. Student 3 stated that she knew the bus driver to be [REDACTED], Cynthia Dent. Student 3 stated that she did pay the \$5 (Exhibit 2).

Monshakeria Young, Substitute Teacher, Volunteer Conditioning Coach, Pahokee High School

On September 14, 2016, the OIG conducted an audio-recorded interview with Assistant Coach Monshakeria Young regarding the field trip on August 26, 2016 to Seminole Ridge High School. Per Ms. Young, when the football team did not have enough room on their bus to include the cheerleaders, it left the cheerleaders without transportation. Ms. Young stated that one of the cheerleaders, [REDACTED] suggested that Ms. Dent would drive them. Per Ms. Young, Ms. Dent initially volunteered to drive them, but later Ms. Dent changed her mind. Ms. Dent stated that Ms. White suggested via text that they all would have to pay the bus driver \$5 each (Exhibit #5, Page 3). Ms. Young stated that some of the girls didn't have any money; therefore, between herself and Ms. White, they put in the difference. Ms. Young stated that Ms. White collected the money and she wrote down the names of the girls that paid (Exhibit 2). Ms. Young stated that she paid the \$5 fee. Per Ms. Young, Ms. Dent has driven for the girls in the past, but didn't collect any money. Ms. Young also stated that the total collected and given to Cynthia Dent was \$125 (Exhibit 2).

Jessica White, Pahokee High School, Cheerleading Coach

On September 14, 2016, the OIG conducted an audio-recorded interview with cheerleading coach Jessica White regarding the allegation of a \$5 fee being imposed on the cheerleading team in order for them to be taken to the game on August 26, 2016, at Seminole Ridge High School. Ms. White stated that it was their first away game. She stated that the cheerleading team was supposed to ride with the football team, but there wasn't enough room on the bus, which left the cheerleader's searching for a way to get to the game. Ms. White stated that she called the Principal, Michael Aronson to let him know that the bus that they keep on campus was inoperable. Ms. White stated that Mr. Aronson called to get them a bus; they would just need a driver for the bus. Ms. White stated that one of the cheerleader's, [REDACTED] told her that she knew of someone who would volunteer to drive the team to the game, [REDACTED], Cynthia Dent. Ms. White stated that she told [REDACTED] to go ahead, and call Cynthia Dent and let her know that she would be in contact with her. Ms. White stated that she was given the bus driver's number from [REDACTED]. Ms. White stated that she was initially under the impression that Ms. Dent was volunteering to drive them since they were in a desperate last minute situation. Per Ms. White, she was told by Ms. Dent via text message that she didn't know who told her that she would volunteer because she couldn't drive for free, and that she had plans to go out to a game with her sister, and that she was only trying to do the cheerleading team a favor by

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driving (**Exhibit 5, Page 6**). Ms. White stated that the bus driver received \$125. Ms. White stated that she paid for herself and couple of the other cheerleader's who did not have any money. Ms. White stated that the money was given directly to Ms. Dent by the Assistant Coach, Ms. Young, but she really couldn't remember exactly.

Michael Aronson, Principal, Pahokee High School

On September 21, 2016, the OIG conducted an interview with Principal Michael Aronson regarding the incident of the bus driver, Cynthia Butler requesting money from the cheerleaders in order for her to transport them to an away game. Per Mr. Aronson, on the day in question, August 26, 2016, as he was leaving for the day, there were parents preparing to drive their kids to the game in their personal transportations. Mr. Aronson stated that later he was notified by Ms. White that the bus that is kept on campus was inoperable, so, he contacted the west compound and ordered a bus for the cheerleading team, but they had to find a driver for the bus. Mr. Aronson stated that he was later informed by Ms. White that she found a driver, Ms. Butler. Per Mr. Aronson, he had Ms. White to tell Cynthia Butler to text him letting him know that she was going to drive the cheerleaders to the game (**Exhibit 5, Page 8**). Per Mr. Aronson, he received a text message from Cynthia Butler that stated that she was "volunteering" to drive the cheerleaders (**Exhibit 5, Page 8**).

Cynthia Butler, aka Cynthia Dent, Bus Driver I, Pahokee High School

On September 14, 2016, the OIG conducted a sworn interview with the subject, Cynthia Butler at the [REDACTED]. Per Ms. Butler, she received a phone call from her [REDACTED] [REDACTED] letting her know that cheerleading coach, Ms. Jessica White will be calling her (Cynthia) regarding the cheerleading team needing a ride to an away game on that evening, and if she can drive them. Ms. Butler stated that she received a text message from Jessica White asking her if she would drive them to the game as they are in need of a bus driver (**Exhibit 5, Page 6**). Ms. Butler stated that she told Ms. White "yes." Per Ms. Butler, Ms. White asked if she was going to volunteer and that her response to Ms. White was "who told you that I was volunteering, no, I don't work for free", at which point, Ms. Butler stated that Ms. White then asked her how much would she charge and Ms. Butler's reply was "it doesn't matter" (**Exhibit 5, Page 6**). Ms. Butler stated that Ms. White asked if \$5 from each cheerleader was good enough, and Ms. Butler said yes, that's fine (**Exhibit 5, Pages 6-7**). Ms. Butler also stated that at the request of Ms. White, she sent a text message to Pahokee High School Principal Michael Aronson letting him know that she would be volunteering to drive the cheerleading team to the game, but would be paid once they arrived at the game (**Exhibit 5, Pages 7-8**). Ms. Butler stated that she received \$120, and was paid in cash. Per Ms. Butler, that was the first time that she received money (cash) for doing a field trip.

Glendale Bess, Transportation Coordinator/Dispatcher, [REDACTED]

On September 14, 2016, the OIG conducted an interview with Glendale Bess, [REDACTED] [REDACTED] (payroll contact). Glendale Bess provided payroll

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documentation for Cynthia Butler, specifically, payroll verification for August 26, 2016, which showed that Cynthia Butler used the Time Collection Device (TCD) to punch in at 5:31 AM, and punched out at 4:38 PM (**Exhibit 7**). Per Glendale Bess, because bus drivers are assigned schools for pick up and drop off, if Cynthia Butler did use the TCD on 8/26/16 evening to transport the cheerleading team to the away game, she would have punched in at Pahokee High School, and not at the [REDACTED]. Glendale Bess further states that the bus drivers punch in at the [REDACTED] compound when they come first arrive in the morning, when they take and come back from lunch, and again when they leave for the day. Glendale Bess printed the field trip request sheet for the month of August 2016 through October 2016, and Pahokee High School did not request a bus for any activities during that time frame. Glendale also stated that if it was an activity where Pahokee High School requested a bus for that activity, and Cynthia Butler was scheduled to drive for the activity then, Pahokee should show Cynthia Butler's time in and time out on the TCD device for that evening run.

Ann Hunter, Senior Transportation Coordinator, [REDACTED]

On September 21, 2016, the OIG conducted a phone interview with Ann Hunter to verify whether Cynthia Butler was supposed to clock in before she drove the cheerleading team to the away game at Seminole Ridge High School on August 26, 2016. Ms. Hunter stated "yes" if Cynthia Butler was using district transportation to take the cheerleaders to a game, she was supposed to clock in when she arrived and clocked out after the trip was over.

RESULTS OF REVIEW

Based on the preliminary investigation, Cynthia Butler may have violated the following policies/procedures:

School Board Policy 6.12 (1)(c)

"All cash overtime or compensatory time shall be approved in writing by the appropriate administrator/supervisor prior to the time being worked. Any employee who works overtime hours without obtaining authorization may be subject to disciplinary action."

Bulletin# P-14043-S/CFO

"Bus drivers must continue to punch in and out for all work shifts."

Internal Accounts Manual, Chapter 20, Page 5

"For field trips that take place outside of normal school hours, participation is voluntary, and there can be no penalty if the student does not participate, nor can a student be rewarded or receive extra credit for participating. Schools are permitted to require student to pay for the costs associated with extra-curricular field trips." See School Board Policy 2.21.

School Board Policy 2.21

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"School Requests of payment from students, schools, are permitted to request direct payments from a student for a field trip activity, which occurs during school hours. If a parent/guardian does not pay for a field trip. The student shall not be denied the opportunity to participate, and the school shall arrange for the student to attend without payment."

FINDINGS

The OIG finds that the allegation that the bus driver, Cynthia Butler requested and accepted money in order to transport the cheerleading team to the Seminole Ridge High School's away game on August 26, 2106 is **substantiated**.

In addition, the OIG finds that the cheerleader coach, Jessica White requested and accepted money from student in order to pay the bus driver to transport the cheerleading team to the away game on August 26, 2016. The OIG finds that Jessica White maybe in violation of the following District Policies:

District Policy 3.02, Code of Ethics (4)(a)

"To provide the best example possible; striving to demonstrate excellence, integrity and responsibility in the workplace".

District Policy 3.02, Code of Ethics 3(a)

"Evaluate the situation and identify ethical issues."

District Policy 2.21(a)(5)

"Any request for money from a student shall be in writing, addressed to the student's parent or legal guardian, and shall clearly state: (a) no penalty of any type will be imposed against the student based upon a failure to pay; (b) no student shall be denied the right to participate for failure to pay."

Internal Accounts Manual, Chapter 7, Page 2

"Collections from student must be properly documented with the name of the student, the purpose of the collection, the internal account name/number assigned to the activity, and the amounts collected from student."

FURTHER ACTION

In accordance with School Board Policy 1.092 (4)(a)(ix), the OIG will refer this complaint to the Office of Professional Standards for further action.

