

2015-16 Educational and Extracurricular Field Trip Procedures Manual

Florida Virtual School



Florida
VirtualSchool

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Strategic Plan 2015 - 2018

The District Strategic Plan represents our commitment to the students of Florida Virtual School. The plan contains five broad goals with action steps under each goal. Data based on the Indicators of Progress will be used to determine our success in meeting each goal. As we developed our new strategic plan, our stakeholder groups asked for fewer, more focused goals with specific actions for each one. The plan was moved from a 5-year plan to a 3-year plan in order to focus on more immediate action and change. It was felt that the 3-year plan would help keep the momentum for change moving forward and allow for adjustments as needed.

The distinctive environment at FLVS is a blended enterprise model of education, industry, and technology. Our success requires leadership who leverages best practices in each of these areas to innovatively develop, deliver, and support curriculum and products and to provide instruction, resulting in students who are prepared for success in future education and employment. With our unique environment in mind, the leadership team, in conjunction with the Board of Trustees, has defined the following Mission, Vision, and Values as drivers in all that we do.

Mission

To deliver a high quality, technology-based education that provides the skills and knowledge students need for success.

Vision

To transform education worldwide
– one student at a time.

Values

Student Focus

- The student is at the center of every decision we make.

Innovation

- We believe in advancing the field
- doing something better and/or different than anyone else. It is how we differentiate ourselves and drives us to be leaders in the industry.

Quality

- We strive to exceed the expectations of the stakeholders we serve.

Integrity

- We conduct all of our business with high ethical standards

Field Trip Request Guidelines and Procedures for In-County and In-State Field Trips

In-county day field trips, and out-of-county day field trips will be approved by the school principal.

Field trips are should not be planned for regularly scheduled semester or nine-week exam dates. Field trips should not be planned for district block-out periods. See page 8 for dates.

The purpose and educational benefits must be in alignment with the FLVS strategic plan (See page 3).

Students and their parents/guardians are to be informed by the field trip sponsor and/or principal/designee that, if field trips are canceled due to security issues, the financial responsibility, beyond what can be reimbursed, will be theirs.

Regarding the FLVS FT Grad Bash Liability/Medical Waiver, use the form on page 13 which requires a notary. It is required that this form be completed and on file for each student who will be participating in this event.

Regarding medication: When the student is away from school property on official school business (such as Grad Bash), and administration of medication is scheduled and/or necessary, the following procedures must be adhered to:

- a. Personnel administering medication must be trained per Florida Statutes.
- b. Medication should be brought in an original container with a copy of the "Authorization to Administer Medication" and "Daily Record of Medications Administered" forms.
- c. Designated personnel on field trips and clinic staff must count pills prior to the field trip and upon return.

A first aid kit and emergency card information should be in the possession of the field trip sponsor during each field trip.

There is not a list of approved vehicles that can be used to transport students. However, Florida Law, 1006.22 Safety and Health of Students Being Transported states in 1.(d) "When the transportation of students is necessary or practical in a motor vehicle owned or operated by a district school board other than a school bus, such transportation must be provided in designated seating positions in a passenger car not to exceed 8 students or in a multipurpose passenger vehicle designed to transport 10 or fewer persons which meets all applicable federal motor vehicle safety standards. Multipurpose passenger vehicles classified as utility vehicles with a wheelbase of 110 inches or less which are required by federal motor vehicle standards to display a rollover warning label may not be used."

Reminders

- The field trip approval form must be signed by the director, principal and student clubs and activities coordinator.
- A detailed budget must be included in the packet.
- A program of the event showing dates must be included in the packet.
- Names and titles of chaperones must be included.
- Duties of chaperones must be included.

Field Trip Criteria

1. **Rigor** - The field trip needs to maintain the same level of curriculum rigor.
2. **Appropriateness** - The field trip must be appropriate to the curriculum.
3. **Fidelity to Instructional Time** - Consider the travel time and the amount of instructional time lost - does time lost balance out with what they are getting out of the experience?
4. **Student Engagement vs. Passive Learning**
5. **Safety** - Consider the following:
 - a. Student Supervision
 - b. Open environment vs. enclosed environment
 - c. Student contact with other adults
 - d. No petting zoos
 - e. No swimming activities

Field Trip Chaperone Guidelines

All chaperones must have a completed volunteer form on file and must be on the cleared district volunteer list.

Your willingness to participate as a chaperone for your child's educational activities is a wonderful opportunity and we know you will understand the importance of following these guidelines.

