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; January1, 2016-Dec. 31, 2018

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), 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

| football team to the away game on August 26, 2016, but the bus was full, which left the |
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| 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 |
| 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 |
| 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, 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, told her that she knew of someone who would volunteer to drive the team to the game, Cynthia Dent. Ms. White stated that she told 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 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

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 . Per Ms. Butler, she received a phone call from her at the 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 Coor | dinator/Dispatcher, |
|------------------------------------|--|
| On September 14, 2016, the OIG cor | nducted an interview with Glendale Bess, |
| | payroll contact). Glendale Bess provided payroll |

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 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,

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

"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 sate: (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.

AFFECTED PARTY REPONSE(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@palmbeachsd

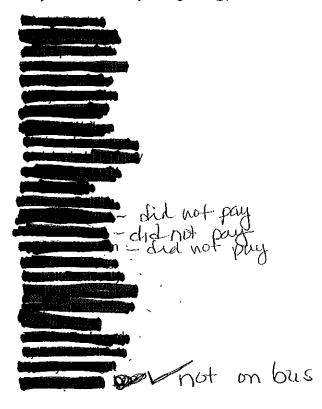
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√arsity Cheerleaders Roster

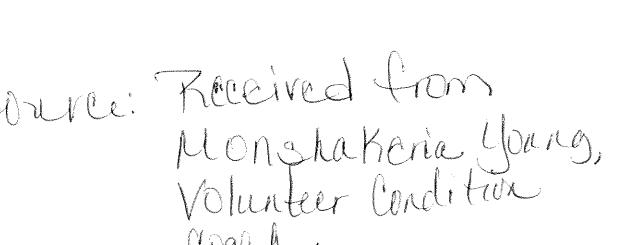
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Jessica White <jessica.white.1@palmbeachschools.org>
To: Cynthia Guerra <cynthia.guerra@palmbeachschools.org>

Wed, Sep 14, 2016 at 5.50 Am



Sent from Gmail Mobile





CICSPRDT screen capture

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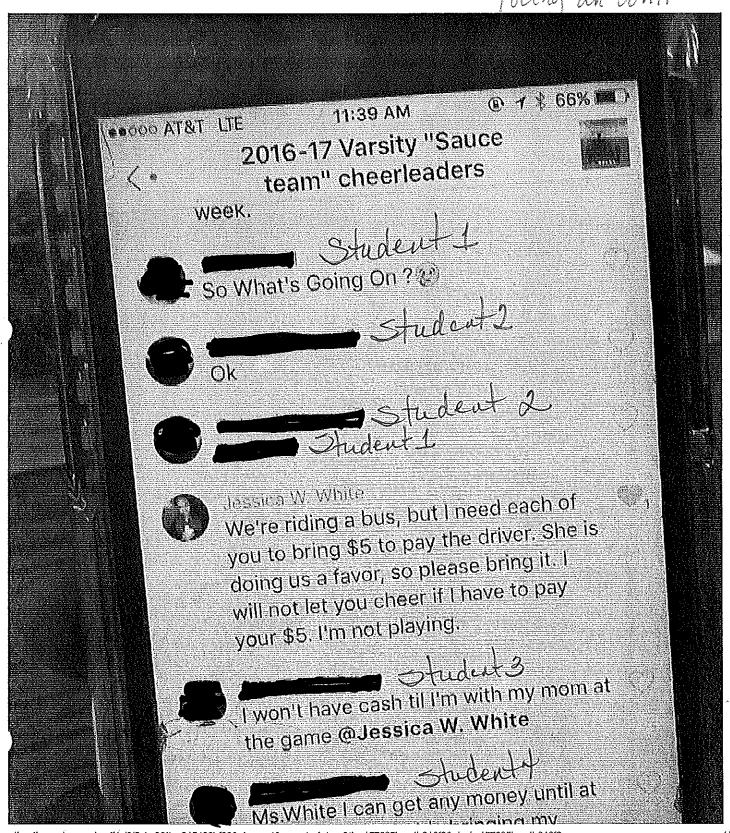
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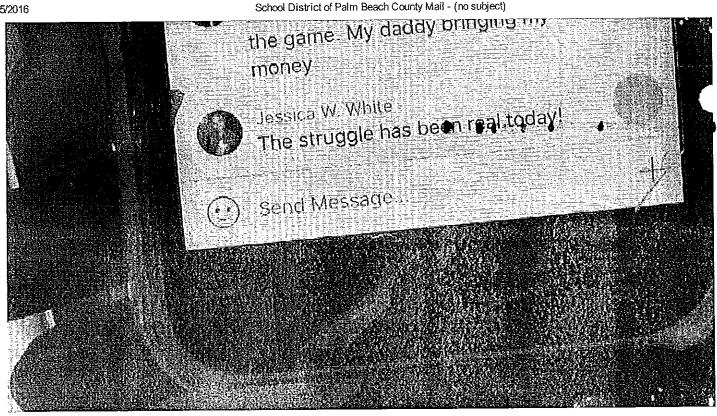
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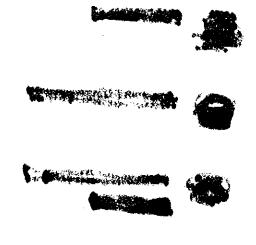
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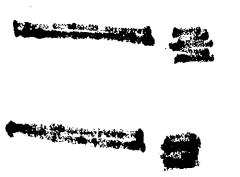




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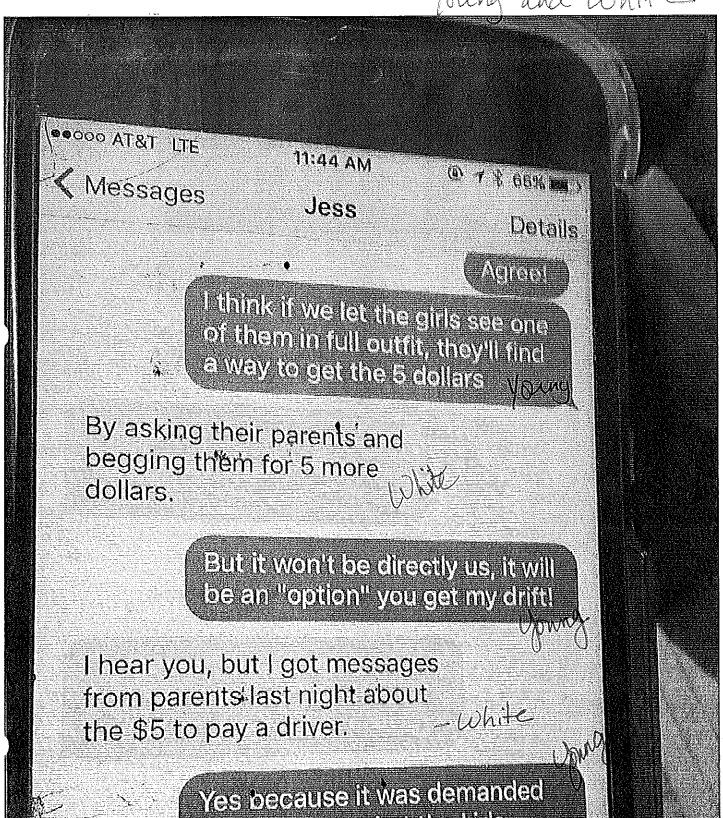