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AFFECTED PARTY RESPONSE(S)

On October 14, 2016, the OIG provided a draft copy of this investigative report to the affected parties, who were given the opportunity to respond pursuant to *School Board Policy 1.092, and Florida Statute Section 1012.31*.

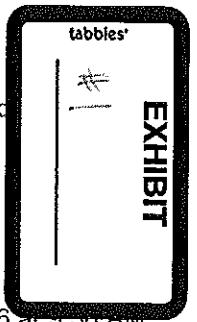
On November 1, 2016, the OIG received a response from Bus Driver, Cynthia Butler. Please see attached (**Exhibit 8**).

As of November 17, 2016, the OIG has not received a response from Coach Jessica White.



Cynthia Guerra <cynthia.guerra@palmbeachschools.org>

Case # 16-497



Varsity Cheerleaders Roster

1 message

Jessica White <jessica.white.1@palmbeachschools.org>
To: Cynthia Guerra <cynthia.guerra@palmbeachschools.org>

Wed, Sep 14, 2016 at 9:50 AM

[Redacted list of names]

- did not pay
- did not pay
- did not pay

not on bus

[Handwritten scribbles]

Sent from Gmail Mobile

Source: Received from
Monshakeria Young,
Volunteer Condition
Coach.

8/26/16

\$20 + 5² 24
↓ 5
12.0

EXHIBIT
2

1) Paid for Bus



16-497

1. [Redacted]

2. [Redacted]

3. [Redacted]

4. [Redacted]

5. [Redacted]

6. [Redacted]

7. [Redacted]

8. [Redacted]

9. [Redacted]

10. Ms. Young #4

11. Ms. White

12. [Redacted]

13. [Redacted] - Rode c gma

14. [Redacted]

15. [Redacted]

16. [Redacted] - I still owe for

17. [Redacted]

18. [Redacted]

19. [Redacted]

20. [Redacted]

21. [Redacted]

16-497

PANEL: _____

A05. CONTACT INFORMATION SUMMARY

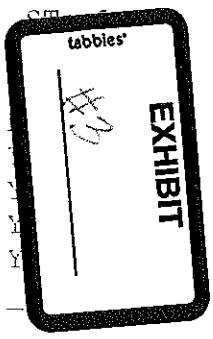
YEAR: 17

Wednesday September 14, 2016 12:21 pm

STDT: [REDACTED]

SCHL: 1771 GR: 09

NAME	HOME PHONE	DAY PHONE	EXT	CELL PHONE	PS
[REDACTED]	[REDACTED]	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	Y
[REDACTED]	[REDACTED]	[REDACTED]			Y
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	Y
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	Y
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	Y
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	Y
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	Y
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	Y
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	Y



HEALTH CONDITIONS: Y

PF1=HELP 3=EXIT 9=ADD 12=ESCAPE
RECORDS ARE DISPLAYED

TERML: T377

PANEL: _____

A05. CONTACT INFORMATION SUMMARY

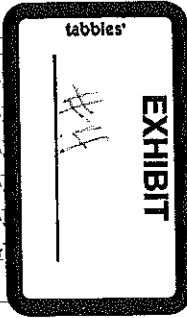
YEAR: 17

Wednesday September 14, 2016 12:22 pm

STDT: [REDACTED]

SCHL: 1771 GR: 09 ST: A

NAME	HOME PHONE	DAY PHONE	EXT	CELL PHONE	PS	P	C	R
[REDACTED]	D [REDACTED]	[REDACTED]					N	N
[REDACTED]	O [REDACTED]				Y	Y	N	
[REDACTED]	O [REDACTED]				Y	Y	N	
[REDACTED]	O [REDACTED]				Y	Y	N	
[REDACTED]	O [REDACTED]				Y	Y	N	
[REDACTED]	[REDACTED]			[REDACTED]	Y	Y	Y	



HEALTH CONDITIONS:

PF1=HELP 3=EXIT 9=ADD 12=ESCAPE

TERML: T377

PANEL: _____

A05. CONTACT INFORMATION SUMMARY

YEAR: 17

Wednesday September 14, 2016 12:22 pm

STDT: [REDACTED]

SCHL: 1771 GR: 09 ST: A

NAME	HOME PHONE	DAY PHONE	EXT	CELL PHONE	PS	P	C	R
[REDACTED]	D [REDACTED]	[REDACTED]					N	N
[REDACTED]	O [REDACTED]				Y	Y	N	
[REDACTED]	O [REDACTED]				Y	Y	N	
[REDACTED]	O [REDACTED]				Y	Y	N	
[REDACTED]	O [REDACTED]				Y	Y	N	
[REDACTED]	[REDACTED]			[REDACTED]	Y	Y	Y	

HEALTH CONDITIONS:

PF1=HELP 3=EXIT 9=ADD 12=ESCAPE

TERML: T377



EXHIBIT #5 Total pages 6

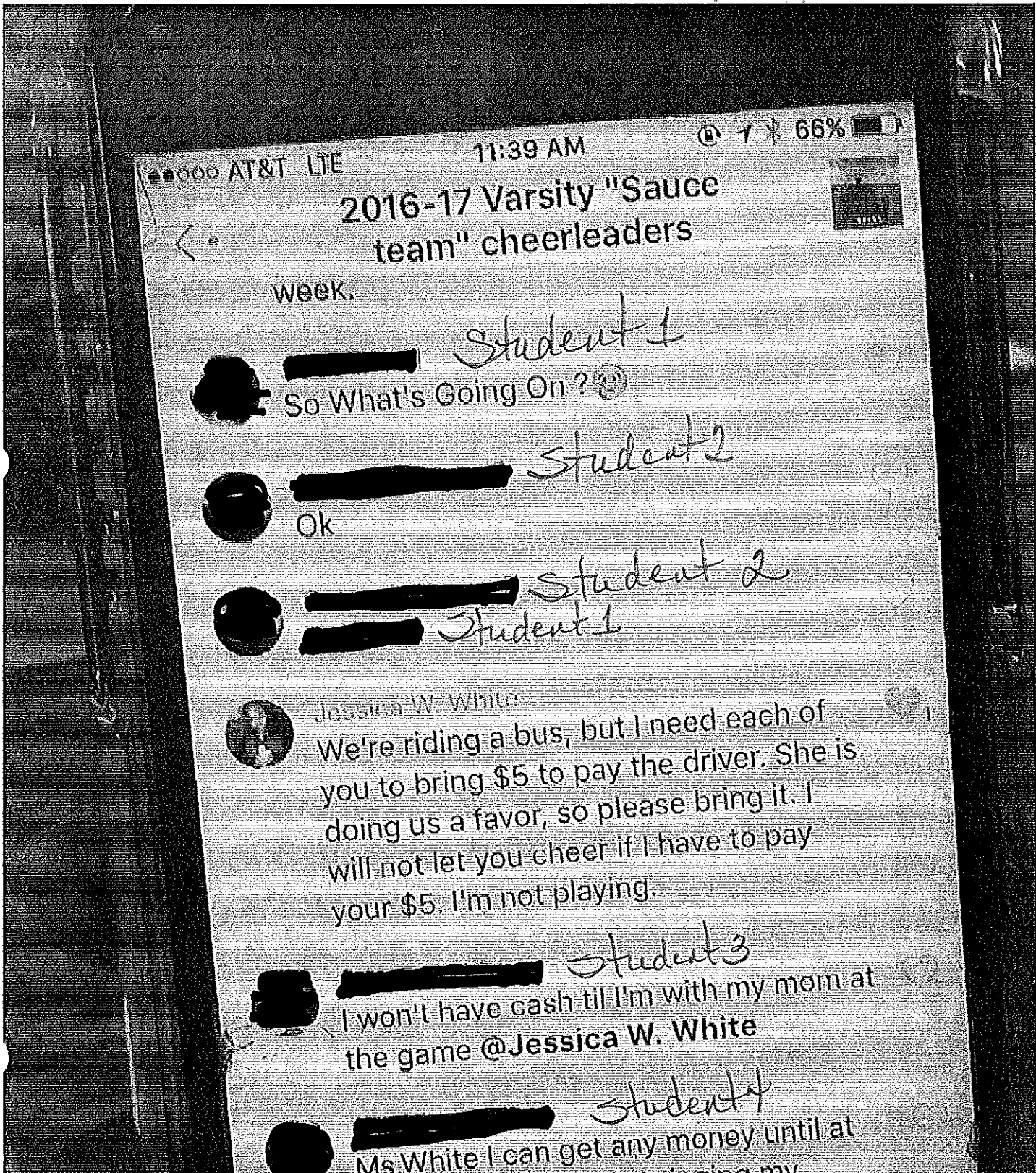
angelette Green <angelette.green@palmbeachschools.org>

(no subject) message

To: angelette.green@palmbeachschools.org, tanya.lawson@palmbeachschools.org

Wed, Sep 14, 2016 at 11:41 AM

From Monshakenia Young
Text messages between Young and White



AT&T LTE 11:39 AM 66%

2016-17 Varsity "Sauce team" cheerleaders

week.