- An approved Florida Virtual School Volunteer Application must be on file with the volunteer coordinator before a chaperone attends a field trip.
- There will be a minimum of one (1) chaperone to ten (10) students.
- Chaperones will be designated by the teacher and should be 21 or over and on the volunteer list.
- Chaperones will keep the safety of the students in mind at all times.
- Chaperones must drive their own vehicle.
- Chaperones will be responsible for following the field trip procedures as outlined by the teacher.
- Chaperones will refrain from smoking in the presence of students.
- Additional children/siblings cannot accompany chaperones on the field trip.
- Family members not designated as chaperones by the teacher are not allowed on school provided transportation.
- Family members not designated as chaperones by the teacher may not participate in the field trip.

I have read and will abide by the chaperone guidelines.

CHAPERONE'S SIGNATURE

DATE

Block Out Dates

Block out dates are intended to keep students and staff directly impacted by testing in the classroom environment prior to testing.

Block-Out Dates: May 30 – June 9

For FLVS-FT no field trips are permitted the last two weeks of school.

Any modifications to these guidelines must be approved by your Director



Florida Virtual School Application to Volunteer

2145 MetroCenter Boulevard, Suite 100
Orlando, Florida 32835
407-513-3587

PLEASE READ BEFORE COMPLETING.

We are delighted to process this application to volunteer/chaperone with Florida Virtual School. Please complete this application accurately and completely. **Be aware that a background check will be performed to maximize the safety of our students.** In accordance with Florida Statute 119.071(5) we inform you that the collection of your Social Security Number is for completion of the background screening process for FLVS volunteers and it will not be used for any other purpose. You may submit this application to the district office at the address above. Thank you for offering your time, talents and skills to enhance the education of our students.

PLEASE PRINT. FLVS Program: **FLVS Full-Time** or **FLVS Part-Time**

SOC. SEC. #: _____ Mr. Mrs. Ms. Dr.

NAME: _____
LAST FIRST M.I.

MAILING ADDRESS: _____
STREET CITY ZIP

HOME PHONE: (____) _____ WORK PHONE: (____) _____

E-MAIL ADDRESS (optional): _____ FLVS EMPLOYEE: YES NO

DRIVER'S LICENSE: _____ DATE OF BIRTH: _____
STATE NUMBER MONTH/DAY/YEAR

I have been a volunteer for ____ years. Emergency contact: _____ (____) _____
NAME PHONE

I am interested in the following volunteer placements:

Field Trips Other _____

Tutor - Subject

I am available: M T W TH F Times: _____

List career/volunteer experiences, talents, skills or hobbies: _____

Do you have children attending this school? YES NO Relationship to child: Mother Father Grandparent Other

Child(children) Name(s): _____

Teacher(s)/Grade(s): _____

I am a college student applying for volunteer service to meet criteria of a curriculum requirement.
College Name: _____ Professor's Name: _____ Course #: _____

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), entered into a deferred prosecution or pre-trial intervention agreement, or had adjudication withheld in a criminal offense other than a minor traffic violation? (DUI is not a minor traffic violation.) Are there any criminal charges now pending against you? Sealed or expunged records must be reported.

➔ **PLEASE CHECK ONE:** YES NO A "NO" check means "NO" to every statement above.

Failure to answer these questions accurately could result in your being ineligible (to volunteer) with Florida Virtual School. A yes or no answer is required. If you check the yes box, please indicate below or on a separate sheet: date(s) of arrest, where arrested, nature of charge(s) and disposition(s) for each charge. It is a misdemeanor of the first degree for any person willfully, knowingly, or intentionally to fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact used in making a determination as to such person's qualifications for a position of special trust. Please note: If you are in doubt as to whether or not you need to report a charge, please call the Main Office: (407) 513-3587.

WHERE ARRESTED: _____ DATE(S): _____ NATURE OF CHARGE(S): _____

DISPOSITION: _____

By signing, I agree to abide by the policies and/or procedures of Florida Virtual School. I understand that the program reserves the right not to place me or to discontinue the use of my services as a volunteer.

➔ **VOLUNTEER APPLICANT SIGNATURE:** _____ **DATE:** _____

Created: 10/06/2015

Distributed by: FLVS

INTERNAL USE ONLY: Florida Virtual School HR Operations: NAME: _____

____ Volunteer is clear to attend Field Trip ____ Volunteer is not cleared to attend Field Trip

Request for Field Trip Approval

FLVS Program: FLVS Full-Time or Full-Time

Date Submitted: _____

Date(s) of Field Trips: _____

Group: _____

Sponsor: _____

Number of Students: _____ Number of Chaperones: _____ Total: _____

Purpose of Field Trip: _____

Strategic Plan Alignment: _____

Cost Per Student \$ _____

Funds provides by:

Self/Family

Other (explain) _____

Type of Field Trip: _____

What is the provision made for students who cannot afford to attend?