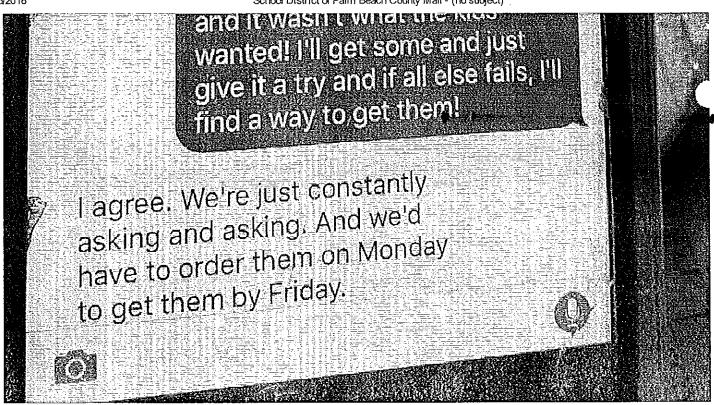
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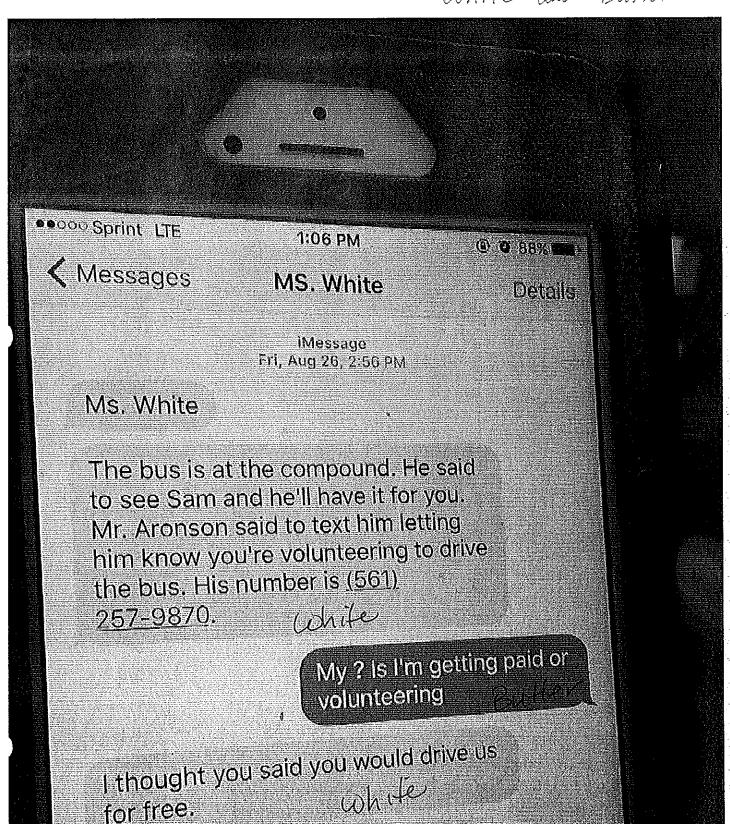
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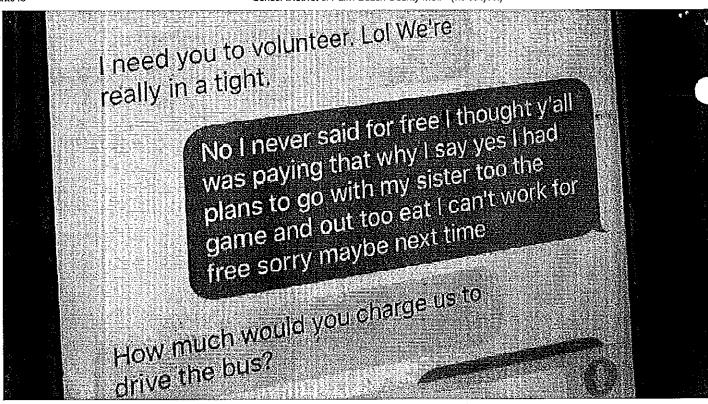
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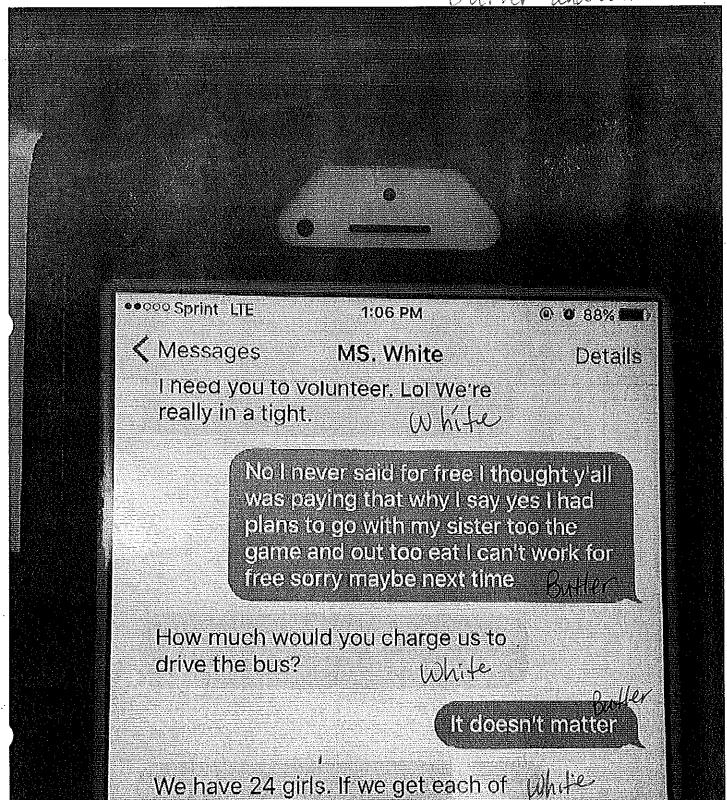
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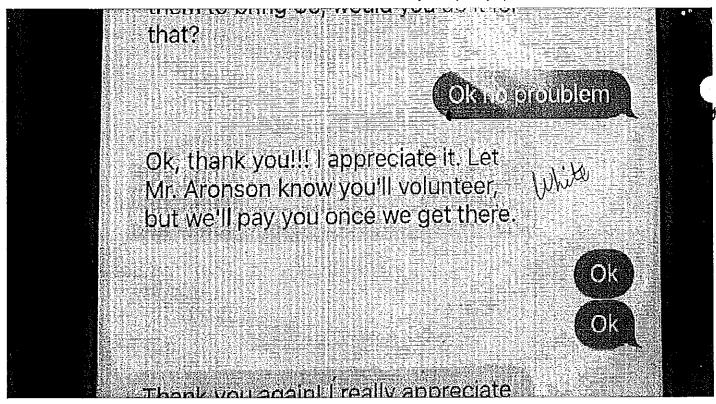
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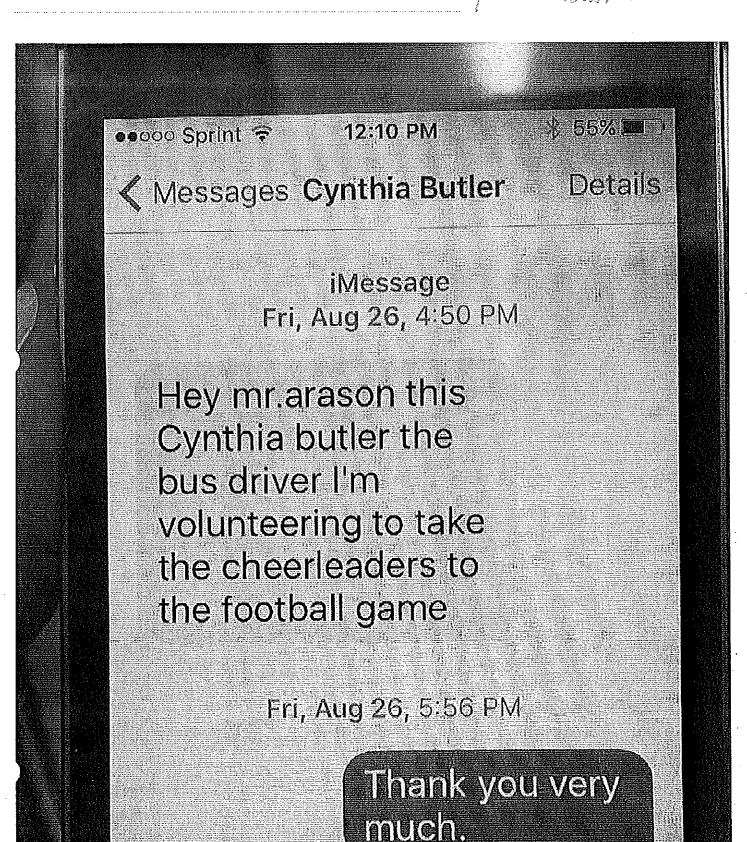
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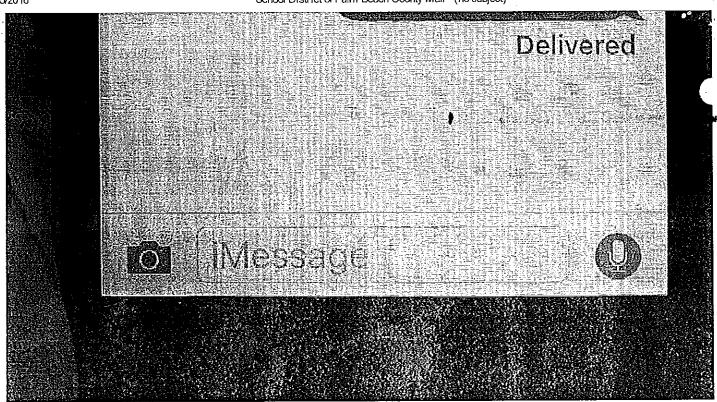
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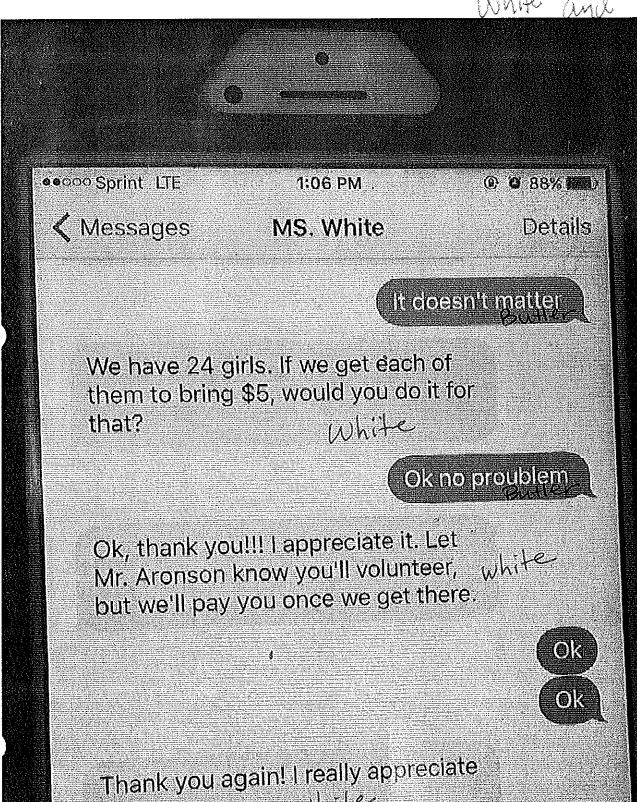
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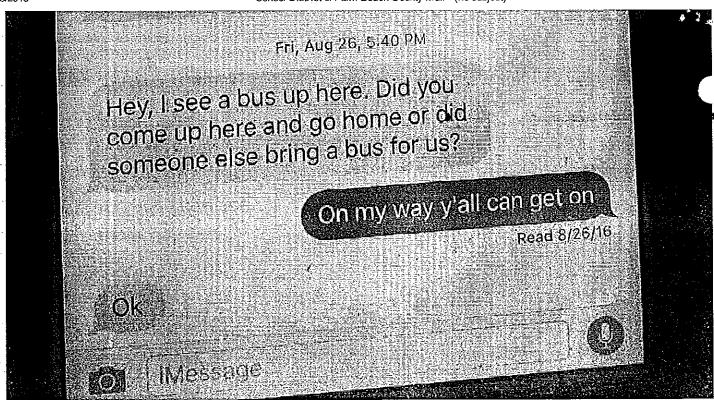
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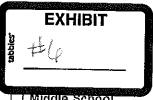