Student 1
So What's Going On ? (3)

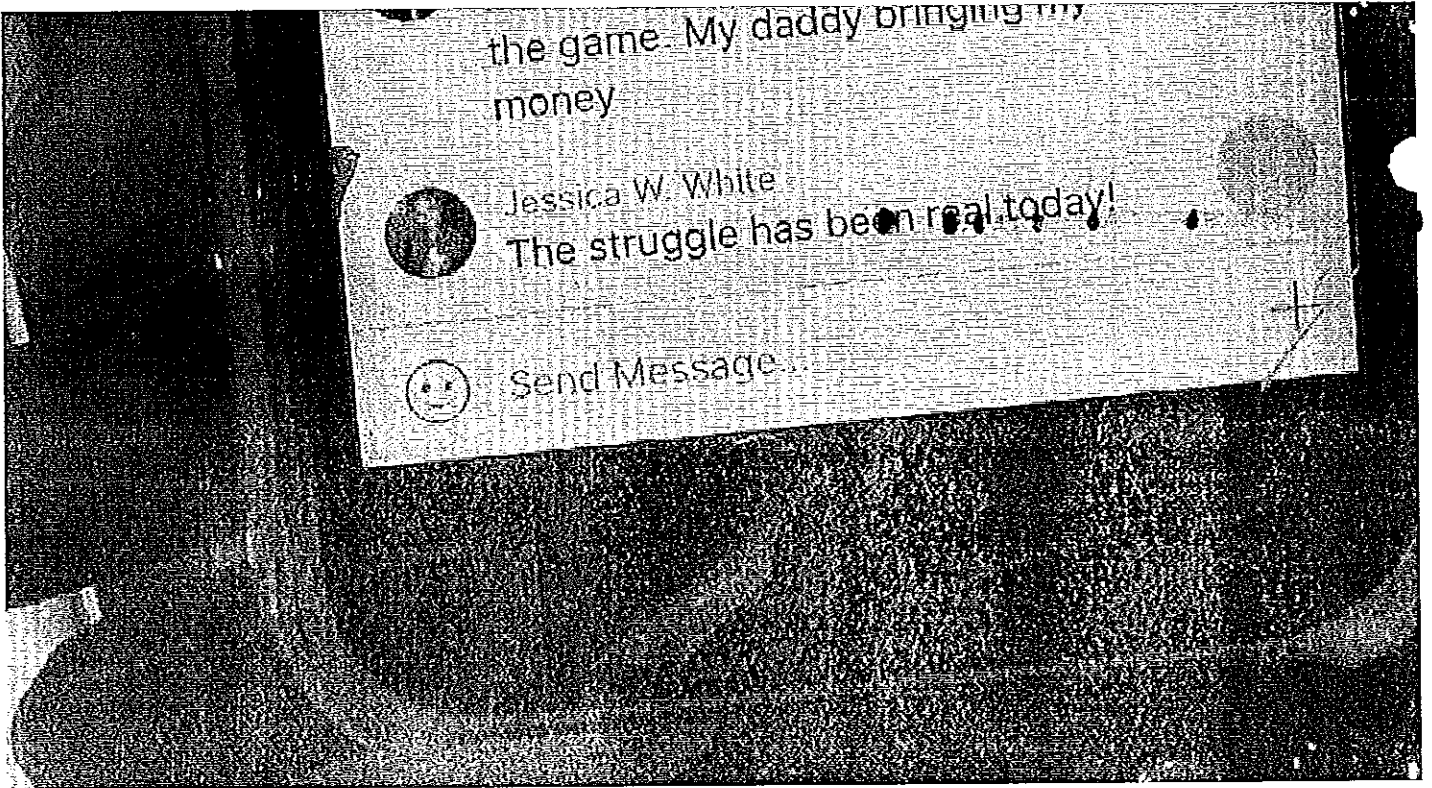
Student 2
Ok

Student 2
Student 1

Jessica W. White
We're riding a bus, but I need each of you to bring \$5 to pay the driver. She is doing us a favor, so please bring it. I will not let you cheer if I have to pay your \$5. I'm not playing.

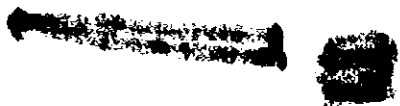
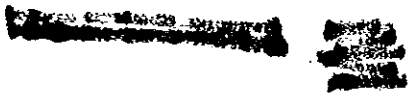
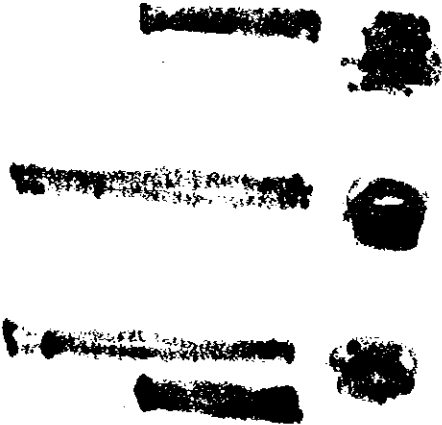
Student 3
I won't have cash til I'm with my mom at the game @Jessica W. White

Student 4
Ms. White I can get any money until at



T-Mobile

This message was sent to you by a T-Mobile wireless phone.





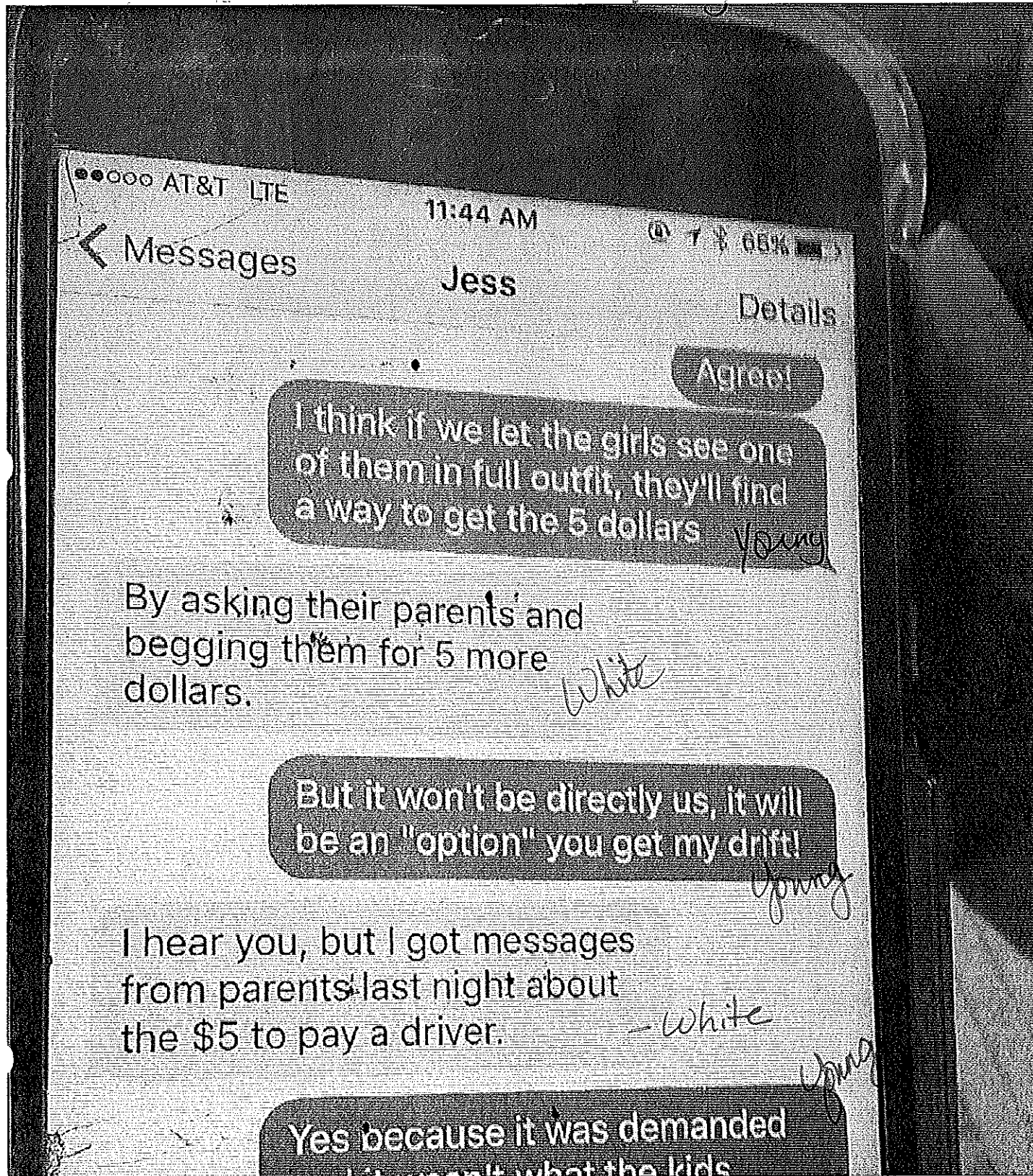
Angelette Green <angelette.green@palmbeachschools.org>