Note: No monies may be collected nor any fund-raising projects begun without prior school board approval.

Parent permission forms are to be signed and on file at the school or site.

Transportation of student to and from field trip is the responsibility of the parent/guardian.

Signature of Principal _____

Date _____

*Created on: 10/06/2015 (EF)
Distributed by FLVS*

Florida Virtual School Field Trip Parent Permission Form

Complete the form in it's entirety. It should be on file at the school/site at least five days prior to departure.

My Son/Daughter _____ (legal name) _____ (student ID)

has permission to participate in _____ (event) on

_____ (date(s)) from _____ A.M./P.M. to _____ A.M./P.M.

at _____ (address)

Cost to student is: \$ _____.

I understand that a parent/guardian is responsible for transporting my child to and from the field trip.

Signature of Principal/Director/Activities Club Coordinator:

Date: _____

PARENT INFORMATION

I realize that the teacher in charge will exercise precaution for the safety of students involved in this event, and I agree to assume full responsibility for any unforeseen accident which might occur during travel or while participating in this program. I further assure that my son/daughter has been instructed to comply with the regulations of the school, teachers, sponsors, and/or chaperones who are in charge of the activity.

Note: Should the field trip be canceled for security reasons, students and their parents/guardians will incur the financial expense beyond what can be reimbursed. Should it become necessary to send my son/daughter home early from this field trip due to inappropriate behavior, I realize that I will incur the financial responsibility of this action.

Parent/Guardian Signature

Date

Home Phone Number

Emergency Phone Number

STUDENT INFORMATION

I realize that it is my responsibility to determine what school work is missed and to complete it outside of regular class time and within the time guidelines set by the teacher. I understand that the Code of Student Conduct shall be applicable for the duration of all field trips.

Student Signature:

Date:

Home Address

Teacher, this form is to be completed and in the appropriate office prior to leaving for the field trip. This field trip has been approved by the principal and/or school board. The student has the right to complete, within the teacher's time schedule, any class work missed, without penalty, due to this field trip.

Block/period	Teacher's signature	Block/period	Teacher's signature	Block/period	Teacher's signature

Florida Virtual School

FLVS FT Grad Bash Liability/Medical Waiver

Name of Student _____ Emergency Phone Numbers _____

FLVS Program: Full-Time

Current School Year _____ Date of Birth _____

Place of Birth _____

For high school students only – I voluntarily choose to participate in one or more school-related activities during the current school year. The School-Related Activities Agreement for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school and Florida High School Athletics Association (FHSA).

Student's Signature

Date

PARENT/GUARDIAN INFORMATION

RELEASE WAIVER OF LIABILITY – I, the undersigned parent/guardian, give permission for the above-named student to participate in any school-related activities. I hereby release, waive, discharge and covenant not to sue Florida Virtual School, its directors, officers, agents and employees all for the purpose hereby referenced as “releases,” for all liability to the above-named student and/or undersigned, for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefore, which the above-named student or I may have against releases arising out of, or in any way connected with, the above-named student’s participation in any school-related activity. The insurance company that covers any medical expenses related to injuries sustained as a result of the above-named student’s participation in any school-related activity follows.

Medical Insurance Company Name _____ Policy # _____

Special Health Care Information (allergies, medications, treatments, etc.)

NOTARY SECTION - This form must be signed in front of a notary and is valid for the current school year. I understand that it is my responsibility to notify the school of any changes to this agreement.

_____(Parent/Guardian
Signature)_____ (Date)

The foregoing instrument was acknowledged before me by (parent/guardian)

_____ who is personally known to me or who has produced (type of ID)

_____ as identification and who executed the foregoing instrument and he/she acknowledged before that he/she executed the same.

School-Related Activities/Field Trip Release

Today's Date: _____

I, _____ hereby accept my student,
_____ into my care and safekeeping. This releases Florida Virtual School from any duty or liability with respect to the transportation of my student to and/or from today's school-related activity/field trip.

Initial one or more:

_____ I will transport my student **to** the school-related activity/field trip.

_____ I will transport my student **from** the school-related activity/field trip.

_____ I give permission for my student to drive him/herself to and from the school- related activity/field trip.

Parent/Guardian Signature

Date

Principal/Designee Signature
(Indicating approval)

Date

Note: All students must be transported to and from the field trip by the parent/guardian. It is the principal's discretion whether or not to allow students to be transported via another means of transportation. If the student is transported via any other means, the parent releases **Florida Virtual School** from any and all liability that may arise as a result of this alternate means of transportation.