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THE SCHOOL DISTRICT OF PALM BEACH COUNTY | Elementary School | Middle School

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⊠ High School

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| DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES | | | | | | | |
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| OTHER STUDENT INFORMATION (alergies, medications, etc., be specific) | | | NOI! | | MEAL PRO | | By School |
| l agree and my child agrees to abide by all rules and safety preca inherent. I understand that this field trip activity may involve certai the above chosen method of travel or those associated with the factorious or concealed. Any questions which have occurred to me free choice. My signature acknowledges that I have been informe be participating. The School District recognizes its responsibility for current Fiorida Law, the School Board is not responsible for the n willful, or intentional act of my child and as a result will Indemnify event of an emergency, reasonable attempts will be made to conthe best interests of the child. I authorize emergency medical for the child. I authorize emergency medical for the child. | in condilions, hacilities or prophave been ans do fine reason or its negligent egligence of volument haciline parent tact the parent tact the parent. | nazards and perty where it swered to my nably expecte tacts subject of the School and the School artists would it. | totential dang to field trip with satisfaction. It is at his action as to the limits one. If further a color prevent the propertion of prevent the satisfact for the t | ers, including I occur or whe am participati sociated with If Section 768. gree to accep all costs, dam e emergency i | during this those ass ther the d ing in thes the field to 28, Florid t respons ages and health car | s trip certain ociated with angers are se activities ip in which a Statutes. ibility for an attorneys for e provider f | n risks are n traveling in open and of my own my child will Based on y negligent, ees, in the from acting in |
| Signature of Emancipated Student Date | | Signature | of Parent/G | uardian") | | | Date |
| PBSD 0755 (Rev. 10/23/2009) SBP 6Gx50-2.40 | - | Signatur | of/Parent/G | uardian | | - | Dale |



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 not returned, your child will not be permitted to attend.

| ot returned, your child will not be permitted to attend. This forming if feasible. | Must be signed by | no baronda) and | otaconi n eve | • | | |
|--|--|--|--|--|--|--|
| ECTION I - TRIP INFORMATION | | | | Tress | EPHONE NUMBER | - -7 |
| NAME OF SCHOOL | SCHOOL CO | | | IEL | 863-599-0123 | |
| PAHOKEE HIGH SCHOOL | EE HIGH SCHOOL JESSICA WHITE | | | | | |
| TEACHER | 0.4.44 | DURATION | 1 600 | able 0 | Overnight | trin ** |
| JESSICA WHITE | | mber of: Days | | Aires | COST PER STUDE | |
| | DATE OF RETURN | 1 | MATE RETURN | м. 🔀 Р.М | _ | 0.00 |
| 08/26/2016 5:30 ☐ AM 🖾 P.M. | 8/26/2016 | 11: | 00 N | .M. (2) F.80 | UMBER OF CHAPERON | |
| DESTINATION SEMINOLE RIDGE HIGH SCHOOL | ⊠ In-coun | y 🔲 out-of-cou | nty 🗌 out-o | | Male Female | |
| METHOOS OF TRAVEL (check of that apply) School Bus Private Charler Bus Walking X | Private vehicle** | * Other (spec | ily) | | | |
| ORIVER LODGING (Fappscable) Adult Student | | | | | | |
| PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME | | | | | | |
| DESCRIPTION OF SUPERVISION + | | | | | | ļ |
| FOUR CHEERLEADING COACHES | | | | | | |
| Attach any additional pages, if needed, including any relevant p | rovisions in the stu | dent's IEP or 504 | olan. | | | |
| | | | | dent shall be | e denied the right to | |
| participate for failure to pay for the fleto trip. The principal if insufficient funds to cover the cost of the item or activity. The | is request is for a | voluntary paymen | a paravorer me | m based up | on the collection of | |
| a trade of the annual harmon | airead while in accu | ined (COMS. | | | | |
| | | | liability insura | nce to the s | chool supervisor and | lo the |
| tatawa di ba etudant tentaka in ing yeneng 10 | on reduest, volunt | to attacts ore red | rired to carry r | ani mumini | urance requirements | : 85 |
| | | | | tamenton ac | | |
| | OMMERI NUUKGKV | MI DOO VOOLD | | | • | |
| | OMMERI NUUKGKV | MI DOO VOOLD | | | • | |
| specified by FL Statute 627.736 and complete the School vi | olonicei Applicator NOT be supervised | MI DOO VOOLD | | | • | |
| | olonicei Applicator NOT be supervised | MI DOO VOOLD | | | • | |
| specified by FL Statute 627.736 and complete the School via Describe the circumstances or times that the students will in Parents are encouraged to ask any questions about super- | NOT be supervised vision on Irip. | MI DOO VOOLD | | | • | |
| specified by FL Statute 627.736 and complete the School vi | NOT be supervised vision on trip. | MI DOO VOOLD | parents allho | igh adult su | pervisors will be pre | sent. |
| Pascribe the circumstances or times that the students will in Parents are encouraged to ask any questions about super SECTION II - PARENT / LEGAL GUARDIAN APPROVAL. | NOT be supervised vision on Irip. TRIP DESTINATION SEMINOLE I | by <u>school staff or</u> RIDGE HIGH | parents althor | igh adult su | ICAZETE HICHÉ MINTE | sent. |
| * Describe the circumstances or times that the students will in Parents are encouraged to ask any questions about super SECTION II - PARENT / LEGAL GUARDIAN APPROVAL NAME OF STUDENT (1881-501, more fortal) HOME TELEPHONE NUMBER BUSINESS TELEPHONE N | NOT be supervised vision on Irip. TRIP DESTINATION SEMINOLE I | by <u>school staff or</u> RIDGE HIGH | SCHOOL | ewellgen | IDELAISOIS AUII DE DIE | sent. |
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THE SCHOOL DISTRICT OF PALM BEACH COUNTY [Elementary School [Middis