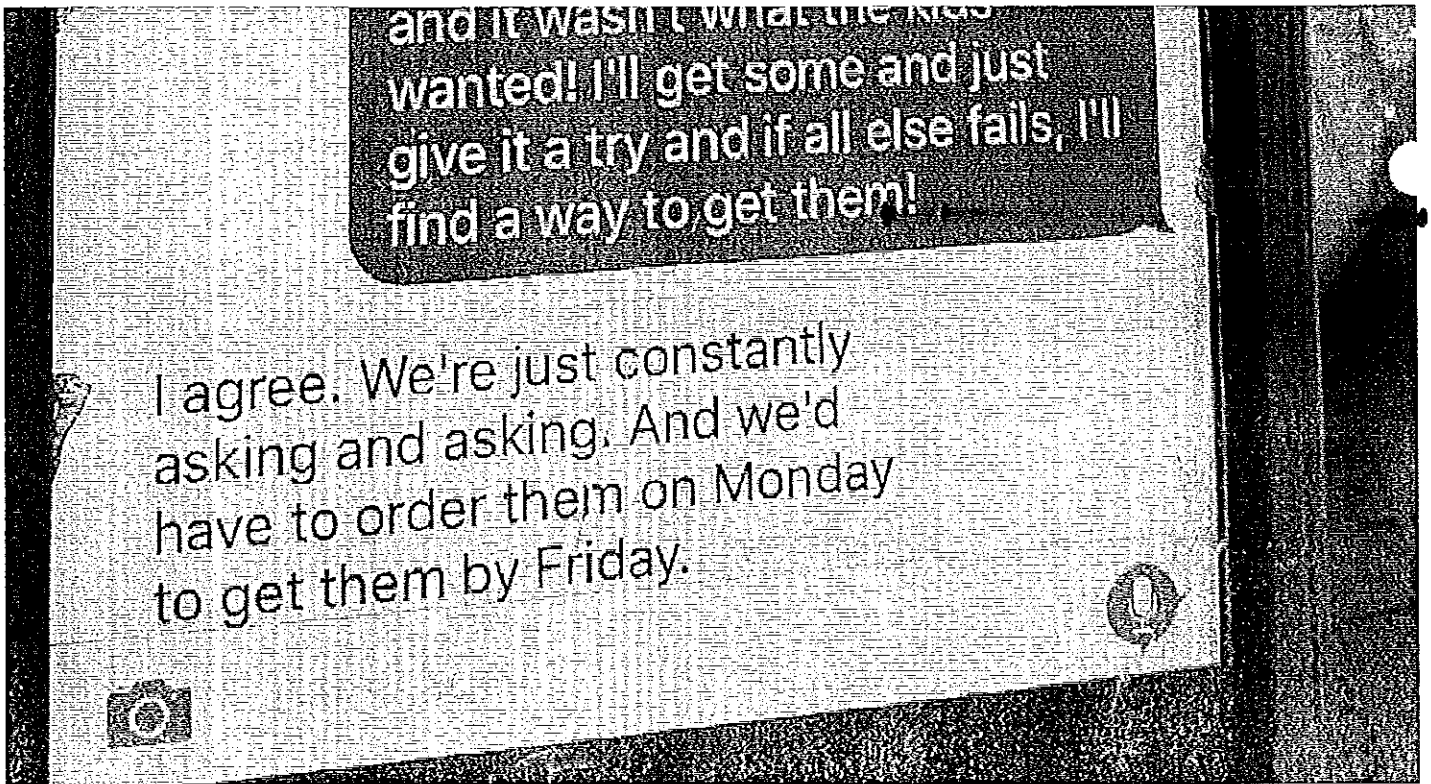
(no subject)
message

To: angelette.green@palmbeachschools.org, lanya.lawson@palmbeachschools.org

From MonShakenia Young
Text messages between
Young and White

Wed, Sep 14, 2016 at 11:46 AM





T-Mobile

This message was sent to you by a T-Mobile wireless phone.



16-497

Angelette Green <angelette.green@palmbeachschools.org>

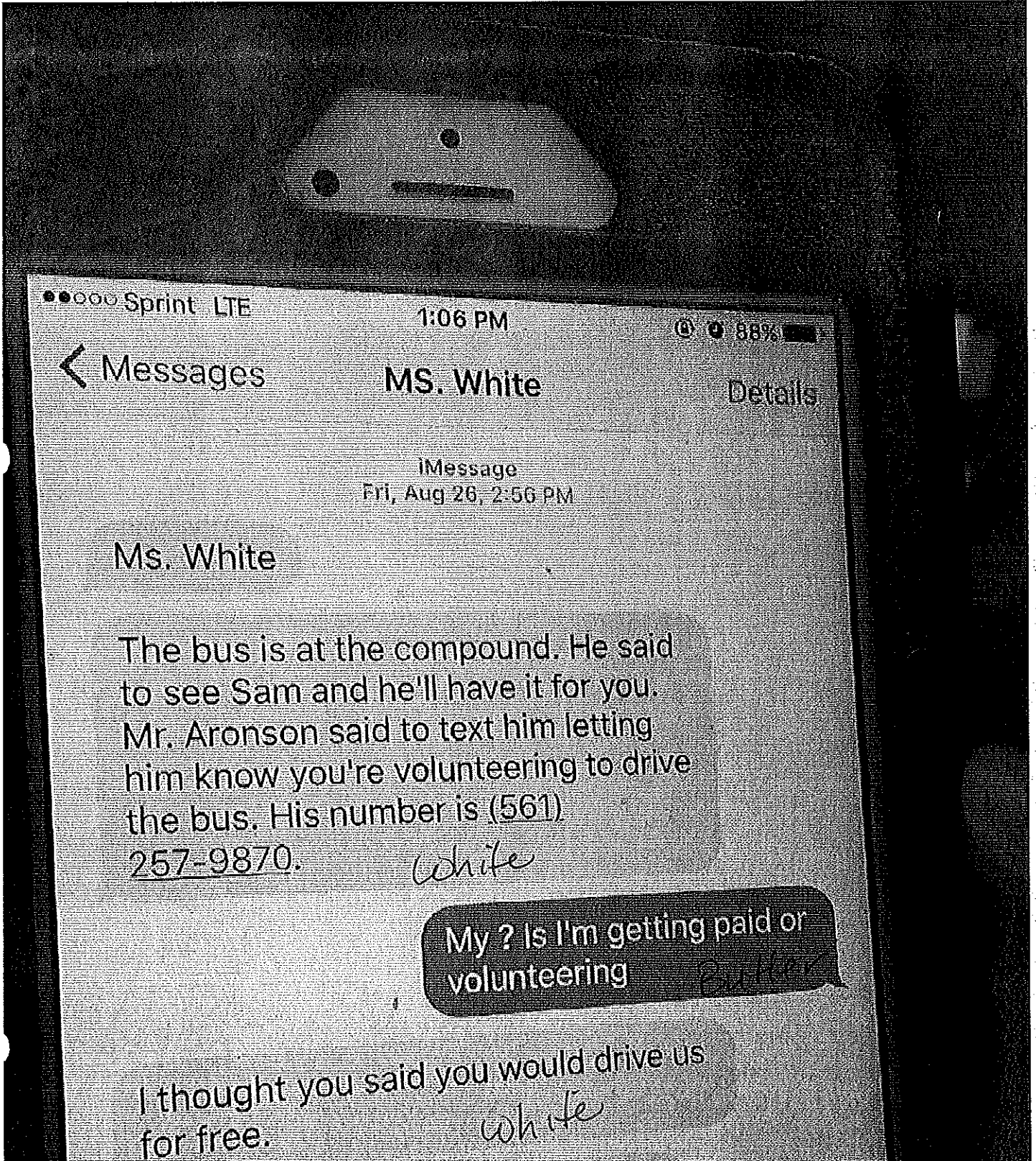
From: Cynthia Butler

Wed, Sep 14, 2016 at 1:41 PM

Text messages between White and Butler

(no subject) message

To: angelette.green@palmbeachschools.org, tanya.lawson@palmbeachschools.org



I need you to volunteer. Lol We're really in a tight,

No I never said for free I thought y'all was paying that why I say yes I had plans to go with my sister too the game and out too eat I can't work for free sorry maybe next time

How much would you charge us to drive the bus?

T-Mobile

This message was sent to you by a T-Mobile wireless phone.



Angelette Green <angelette.green@palmbeachschools.org>

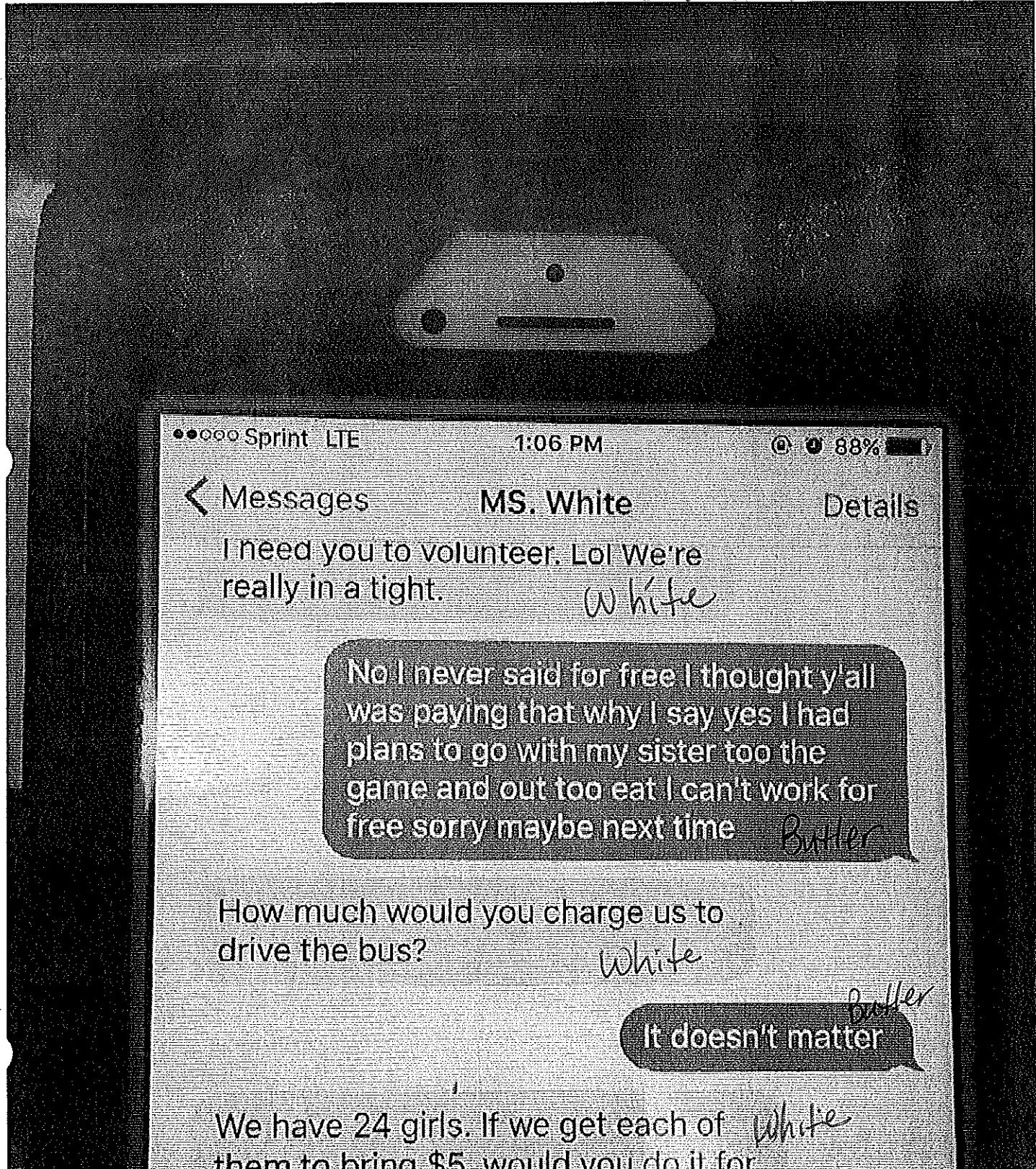
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message