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 a sign if feasible. | must be sign | ied by the pare | ni(s) and stude | at, IT over 18 y | 8 113 G1 S | ier pont barents suonio |
|---|------------------------------|--------------------------------------|---|----------------------------------|------------------------|--|
| SECTION I - TRIP INFORMATION | • | • | | | | <u></u> |
| NAME OF SCHOOL | | OOL CONTACT | ***** | | 1 | ONE NUMBER |
| PAHOKEE HIGH SCHOOL | | SSICA WH | | | | 363-599-0123 |
| TEACHER TEACHER | GRADE | TRIP DURATION Number of: | ſ | Nights | 0 | Overnight trip ** |
| JESSICA WHITE | ATE OF RETU | · | APPROXIMATE F | | | COST PER STUDENT * |
| 08/26/2016 5:30 ☐ A.M. ☒ P.M. | 8/26/ | | 11:00 | AM. X | | \$0,00 BER OF CHAPERONS |
| DESTINATION SEMINOLE RIDGE HIGH SCHOOL | ⊠ In | -county 🔲 o | ul-of-county E | out-of-coun | | - t |
| METHODS OF TRAVEL (check all that apply) School Bus Private Charter Bus Walking X | Private veh | icle*** 🔲 C | Wher (specify) | • | | |
| DRIVER LODGING (1 appsed 50) Adult Student | | | | | | |
| PURPOSE FOR TRIP CHEERING AT FOOTBALL GAME | | | <u></u> - | | | |
| DESCRIPTION OF SUPERVISION + | | | | | | |
| FOUR CHEERLEADING COACHES | | | <u> </u> | | | |
| Attach any additional pages, if needed, including any relevant pro | d ni enoisivo | ne student's lEi | P or 504 plan. | | # t (- | .1. 1th. Johns. |
| * No penalty of any type will be imposed against the student be participate for failure to pay for the field trip. The principal ma- insufficient funds to cover the cost of the item or activity. This | ay forgo a pla | anned activity o | or use of a parti | ns Inebuls on seed meli reluc | an oe de ed upon l | nied the agait to he collection of |
| ** In the event of an overnight trip, students may not be supervi | ised while in | assigned room | ns. | | | |
| *** Each person transporting the students in a private vehicle mup parents/ guardians of the student travelling in the vehicle upon specified by FL Statute 627.736 and complete the School Vol | ist show products. Vo | of of current au olunteer drivers | itomobile ilability are required to | rinsurance to t carry minimur | lhe schoo n insurar | of supervisor and to the ace requirements as |
| Describe the circumstances or times that the students will No Parents are encouraged to ask any questions about supervise. | OT be super | | | <u>s</u> although adt | ilt superv | risors vrill be present. |
| SECTION II - PARENT / LEGAL GUARDIAN APPROVAL | | | | | | |
| MANUE OF STUDENT has for missionist | TRIP DESTINA | TION | | | | |
| | SEMINO! | LE RIDGE | HIGH SCHO | | | |
| HOME TELEPHONE NUMBER BUSINESS TELEPHONE NU | MBER | CELL NUMBER | ? | E),(E) | RGENCY T | ELEPHONE NUMBER |
| PHYSICIAN NAME TELEPI | номе иимве | R • | | WIMMING SKILL | | |
| | | | Non- | swimmer | ∐ Beg | |
| OTHER STUDENT INFORMATION latergies, medications, etc., be specific) | | | | | By F | Parent By School |
| I agree and my child agrees to abide by all rules and safety precinherent. I understand that this field trip activity may involve certain | autions relai | ting to this field | trip activity. I a | m aware that d | iuring thi hose ass | s trip certain risks are cociated with traveling in |
| the above chosen method of travel or those associated with the | facililles or p have been | property where answered to n | the field trip val w satisfaction. I | am participati am participati | mer ine a na in the | sangers are open and se activities of my own |
| free choice. My shoature acknowledges that I have been inform | red of the rea | asonably expe | cleo hazaros as | sociated with t | ne neka t | no an which my calle will |
| ha participation. The School District recognizes its responsibility. | for its nealin | tent acts subie | ct to the kinits o | i Section /08. | 28, FIORC | ia Statutes, based on |
| current Florida Law, the School Board is not responsible for the willful, or intentional act of my child and as a result will indemnify | negligerice (| or volunteer on armless the Sc | vers, Troroner a Incol District for | giee io accept all costs, dam | aces and | l attornevs fees. In the |
| avent of an americancy reasonable attemnts will be made to co- | olact the bar | rent. This woul | a not prevent in | e emergency r | ieaim ca | ie broakter irom schrö iii |
| the best interests of the child, I authorize emergency medical | treatment fo | or my child in | the event of ac | cident or illn | ess duri | ng this field trip. |
| Check here if the student wears a medical alert | | لثليه | | | | |
| | | | | | £4 | |
| Signature of Emancipated Student Date | | Signatu | re of Parent/G | uardian | | Date |
| PBSD 0755 (Rev. 10/23/2009) SBP 6Gx50-2.40 | | Signalu | re of Parent/G | uardian | | Dale |



Field Trip Permission/Release

| | Elementary School | Mia |
|-------------|--------------------------|-----|
| \boxtimes | 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

| sign if feasible, | | | | | • | |
|--|--|--|---|---|--|---|
| SECTION I - TRIP INFORMATION | | | | | | |
| NAME OF SCHOOL | | | 1 | NE NUMBER | | |
| PAHOKEE HIGH SCHOOL | | JESSICA WHITE | | | | 3-599-0123 |
| TEACHÉR " JESSICA WHITE | GRADE | TRIP DURATK | 1 | Nights | 0 | Overnight trip ** |
| | NTE OF RETU 8/26/ | | APPROXIMATE 11:00 | RETURN TIME | | COST PER STUDENT • \$0.00 |
| DESTINATION SEMINOLE RIDGE HIGH SCHOOL | [X] (a | -county 🔲 o | out-of-county [| out-of-coun | • | R CF CHAPERONS Female |
| METHODS OF TRAVEL (check of that apply) School Bus Private Charter Bus Walking X | Private veh | icle*** 🔲 (| Other (specify) | | | |
| DRIVER LODGING (#apptcable) Student | | | | _ | | |
| PURPOSE FOR TAIP CHEERING AT FOOTBALL GAME | | | | | | |
| DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES | | | | | | |
| Attach any additional pages, if needed, including any relevant pro * No penalty of any type will be imposed against the student ba participate for failure to pay for the field trip. The principal may insufficient funds to cover the cost of the item or activity. This ** In the event of an overnight trip, students may not be supervis *** Each person transporting the students in a private vehicle mus parents/ guardians of the student traveling in the vehicle upon specified by FL Statute 627.736 and complete the School Volu + Describe the circumstances or times that the students will NO Parents are encouraged to ask any questions about supervisi | sed upon a y forgo a pla request is sed while in st show prov request. Vo inteer Applio of be super | failure to pay enned activity for a voluntary assigned room of of current activities aution (PBSD C | for the field trip or use of a parti r payment. ms. aton:obile flabilit s are required to 1887), | icular ilem base ly insurance lo i o carry minimun | ed upon the the school s n insurence | e collection of supervisor and to the prequirements as |
| SECTION II - PARENT / LEGAL GUARDIAN APPROVAL | on on up. | | | | | - |
| NAME OF STUDENT (last, first, mode initial). | RIP OESTINA SEMINO! | | HIGH SCHO | OOL | | |
| HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUM | | CELL NUMBE | R . | | | . — |
| OTHER STUDENT INFORMATION (alergies, medications, etc., be specific) | | | 7 | | MEAL PROVI | |
| I agree and my child agrees to abide by all rules and safety precainherent. I understand that this field trip activity may involve certainherent. I understand that this field trip activity may involve certainherent. I understand that this field trip activity may involve certain the above chosen method of travel or those associated with the feodorious or concealed. Any questions which have occurred to me free choice. My signature acknowledges that I have been informe be participating. The School District recognizes its responsibility fourrent Florida Law, the School Board is not responsible for the nitiality, or intentional act of my child and as a result will indemnify event of an emergency, reasonable attempts will be made to conthe best interests of the child. I authorize emergency medical to Check here if the student wears a medical alert. Signature of Emancipated Student Date | In condition acilities or p have been ad of the reason its negligence cand hold hatted the pare | s, hazards and roperty where answered to n sonably experent acts subjet of volunteer drimmless the Scent. This would in Signature Signature. | I potential dang the field trip will ny salisfection. I potential as as at to the limits of vers. I further a hool District for d not prevent the trip of a salisfection of a salisfection of a salisfection. | lers, including t il occur or whet I am participatir sociated with to if Section 768.2 agree to accept all costs, dama the emergency has ceident or illne | hose assocher the danng in these he field trip 28, Florida 3 responsibileges and at ealth care p | iated with traveling in agers are open and activities of my own in which my child will Statutes. Based on lity for any negligent, tomeys fees. In the provider from acting in |
| PBSD 0755 (Rev. 10/23/2009) SBP 6Gx50-2.40 | | Sighatu | ire of Parent/G | auardian | | Date |



Field Trip Permission/Release

| | Elementary School | 🔲 Middle Schoo |
|---|-------------------|----------------|
| X | 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 per sign if feasible. | | | | | | | | | | |
|--|--|---------------------------------|-------------------|-------------------------------------|-------------------|--|--------------------------|-------------------------|----------------------------|--------------------------------|
| SECTION I - TRIP INFORMATION | | | | • | | | | | | |
| PAHOKEE HIGH SCHOOL | - - | | 1 | OOL CONTACT SSICA WH | ute | ! | | TELE | UN BROHP | MBER 19-0123 |
| TEACHER | | GRA | ٠ | TRIP DURATIC | | <u>, </u> | | | 003-37 | 9-0123 |
| JESSICA WHITE | | A | LL | Number of: | Day | _f s l | Nights | 0 | | Overnight trip ** |
| DATE OF DEPARTURE DEPARTUR 08/26/2016 5:30 | етіме Пам. 🗵 Р.М | DATE OF | | RN 2016 | APP | roximate re 11:00 | | X] P.M. | | PER STUDENT* \$0.00 |
| DESTINATION SEMPNOLE RIDGE HIGH S | CHOOL | . [| ⊠ In | county 🔲 o | out-of | county 🗌 | out-of-cou | | iuber of o ale | CHAPERONS Female |
| METHODS OF TRAVEL (check all that apply) School Bus Private Charte | r Bus 🔲 Walking | ⊠ Privat | le veh | icle*** 🔲 C |)ther | (specify) _ | | | | |
| ORIVER Adult Student | i (frappicable) | | | | | | | | • | |
| PURPOSE FOR TRIP CHEERING AT FOOTBALI | GAME | | | | | · | | | | |
| DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING CO | OACHES | | | | | | | | | |
| Attach any additional pages, if needed | f, including any releva | nt provision | s in th | e sludent's lEl | Port | 504 plan. | | | | |
| * No penalty of any type will be imp participate for failure to pay for the insufficient funds to cover the cos | e lield trip. The princip: | al may forgo | a pla | nned activity | or use | e of a particul | | | | |
| ** In the event of an overnight trip, s | • | - | | • | | | | | | |
| *** Each person transporting the stud parents/ guardians of the student i specified by FL Statute 627.736 ar | traveling in the vehicle | upon reque | st. Vo | lunteer drivers | are i | required to ca | | | | |
| Describe the droumstances or time Parents are encouraged to ask are | | | | rised by <u>schoo</u> | l staf | f or parents a | although ac | dult supe | rvisors wil | I be present. |
| SECTION II - PARENT / LEGAL GUA | ROIAN APPROVAL | | | | | | | | | |
| NAME OF STUDENT (last, first, myste initial) | | TRIP DES | | ION LE RIDGE I | HG | H SCHOO | L | | | |
| HOME TELEPHONE NUMBER | BUSINESS TELEPHON | E NUMBER | | CELL NUMBER | | eren er | EM | ERGENCY | TELEPHON | NE NUMBER |
| PHYSICIAN NAME | T | LEPHONE N | UMBER | } | | STUDENT SWI | | | fappicatie) ginning | Skilled |
| OPPERATION (a tergies, | medications, etc., be specif | fic) | | | • | | | MEAL PR | OMDED Parent (| By School |
| I agree and my child agrees to abide to inherent. I understand that this field tri- the above chosen method of travel or | p activity may involve | certain con | ditions | , hazards and | pole | ntial dangers | , including | those as | sociated t | with traveling in |
| obvious or concealed. Any questions three choice. My signature acknowledge | which have occurred to | o me have t | een a | inswered to m | y sali | isfaction. I an | n participal | ling in the | ese activit | ies of my own |
| be participating. The School District recurrent Florida Law, the School Board | cognizes its responsit is not responsible for | oility for its r the neglige | neglige nce of | ent acts subjec I volunteer driv | at to ti rers. | he limits of S I further agre | ection 768 e to accer | .28, Flori at respon | da Statute sibility for | es. Based on any negligent, |
| willful, or intentional act of my child an event of an emergency, reasonable at | tempts will be made to | o contact the | e pare | nt. This would | not p | prevent the e | mergency | health ca | te brovid | er from acting in |
| the best interests of the child. I author | • • | cal treatme | ent for # | r my child in t | 16 6f | vent of accid | jeni∕Or jilr | iess dur | ing this fi | ieid trip. |
| Check here if the student wears a | मान्यस्या ग्रहार | | | | | | | | 2 | 8/ 0%/K |
| Signature of Emancipated Student | | ate | ~ \ | Signatur | e of . | Parent/Gyar | dian | | | Date |

PBSD 0755 (Rev. 10/23/2009) SBP 6Gx50-2.40

Signature of Parent/Guardian

Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY | Field Trip Permission/Release

| Elementary School | ☐ Middle Schoo |
|-------------------|----------------|
| ☑ High School | • |