From: Cynthia Butler

Wed, Sep 14, 2016 at 1:40 PM

To: angelette.green@palmbeachschools.org, tanya.lawson@palmbeachschools.org

Text messages between
Butler and White



Sprint LTE 1:06 PM 88%

Messages MS. White Details

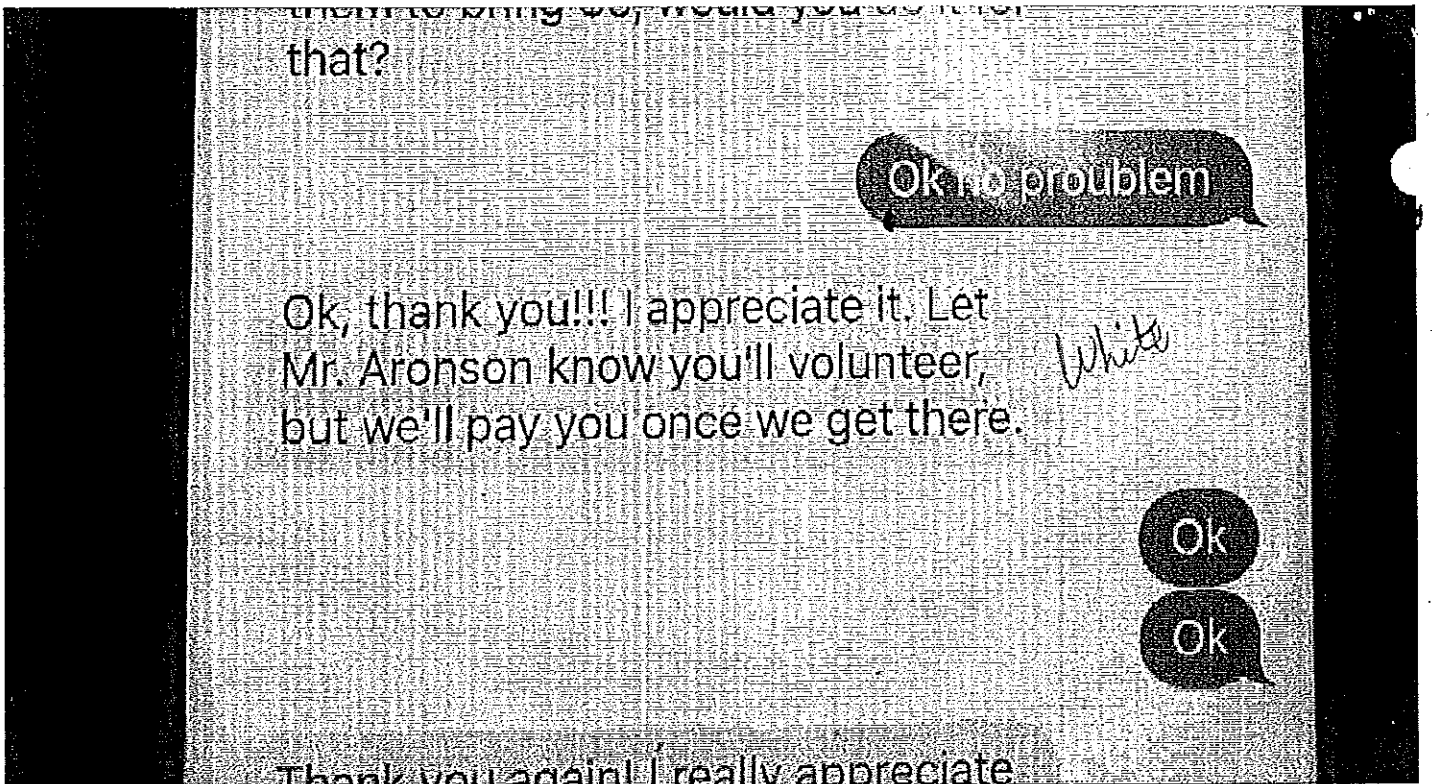
I need you to volunteer. Lol We're really in a tight. *White*

No I never said for free I thought y'all was paying that why I say yes I had plans to go with my sister too the game and out too eat I can't work for free sorry maybe next time *Butler*

How much would you charge us to drive the bus? *White*

It doesn't matter *Butler*

We have 24 girls. If we get each of *White* them to bring \$5 would you do it for



T-Mobile

This message was sent to you by a T-Mobile wireless phone.



16-497

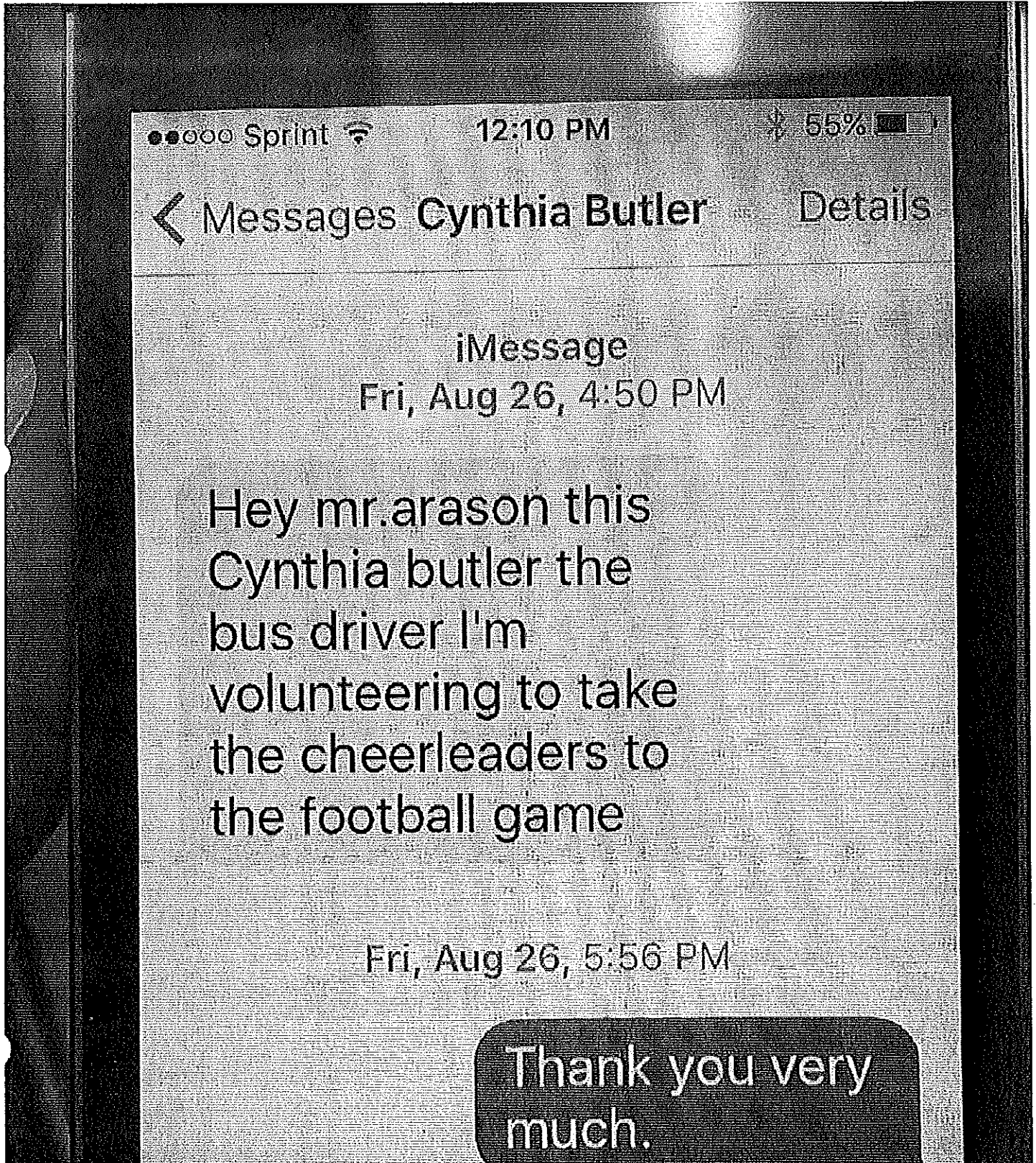
Angelette Green <angelette.green@palmbeachschools.org>