Permission is requested for your child (student) to go on a fleld 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

| SECTION I - TRIP INFORM | JATION | | | | | | | |
|--|--|---|--|---|---|---|--|---|
| NAME OF SCHOOL | | | | CHOOL CONTACT | | | 1 | ONE NUMBER |
| PAHOKEE HIGH S | CHOOL | | | JESSICA W | | | _ } | 863-599-0123 |
| TEACHER JESSICA WHITE | | _ | GRACE ALI | . Number o | f: Days | 1 Nights | 0 | Overnight trip ** |
| 08/26/2016 | DEPARTURE T 5:30 | іме Пам. 🗵 Ра | DATE OF RE | ETURN 16/2016 | APPROXII. | MALA III AM. | × P.M. | COST PER STUDENT* |
| DESTINATION SEMINOLE RIDGE | | HOOL | [2] | In-county 🗌 | aut-of-coun | y 🗌 out-of-co | | iber of Chaperons le Female |
| METHODS OF TRAVEL (check | vale Charter E | | ⊠ Private | rehicle*** 🗌 | Other (speci | fy) | | |
| DRIVER Adult Student | LODGING (I | fapp(cable) | | | | | | |
| PURPOSE FOR TRIP CHEERING AT FO | | GAME | | | | | | |
| DESCRIPTION OF SUPERMS FOUR CHEERLEA | | ACHES | | | | | | |
| Attach any additional page * No penalty of any type | es, if needed, | including any releva | ent provisions i | n the student's l | EP or 504 p | an. | | |
| participate for failure to insufficient funds to come the funds to come the funds to come the funds to come the funds of t | over the cost o raight trip, stu- ting the studer the student tra | of the item or activity dents may not be so the in a private vehicle aveling in the vehicle | y, This request while works show e woon request | is for a volunta in assigned ro proof of current Volunteer drive | ry payment. oms. automobile li ers are requi | ability insurance | o the scho | ol supervisor and to the |
| + Describe the circumst Parents are encourag | ances or time ed to ask any | s that the students o questions about su | will NOT be su | pervised by <u>sch</u> | col staff or p | arents although a | idult super | visors will be present. |
| SECTION II - PARENT / L | | DIAN APPROVAL | TRIP DEST | | | · · · · · · · · · · · · · · · · · · · | <u></u> | |
| | | | | OLE RIDGI | | | innonvert | TO SELECTION OF SELECTION |
| HOME TELEPHONE NUMBER | 3 | BUSINESS TELEPHO | | CELL MUM | | DENT SWILLIAMS SK | | TELEPHONE NUMBER |
| PHYSICIAN NAME | | | CI EDWAYE NA | | | Alon-swimmer | | inning Skilled |
| OTHER STUDENT INFORMA | NON (atergies, n | nedicacions, etc., be spec | cife) | <u>er et et er</u> | | | MEAL PR | OVICED Parent By School |
| I agree and my child agree inherent. I understand the the above chosen method obvious or concealed. An free choice. My signature be participating. The Scheurrent Florida Law, the Swilful, or intentional act o event of an emergency, in the best interests of the composition. | at this field trip of travel or the y questions which acknowledge col District received the form of th | activity may involve nose associated with hich have occurred is that I have been it cognizes its respons is not responsible for it as a result will inde empts will be made ze emergency me | e certain condinate the facilities to me have be normed of the sibility for its near the negligenermity and help contact the | ilons, hazards a or property whe een answered to reasonably exp gligent acts sub ce of volunteer d harmless the | nd potential re the field to my satisfac pected hazar pject to the fin drivers. I for School Distri | dangers, including will occur or will occur or will occur or will on a sassociated will mits of Section 76 ther agree to accept for all costs, deanthe emergers | g trose as hether the aling in the h the field i8.28, Flori ept respon mages an v health ca | socated whit traveling in deaners are open and the see activities of my own thing in which my child will do Statutes. Based on sibility for any negligent, did attorneys fees. In the are provider from acting in |
| Signature of Emancipa | led Student | · | Date | Signa | turé et par | ent/Guerdian | | Date |
| | | | | | | ent/Guardian | | |



PBSD 0755 (Rev. 10/23/2009) SBP 6Gx50-2.40

THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Field Trip Permission/Release

| | Elementary School |] | Middle | Scho | oi |
|----------|--------------------------|---|--------|------|----|
| \times | High School | | | | |

Date

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 ston if feasible.

| sign if feasible. | | | | | | | | | | | |
|--|--|---|---|--|--|--|---|--|---|--|-----|
| SECTION 1 - TRIP INFOR | MATION | | | | | | | | | | |
| NAME OF SCHOOL | | | | | DOL CONTACT | | | TE | TELEPHONE NUMBER | | |
| PAHOKEE HIGH S | CHOOL | . | | 1 | SSICA WH | | | | 863- | 599-0123 | _ |
| TEACHER JESSICA WHITE | | | A | ADE TRIP DURATION LL Number of: Days 1 Nights | | | | | 0 [| Overnight trip | |
| DATE OF DEPARTURE 08/26/2016 | 5:30 |] A.M. 🔀 P.M. | DATE O | RETUR 8/26/2 | 1 | APPROXIMA 11:00 | TE RETURN TIA | KE Ι. 🔀 Ρ. | М. | ST PER STUDENT • \$0.00 | 1 |
| DESTINATION SEMINOLE RIDGI | HIGH SCHO | OL | | X in | county 🗌 or | ut-of-county | out-of-c | ountry | NUMBER | Female | |
| METHODS OF TRAVEL (check | | ☐ Walking (| ⊠ Priva | te vehi | icle*** 🔲 0 | ther (specify, |) | | | | |
| ORIVER Adult Student | LODGING (# app5 | cable) | | | | | | | | | |
| PURPOSE FOR TRIP CHEERING AT FO | OTBALL GA | ME | | | | | | | _ | | |
| DESCRIPTION OF SUPERVIS | | HES | 111 | | | | | | | | |
| Attach any additional page | s, if needed, inclu | ding any relevant | orovision | ns In Ih | e sludent's IEF | or 504 plai | n. | | | | - |
| * No penalty of any type participate for failure t insufficient funds to co ** In the event of an ove | will be imposed a o pay for the fleld t over the cost of the | gainst the studer dp. The principal item or activity. | nt based o may forg This requ | ipon a o a pla est is f | failure to pay f nned activity o for a voluntary | or the field t r use of a p payment. | rip. No studer | nt shall b based u | e đenied pon the co | the right to election of | |
| *** Each person transport parents/ guardians of specified by FL Statute | ing the students in the student travelin | a private vehicle og in the vehicle u | must sho pon requ | wrprod est. Vo | of current audunteer drivers | are required | oility insurance d to carry min | e to the s imum ins | sntauca te | ervisor and to the quirements as |) |
| + Describe the circumst Parents are encourage | ances or times tha ed to ask any ques | t the students wil stions about supe | l NOT be rvision or | supen 1 trip. | ised by <u>schoo</u> | I staff or par | <u>ents</u> although | ı adull sı | pervisors | will be present. | |
| SECTION II - PARENT / L | EGAL GHARDIAN | J APPROVAL | | | | | | | | | _ |
| NAME OF STUDENT 1861, fich | | TAN TROVAL | TRIPOS | | ion E RIDGE I | HIGH SC | HOOL | · | <u> </u> | | |
| Presidente Marien SE | BUSI | NESS TELEPHONE | _i | | CELL NUMBER | | | EMERGE) | CY TELEP | HONE NUMBER | - |
| PHYSICIAN NAME | | TEL | EPHONE) | VUXBER | <u>N. 22.4 (24.4)</u> R | 1 | NT SWILWING S On-Swimmer | | er (d approx Beginning | | |
| OTHER STUDENT INFORMAT | ION (alergies, medica | ions, etc., be specific |) | | | | | | L PROMOE By Paren | t 🕢 Sy School | |
| agree and my child agree inherent. I understand the the above chosen method obvious or conceated. Any free choice. My signature be participating. The Sche current Florida Law, the Swillful, or intentional act of event of an emergency, rethe best interests of the concept of the standard of the concept of the standard of the concept of the standard o | t this field trip active of travel or those of travel or those of questions which acknowledges that the coordinate of th | rity may lavoive c associated with thave occurred to thave occurred to thave been info zes its responsible responsible for the result will indem s will be made to mergency media | ertain con the facilities me have ormed of it lity for its the negliganity and it contact the | nditions as or pr been a he reas negliga ence of nold ha ne pare | s, hazards and roperty where to an armount of the consideration of the c | potential da he field trip y satisfactio ted hazards t to the limit ers. I furthe nool District not prevent | ingers, includ will occur or v n. I am particl associated w Is of Section in er agree to act for all costs, of the emergen | ing those whether I pating in tith the fi 768.28, F cept resp lamages icy healt | e associal the dange i these ac eld trip in Florida Sta ponsibility i and attor h care pro | ed with traveling is are open and livities of my own which my child withes. Based on for any negligent neys fees, In the wider from acting | ill |

Signature of Parent/Guardian



Field Trip Permission/Release

| ☐ Elementary School | Middle School |
|---------------------|---------------|
| X 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.

| origin it leasinie. | | | | | |
|--|---|---|--|---|---|
| SECTION I - TRIP INFORMATION | | | | | |
| NAME OF SCHOOL | | ECOLONIACI | | l . | ONE NUMBER 63-599-0123 |
| PAHOKEE HIGH SCHOOL | ,,,, | ESSICA WHITE | | | 03-377-0123 |
| JESSICA WHITE | GRADE ALL | Number of: Days | 1 Nights | 0 | Cvernight trip ** |
| DATE OF DEPARTURE TIME | DATE OF REI | | MATE RETURN TIME | 1 014 | COST PER STUDENT * \$0.00 |
| 3377 | м. 🖾 Р.М. 8/20 | 5/2016 11: | 00 A.M. 🛚 | · | BER OF CHAPERONS |
| DESTINATION SEMINOLE RIDGE HIGH SCHOOL | , X | In-county 🗌 eut-of-cour | nty 🔲 out-of-count | 3 | 1 |
| METHODS OF TRAVEL (check all that apply) School Bus Private Charter Bus | Walking ⊠ Private ve | ehicle*** Other (spec | ify) | | |
| DRIVER CODGING (1 applicable) Adult Student | | | | | |
| PURPOSE FOR TRIP | | | | | |
| CHEERING AT FOOTBALL GAME | | | · | , | |
| DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING COACHES | 3 | | | | |
| Attach any additional pages, if needed, including | any relevant provisions in | the student's IEP or 504 p | lan. | | |
| * No penalty of any type will be Imposed again participate for failure to pay for the field trip. insufficient funds to cover the cost of the iter | nst the student based upon The principal may forgo a p | a failure to pay for the fiel planned activity or use of a | d trip. No student sh a particular item base | all be der ed upon ti | nied the right to ne collection of |
| ** In the event of an overnight inp, students ma | ay not be supervised while | in assigned rooms. | | | |
| *** Fech person transporting the students in a n | rivate vehicle must show or | roof of current automobile | lability insurance to | lhe schoo | l supervisor and to the |
| parents/ guardians of the student traveling in specified by FL. Statute 627,736 and complet | i the vehicle upon request." The School Volunteer App | Volunteer drivers are requ nilcation (PBSD 0887). | fred to carry minimur | n insurani | ce requirements as |
| + Describe the droumstances or times that the Parents are encouraged to ask any question | e students will NOT be sup as about supervision on trip | ervised by <u>school staff or </u>). | <u>parents</u> although adu | ılt supervi | isors will be present. |
| SECTION II - PARENT/LEGAL GUARDIAN AI | | | | | |
| NAME OF STROENT last first middle lasted | TRIP DESTIN | IATION OLE RIDGE HIGH S | CHOOL | | |
| HOME TELEPHONE NUMBER BUSINES | S TELEP ONE NUMBER | CEIT MINNEED | | RGENCY T | ELEPHONE NUMBER |
| × | | | J. J. | | |
| SHASICIAN DATIE | TELEPHONE HULL | Sπ SπU | DENT SWILLLING SKILL Non-swimmer | .tevet <i>(a a</i> ∐38egii | |
| | | | | MEAL PRO | |
| OTHER STUDENT INFORMATION (alergies, medications | Helc, be specific) | | | | arent By School |
| I agree and my child agrees to abide by all cless inherent. I understand that this field trip activity the above chosen method of travel or those ass obvious or concealed. Any questions which hav free choice. My signature acknowledges that I be participating. The School District recognizes current Florida Law, the School Board is not reswillful, or intentional act of my child and as a resevent of an emergency, reasonable attempts with best interests of the child. I authorize emer | may involve certain condition colored with the facilities or the cocurred to me have been ave been informed of the rist responsibility for its neg sponsible for the negligence but will indemnify and hold lil be made to contact the pagency medical treatment. | ons, hazards and potential r property where the field it en answered to my satisfac reasonably expected haza aligent acts subject to the li- e of volunteer drivers. I fu harmless the School Distrivarent. This would not crev | i dangers, including in the participation of the participation of the participation of the participation of Section 768. The ragree to accepicate for all costs, damnent the emergency of the participation of the particip | nose assither the d ng in thes he field tr 28, Florid tresponsi ages and nealth car | ocates with develling in angers are open and the activities of my own ip in which my child will a statutes. Based on billity for any negligent, attorneys fees, in the e provider from acting in ing this field trip. |
| | <u>.</u> | | | | 08-26- |
| Signature of Emancipated Student | Date | Signature of Par | ent/Guardian | | Dale . |
| DDCD 0755 (Day 10/23/2009) SBP 6Gy5 | 60-2.40 | Signature of Par | ont/Quardian | _ | Date |



Field Trip Permission/Release

| | Elementary School | Middle | Schoo |
|---|-------------------|--------|-------|
| X | High School | | |

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| SECTION I - TRIP INFORMATION | | | | | | | |
|---|--|--|---|---|---|--|--|
| NAME OF SCHOOL | | 4 | HOOL CONTACT | | | | IONE NUMBER |
| PAHOKEE HIGH SCHOOL | | | ESSICA WH | | | | 363-599-0123 |
| TEACHER JESSICA WHITE | | GRADE ALL | TRIP DURATE Number of: | 1 | Nights | 0 | Overnight trip ** |
| 08/26/2016 DEPARTURE 08/26/2016 5:30 | ETIME AM. X P.M. | DATE OF RET | URN /2016 | APPROXIMATE RI | ETURN TIME | P.M. | COST PER STUDENT * \$0.00 |
| DESTINATION SEMINOLE RIDGE HIGH S | CHOOL | [X]] | n-county 🔲 o | out-of-county | out-of-coun | NUM | BER OF CHAPERONS e Female |
| METHOOS OF TRAVEL (check of that apply) School Bus Private Charter | | ———— ⊠ Private ve | - | Other (specify) | | 1 | V (1,1010 |
| _ | (d app kable) | | | | : | | |
| PURPOSE FOR TRIP CHEERING AT FOOTBALL | . GAME | _ | | | | | : |
| DESCRIPTION OF SUPERVISION + FOUR CHEERLEADING CO | | | | | | | |
| Atlach any additional pages, if needed | , including any relevan | | | | | | |
| * No penalty of any type will be importable for failure to pay for the insufficient funds to cover the cost | e field trip. The principa | al may forgo a p | lanned activity | or use of a partic | Vo student sh ular item base | all be de ed upon l | nied the right to he collection of |
| ** In the event of an overnight trip, st | tudents may not be su | pervised while i | n assigned roor | ns. | | | |
| *** Each person transporting the stude parents/ guardians of the student t specified by FL Statute 627.736 an | raveling in the vehicle | upon request. V | olunteer driver: | s are required to o | insurance to l carry minimun | the schoo n insuran | of supervisor and to the ace requirements as |
| Describe the circumstances or time. Parents are encouraged to ask and. | es that the students w | ill NOT be supe | rvised by <u>scho</u> c | | although adu | ılt supen | risors will be present. |
| SECTION II - PARENT / LEGAL GUA | RDIAN APPROVAL | | | | | | |
| NAME OF STUDENT (last, East, middle Intal) | | TRIP DESTINA | | | | | |
| | | | | HIGH SCHO | | , | |
| HOME TELEPHONE NUMBER | BUSINESS TELEPHONI | E NUMBER | CELL NUMBE | R | EMEI | RGENCYT | ELEPHONE NUMBER |
| PHYSICIAN NAME | TE | LEPHONE NUMBI | ER | l — | AUAYING SKILL WIMMET | LEVEL (# | |
| OTHER STUDENT INFORMATION (allengles, | medications, etc., be specif | Fo) | | | | MEAL PRO | MIDED Parent By School |
| I agree and my child agrees to abide to inherent. I understand that this field trithe above chosen method of travel or obvious or concealed. Any questions free choice. My signature acknowledge participating. The School District recurrent Florida Law, the School Board wilful, or intentional act of my child are event of an emergency, reasonable a the best interests of the child. I autho Check here if the student wears a | ip activity may involve those associated with which have occurred to use that I have been interested it is not responsible for as a result will inder itempts will be made to rize emergency media medical alert | certain condition the facilities or one have been formed of the repility for its neglithe negligence maify and hold to contact the paical treatment if | ns, hazards and property where a naswered to ne assonably experigent acts subjet of volunteer driparmiess the Sourent. This would | I potential dange the field trip will ny satisfaction. I a cted hazards ass ct to the limits of vers. I further as thool District for a d not prevent the | rs, including to occur or whele am participation ociated with the Section 768.2 pree to accept all costs, dama emergency h | hose ass her the c ng in the he field to 28, Floric t respons ages and tealth car | incialed with traveling in langers are open and se activities of my own rip in which my child will la Statutes. Based on ibility for any negligent, altorneys fees, in the re provider from acting in this field trip. |
| Signalure of Emancipated Student | | Oate | S | | | | ' Dale |
| PRSD 0755 (Rev. 10/23/2009) S | BP 6Gx50-2,40 | | Signals | re of Parent/Gu | iardian | | Date |