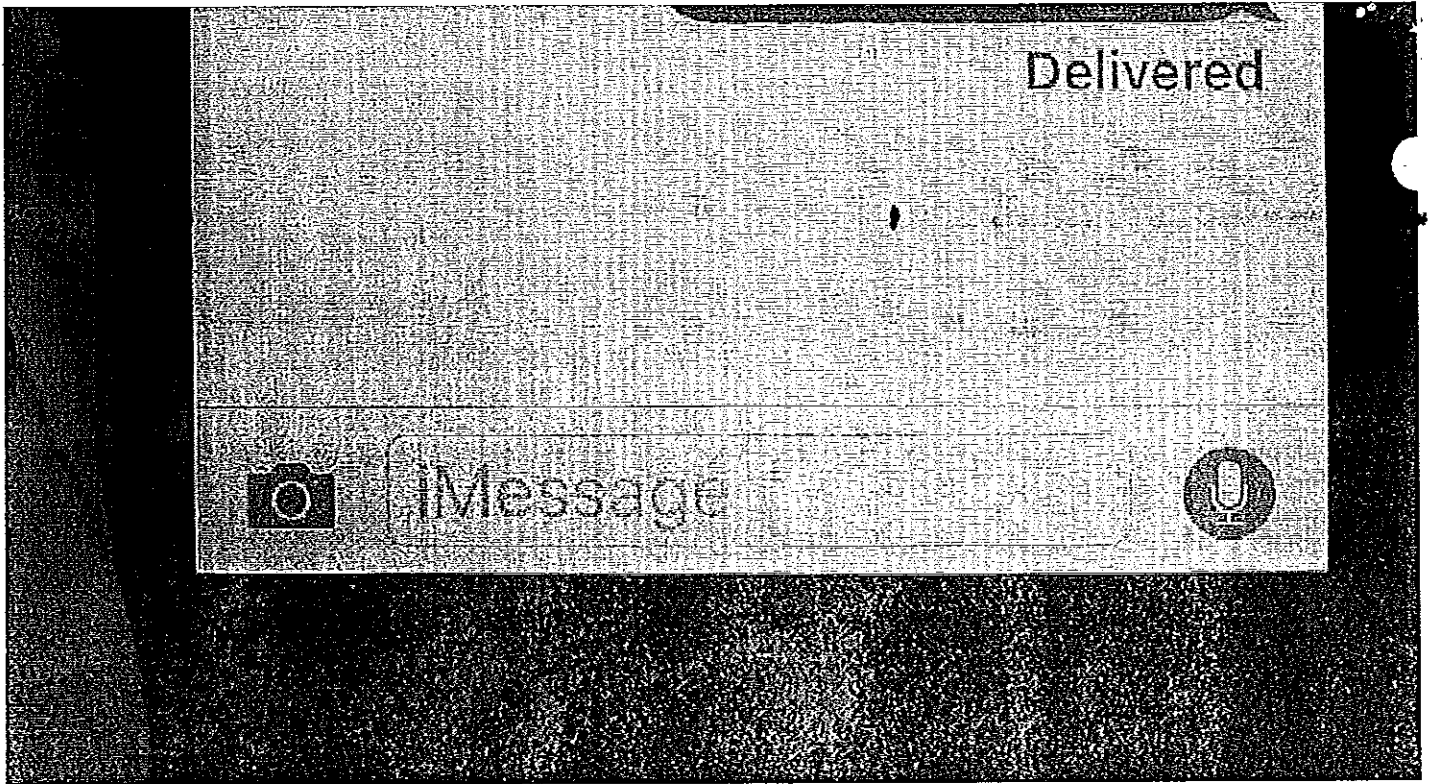
From Michael Aronson
Text message from
Cynthia Butler

(no subject)
message

Wed, Sep 14, 2016 at 12:11 PM

To: angelette.green@palmbeachschools.org, tanya.lawson@palmbeachschools.org





T-Mobile

This message was sent to you by a T-Mobile wireless phone.

6.



Angelette Green <angelette.green@palmbeachschools.org>

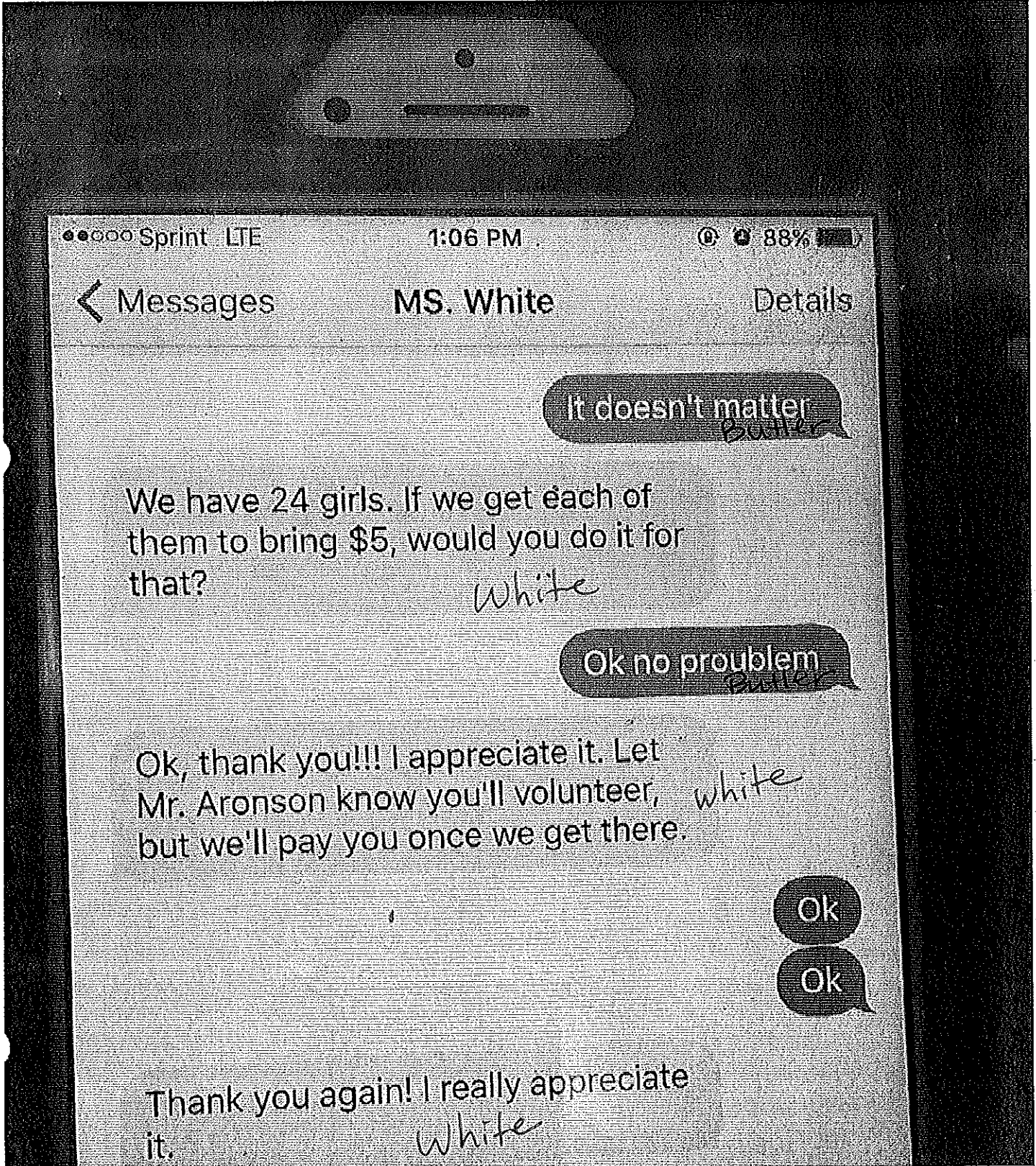
From Cynthia Butler

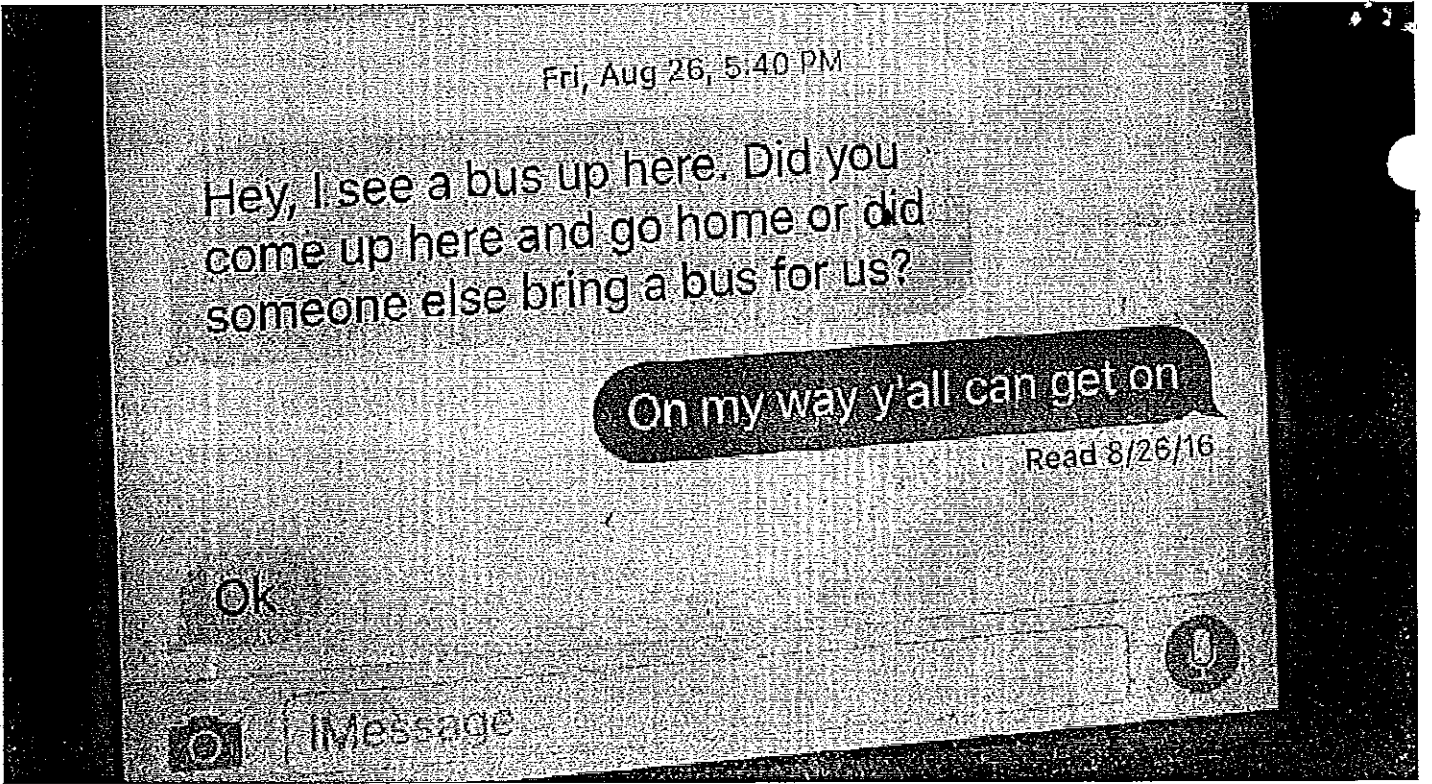
(no subject)
message

To: angelette.green@palmbeachschools.org, tanya.lawson@palmbeachschools.org

Wed, Sep 14, 2016 at 1:38 PM

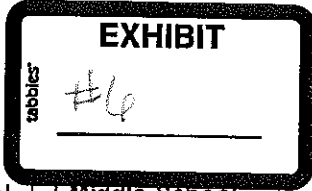
Text messages between White and Butler





T-Mobile

This message was sent to you by a T-Mobile wireless phone.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

16-497

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PANTOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0 <input type="checkbox"/> Overnight trip **		
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL <input checked="" type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

- * No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.
- ** In the event of an overnight trip, students may not be supervised while in assigned rooms.
- *** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).
- + Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	CELL NUMBER	EMERGENCY TELEPHONE NUMBER		
PHYSICIAN NAME [REDACTED]		TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input checked="" type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled		
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student _____ Date _____
 Signature of Parent/Guardian [REDACTED] Date 8-22-16
 Signature of Parent/Guardian [REDACTED] Date _____



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0		<input type="checkbox"/> Overnight trip **
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT* \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	CELL NUMBER	EMERGENCY TELEPHONE NUMBER		
PHYSICIAN NAME [REDACTED]		TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled		
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student

Date

Signature of Parent/Guardian

Date

08/26/16



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School High School

Field Trip Permission/Release

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0 <input type="checkbox"/> Overnight trip **		
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL <input checked="" type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION * FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student travelling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initials) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER [REDACTED]	BUSINESS TELEPHONE NUMBER [REDACTED]	CELL NUMBER [REDACTED]	EMERGENCY TELEPHONE NUMBER [REDACTED]		
PHYSICIAN NAME [REDACTED]	TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input checked="" type="checkbox"/> Beginning <input type="checkbox"/> Skilled			
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific) [REDACTED]				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with travelling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student

Date

Signature of Parent/Guardian

Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School High School
Field Trip Permission/Release

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0 <input type="checkbox"/> Overnight trip **		
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL <input checked="" type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country				NUMBER OF CHAPERONS Male Female 	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION * FOUR CHAPERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

- * No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.
- ** In the event of an overnight trip, students may not be supervised while in assigned rooms.
- *** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).
- + Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER [REDACTED]	BUSINESS TELEPHONE NUMBER [REDACTED]	CELL NUMBER [REDACTED]	EMERGENCY TELEPHONE NUMBER [REDACTED]		
PHYSICIAN NAME [REDACTED]	TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled			
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

[REDACTED] _____
Signature of Emancipated Student Date

[REDACTED] **8/26/16**
Signature of Parent/Guardian Date
[REDACTED] **8/26/16**
Signature of Parent/Guardian Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0		<input type="checkbox"/> Overnight trip **
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT* \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LOGGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER [REDACTED]	BUSINESS TELEPHONE NUMBER [REDACTED]	CELL NUMBER [REDACTED]	EMERGENCY TELEPHONE NUMBER [REDACTED]		
PHYSICIAN NAME [REDACTED]		TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled		
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific) [REDACTED]				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student

Date

Signature of Parent/Guardian

Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0		<input type="checkbox"/> Overnight trip **
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION † FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

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† Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	CELL NUMBER	EMERGENCY TELEPHONE NUMBER		
PHYSICIAN NAME [REDACTED]		TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input checked="" type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled		
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student

Date

Signature of Parent/Guardian

Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0 <input type="checkbox"/> Overnight trip **		
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL <input checked="" type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle, initial) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
TELEPHONE NUMBER [REDACTED]	BUSINESS TELEPHONE NUMBER	CELL NUMBER [REDACTED]	EMERGENCY TELEPHONE NUMBER [REDACTED]		
PHYSICIAN NAME [REDACTED]	TELEPHONE NUMBER	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input checked="" type="checkbox"/> Beginning <input type="checkbox"/> Skilled			
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific) [REDACTED]			MEAL PROVIDED <input type="checkbox"/> By Parent <input checked="" type="checkbox"/> By School		

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student: [REDACTED] Date: 8/26/16
 Signature of Parent/Guardian: [REDACTED] Date: 8/26/16
 Signature of Parent/Guardian: _____ Date: _____



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0		<input type="checkbox"/> Overnight trip **
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL				NUMBER OF CHAPERONS Male Female	
<input checked="" type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country					
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	CELL NUMBER	EMERGENCY TELEPHONE NUMBER		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
PHYSICIAN NAME [REDACTED]		TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled		
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific) N/A				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

08-26-16



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0 <input type="checkbox"/> Overnight trip **		
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial)		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	CELL NUMBER	EMERGENCY TELEPHONE NUMBER		
PHYSICIAN NAME	TELEPHONE NUMBER	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled			
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student _____ Date _____

Signature of Parent/Guardian _____ Date **8/30/16**



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0 <input type="checkbox"/> Overnight trip **		
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL <input checked="" type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER [REDACTED]	BUSINESS TELEPHONE NUMBER [REDACTED]	CELL NUMBER [REDACTED]	EMERGENCY TELEPHONE NUMBER [REDACTED]		
PHYSICIAN NAME [REDACTED]	TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input checked="" type="checkbox"/> Skilled			
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific) [REDACTED]				MEAL PROVIDED <input checked="" type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

Signature of Emancipated Student: [REDACTED] Date: 8-29-16
 Signature of Parent/Guardian: [REDACTED] Date: 8-29-16
 Signature of Parent/Guardian: _____ Date: _____



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible:

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0 <input type="checkbox"/> Overnight trip **		
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initials) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER [REDACTED]	BUSINESS TELEPHONE NUMBER [REDACTED]	CELL NUMBER [REDACTED]	EMERGENCY TELEPHONE NUMBER [REDACTED]		
PHYSICIAN NAME [REDACTED]		TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input checked="" type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled		
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)					MEAL PROVIDED <input checked="" type="checkbox"/> By Parent <input type="checkbox"/> By School

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

[REDACTED] 08/26/16
 Signature of Emancipated Student Date

[REDACTED] 08-26-16
 Signature of Parent/Guardian Date
 [REDACTED] 08/26-16
 Signature of Parent/Guardian Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0		<input type="checkbox"/> Overnight trip **
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT † \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL				<input checked="" type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____				NUMBER OF CHAPERONS Male _____ Female _____	
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION † FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

** In the event of an overnight trip, students may not be supervised while in assigned rooms.

*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/ guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).

† Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial) [REDACTED]		TRIP DESTINATION SEMINOLE RIDGE HIGH SCHOOL			
HOME TELEPHONE NUMBER [REDACTED]	BUSINESS TELEPHONE NUMBER [REDACTED]	CELL NUMBER [REDACTED]	EMERGENCY TELEPHONE NUMBER [REDACTED]		
PHYSICIAN NAME [REDACTED]		TELEPHONE NUMBER [REDACTED]	STUDENT SWIMMING SKILL LEVEL (if applicable) <input checked="" type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginning <input type="checkbox"/> Skilled		
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)				MEAL PROVIDED <input type="checkbox"/> By Parent <input type="checkbox"/> By School	

I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Check here if the student wears a medical alert

[REDACTED]
Signature of Emancipated Student

8/26
Date

[REDACTED]
Signature of Parent/Guardian

8/26
Date

[REDACTED]
Signature of Parent/Guardian

8/26
Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Elementary School Middle School
Field Trip Permission/Release High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to attend this field trip complete the information in Section II. Return the completed *Field Trip Permission* to the teacher named below along with payment* if there is a charge. If this *Field Trip Permission* is not returned, your child will not be permitted to attend. This form must be signed by the parent(s) and student, if over 18 years of age. Both parents should sign if feasible.

SECTION I - TRIP INFORMATION

NAME OF SCHOOL PAHOKEE HIGH SCHOOL		SCHOOL CONTACT JESSICA WHITE		TELEPHONE NUMBER 863-599-0123	
TEACHER JESSICA WHITE		GRADE ALL	TRIP DURATION Number of: Days 1 Nights 0 <input type="checkbox"/> Overnight trip **		
DATE OF DEPARTURE 08/26/2016	DEPARTURE TIME 5:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	DATE OF RETURN 8/26/2016	APPROXIMATE RETURN TIME 11:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		COST PER STUDENT * \$0.00
DESTINATION SEMINOLE RIDGE HIGH SCHOOL <input checked="" type="checkbox"/> In-county <input type="checkbox"/> out-of-county <input type="checkbox"/> out-of-country				NUMBER OF CHAPERONS Male Female	
METHODS OF TRAVEL (check all that apply) <input type="checkbox"/> School Bus <input type="checkbox"/> Private Charter Bus <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Private vehicle*** <input type="checkbox"/> Other (specify) _____					
DRIVER <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Student		LODGING (if applicable)			
PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME					
DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES					

Attach any additional pages, if needed, including any relevant provisions in the student's IEP or 504 plan.

* No penalty of any type will be imposed against the student based upon a failure to pay for the field trip. No student shall be denied the right to participate for failure to pay for the field trip. 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. This request is for a voluntary payment.

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*** Each person transporting the students in a private vehicle must show proof of current automobile liability insurance to the school supervisor and to the parents/guardians of the student traveling in the vehicle upon request. Volunteer drivers are required to carry minimum insurance requirements as specified by FL Statute 627.736 and complete the *School Volunteer Application* (PBSD 0887).


+ Describe the circumstances or times that the students will NOT be supervised by school staff or parents although adult supervisors will be present. Parents are encouraged to ask any questions about supervision on trip.

SECTION II - PARENT / LEGAL GUARDIAN APPROVAL

NAME OF STUDENT (last, first, middle initial)		TRI SI
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	
PHYSICIAN NAME	TELEPHONE	
OTHER STUDENT INFORMATION (allergies, medications, etc., be specific)		

I agree and my child agrees to abide by all rules and safety precautions inherent. I understand that this field trip activity may involve certain of the above chosen method of travel or those associated with the facility obvious or concealed. Any questions which have occurred to me have free choice. My signature acknowledges that I have been informed of the risks of participating. The School District recognizes its responsibility for its current Florida Law, the School Board is not responsible for the negligent, willful, or intentional act of my child and as a result will indemnify and hold me harmless in the event of an emergency, reasonable attempts will be made to contact the child's parents or guardian for the best interests of the child. I authorize emergency medical treatment.

Check here if the student wears a medical alert

9/14/16
Document was blank, but was included in the email attachments


TELEPHONE NUMBER
<input type="checkbox"/> Skilled
<input checked="" type="checkbox"/> By School
In risks are inherent in traveling in open and of my own my child will Based on negligent, negligent. In the event of an emergency acting in trip.

Signature of Emancipated Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Timesheet

Frequently Asked Questions

Butler, Cynthia

Empl ID: 1022771

Job Title: Driver School Bus I

Empl Record: 0

View By: Week

Reported Hours: 38.80 Previous Week Next Week

Date: 08/22/2016 From 08/22/2016 to 08/28/2016

Scheduled Hours: 35.00 Previous Employee Next Employee



Comments	Day	Date	Status	In	Out	In	Out	Punch Total	Time Reporting Code	Quantity	Taskgroup
	Mon	8/22	Submitted	5:28:01AM	10:28:48AM	12:57:55PM	5:04:48PM	9.11			GENERIC
	Tue	8/23	Submitted	5:32:01AM	9:08:04AM	12:59:24PM	5:03:24PM	7.66			GENERIC
	Wed	8/24	Submitted	5:33:56AM	9:00:09AM	12:53:10PM	5:03:59PM	7.81			GENERIC
	Thu	8/25	Submitted	5:30:51AM	8:59:14AM	1:00:34PM		7.50			GENERIC
			Submitted				5:01:29PM				GENERIC
	Fri	8/26	Submitted	5:31:53AM	9:00:06AM			3.48			GENERIC
			Submitted			1:13:02PM		3.41			GENERIC
			Submitted				4:38:33PM				GENERIC
	Sat	8/27	New								GENERIC
	Sun	8/28	New								GENERIC

Submit Clear

Reported Time Summary

Leave and Compensatory Time Balances

Personsize Find First 1 of 1 Last

Plan Type	Plan	Recorded Balance	Minimum Allowed	Maximum Allowed
Leave	Sick	643.50	0	9999

Manager Self Service

Time Management

Elapsed Timesheet

Return to Select Employee

Check in/out time for Butler

Timesheet

[Frequently Asked Questions](#)

der, Cynthia

Empl ID: 1022771

Job Title: Driver School Bus I

Empl Record: 1

*View By:

Reported Hours: 25.25

[Previous Week](#)

[Next Week](#)

*Date: 08/01/2016

Scheduled Hours: 0.00

[Previous Employee](#)

[Next Employee](#)

Reported time on or before 08/19/2016 is for a prior period.

From 08/01/2016 to 08/07/2016

Comments	Day	Date	Status	In	Out	In	Out	Punch Total	Time Reporting Code
	Mon	8/1	New						
	Tue	8/2	Submitted		9:54:27AM		4:05:05PM	6.18	
	Wed	8/3	Submitted		5:36:27AM		9:08:40AM 12:59:50PM 5:00:15PM	7.55	
	Thu	8/4	Submitted		5:36:05AM		5:07:15PM	11.51	
	Fri	8/5	New						
	Sat	8/6	New						
	Sun	8/7	New						

[Report Time Summary](#)

[Leave and Compensatory Time Balances](#)

[Manager Self Service](#)

[Time Management](#)

[Elapsed Timesheet](#)

[Return to Select Employee](#)

*Summer hours
prior to start of school*

Timesheet

Frequently Asked Questions

Butler, Cynthia

Empl ID: 1022771

Job Title: Driver School Bus I

Empl Record: 0

Main

*View By: Week

Reported Hours: 38.21

Previous Week

Next Week

*Date: 08/15/2016

Scheduled Hours: 35.00

Previous Employee

Next Employee

Reported time on or before 08/19/2016 is for a prior period.
From 08/15/2016 to 08/21/2016

Comments	Day	Date	Status	In	Out	In	Out	Punch Total	Time Reporting Code	Qua
	Mon	8/15	Submitted	5:30:09AM	9:03:04AM	1:02:00PM	5:00:45PM	7.51		
	Tue	8/16	Submitted	5:30:22AM				3.63		
			Submitted		9:08:57AM					
			Submitted			1:00:10PM	5:04:14PM	4.06		
	Wed	8/17	Submitted	5:29:21AM	9:05:37AM			3.60		
			Submitted			12:56:37PM	5:00:00PM	4.06		
	Thu	8/18	Submitted	5:28:14AM	8:55:13AM	12:56:47PM	5:02:35PM	7.55		
	Fri	8/19	Submitted	5:31:04AM				3.78		
			Submitted		9:17:05AM					
			Submitted			12:59:07PM		4.01		
			Submitted				5:00:49PM			
	Sat	8/20	New							
	Sun	8/21	New							

Submit Clear

Reported Time Summary

Leave and Compensatory Time Balances

Personalize | Find | First 1 of 1 Last

Plan Type	Plan	Recorded Balance	Minimum Allowed	Maximum Allowed
Leave	Sick	643.50	0	9999

Manager Self Service

Time Management

Elapsed Timesheet

Return to Select Employee

*Main record
Regular work pay*

All Search [icon] Advanced Search [icon] Local Search Results

Home [icon] Add to Favorites [icon] Sign out [icon]

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet

[Frequently Asked Questions](#)

Miller, Cynthia Empl ID: 1022771
 Job Title: Driver School Bus I Empl Record: 1
 View By: Week Reported Hours: 15.95 [Previous Week](#) [Next Week](#)
 Date: 08/08/2016 Scheduled Hours: 0.00 [Previous Employee](#) [Next Employee](#)

Reported time on or before 08/19/2016 is for a prior period.

From 08/08/2016 to 08/14/2016

Comments	Day	Date	Status	In	Out	In	Out	Punch Total	Time Reporting Code
	Mon	8/8	Submitted		5:31:58AM	9:05:45AM	12:59:48PM	7.71	
			Submitted				5:08:34PM		
	Tue	8/9	New						
	Wed	8/10	Submitted		5:31:11AM			3.75	
			Submitted			9:16:00AM			
	Thu	8/11	Submitted		12:45:39PM			4.48	
			Submitted			5:14:27PM			
	Fri	8/12	New						
	Sat	8/13	New						
	Sun	8/14	New						

[Reported Time Summary](#)

[Leave and Compensatory Time Balances](#)

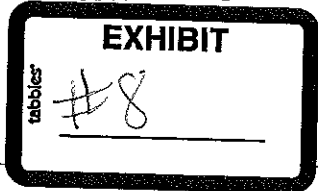
[Manager Self Service](#)

[Time Management](#)

[Elapsed Timesheet](#)

[Return to Select Employee](#)

*Summers hrs.
pd for. Insurance.
Prior to start of school*



I Cynthia Butler
read and agreed to the certified
letter I received on 10/14/2016
Pertaining to the allegations from
[REDACTED] my statement
I made is true - thank you
ms. Cynthia Butler

Date [REDACTED]
~~10/14/2016~~
11/01/2016 [REDACTED]