THE SCHOOL DISTRICT OF PALM BEACH COUNTY Field Trip Permission/Release

☐ Elementary School☐ Middle School☐ High School

Permission is requested for your child (student) to go on a field trip. To give permission for your child to altend 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 wi sign if feasible. | ill not be permitted to atte | end. This form | must be sign | ed by the pare | ent(s) and stu | ident, if over 18 | years of a | ge. Both p | parents should |
|---|--|--|---|---|---|--|---|--|---|
| SECTION I - TRIP INFOR | MATION | | • | | | | | | |
| NAME OF SCHOOL | a a ricor | | 1 | CONTACT | iteres. | • • | | 863-599 | |
| PAHOKEE HIGH : | SCHOOL | | JE: | SSICA WH | | | | 903-355 | 0123 |
| JESSICA WHITE | | | ALL | Number of: | | 1 Nights | 0 | | remight trip ** |
| DATE OF DEPARTURE 08/26/2016 | DEPARTURE TIME 5:30 A& | i, [X] P.M. | ATE OF RETUI | | APPROXIMAT 11:00 | TE RETURN TIME | Х РМ. | COST PE | \$0.00 |
| DESTINATION SEMINOLE RIDG | E HIGH SCHOOL | | X r - | county 🔲 c | out-of-county | | געא | BER OF CH | APERONS emale |
| METHODS OF TRAVEL (check | ralithat applyj ivate Charter Bus | Walking ⊠ | Private veh | cle*** 🔲 (| Other (specify) | | | | |
| oriver ☑ Adult ☐ Student | LODGING (d applicable) | | | | | | | | |
| PURPOSE FOR TRIP CHEERING AT FO | OTBALL GAME | | | | | | | | |
| DESCRIPTION OF SUPERVIS FOUR CHEERLEA | | | | | | | | | |
| Attach any additional pag- | es, if needed, including a | any relevant pro | visions in th | e student's IE | P or 504 plan | l. | | | |
| participate for failure insufficient funds to o | e will be imposed agains to pay for the field trip. Ti over the cost of the item | he principal ma or activity. This | y forgo a pla request is f | nned activity of or a voluntary | or use of a pa payment. | ip. No student s articular item ba | ihall be de sed upon i | enied the d the collect | ght to ion of |
| ** In the event of an ove | | | | | | | | | |
| *** Each person transpor parents/ guardians of specified by FL Statut | ting the students in a priv the student traveling in the e 627.736 and complete | he yehide upor | i request. Vo | lunteer drivers | periuper ers | ility insurance to I to carry minim | the scho Im insurar | ol supervis ace require | or and to the ements as |
| | lances or times that the s led to ask any questions | | | rised by <u>scho</u> c | ol staff or pare | <u>ents</u> although ad | dúlt supen | visors will | be present. |
| SECTION II - PARENT / I | EGAL GUARDIAN APF | ROVAL | | | • | | • | | |
| NAME OF STUDENT dest, fire | , midde initial | | RIP DESTINAT SEMINOL | ION LE RIDGE I | HIGH SCI | HOOL | | | |
| HOME TELEPHONE NUMBER | R O SUSINESS | TELEPHONE NUI | JBER. | CELL NUMBER | ₹ ************************************ | EM | ERGENCYT | ELEPHONE | NUMBER |
| PHYSICIAN NAME | | TELEPI | ONE NUMBER | | | n-syimmer | | app:cable) inning | Skilled |
| OTHER STUDENT INFORMA | TION (allergies, rpedications, a | ic, be specific) | <u></u> | es, eren <u>, ,</u> | / | | WEAL PRO | over C | By School |
| I agree and my child agre inherent. I understand that the above chosen methox obvious or concealed. An free choice. My signature be participating. The Sch- current Florida Law, the So willful, or intentional act event of an emergency, of the best interests of the co | at this field trip activity mand of travel or those associated the acknowledges that I have concluded to the acknowledges that I have acknowledges to the acknowledges that I have acknowledges to the acknowledges that I have acknowledges the acknowledges that I have the acknowledges that I have acknowled | ay involve certa stated with the foccurred to me we been informed a responsibility consible for the r it will indemnify be made to con ency medical t | in conditions acilitles or properties of the read for its negligates of and hold ha at act the pare | i, hazards and operty where onewered to me sonably expected to the sonably expected to the solunteer drimless the Scent. This would | I potential dat the field trip v satisfaction cted hazards ct to the limits vers. I furthe hool District (I not prevent | ngers, including will occur or who to learn participa associated with s of Section 768 r agree to accep for all costs, dan the emergency | those assether the country the field to the | sociated w dangers ar se activitie rip in whice da Statutes dibility for a dattorneys re provider | ith traveling in e open and s of my own h my child viil s. Based on my negligent, i fees. In the r from acting in |
| L_l-Gheek here it the stu | dent wears a medical ale | 1 | 29-1 | | | | | | 8-29- |
| Signature of Emancipa | led Student | Date | • | Signatu | re of Perent | /Guardian | | | Date |

PBSD 0755 (Rev. 10/23/2009) SBP 6Gx50-2.40

Signalure of Parent/Guardian

Date



Field Trip Permission/Release

| ☐ Elementary School | Middle School |
|---------------------|---------------|
| X Uigh Cahaai | |

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:

| sign if feasible. | | | | | | | | | | | |
|--|---|--|--------------------------------|-------------------------|-----------------------|--|---------------------------|-------------------------------|---|--|--------------|
| SECTION I - TRIP INFOR | MATION | | | | | | • | | | | • |
| NAME OF SCHOOL | | | | SCH | COL CONTACT | | | | l l | ONE NUMBER | |
| PAHOKEE HIGH SCHOOL | | | | JESSIÇA WHITE 863-599-0 | | | | | 363-599-0123 | | |
| TEACHER | | | GR/ | | TRIP DURATK | | 1 | VH 14 | 0 | | , , |
| JESSICA WHITE | T = = = = = = = = = = = = = = = = = = = | | | LL | Number of: | • | ···· | Nights | | Overnight to | |
| 08/26/2016 | DEPARTURE 5:30 | TIME A.M. 🔀 P. | M. DATE OF | 8/26/ | | APPROXI | | TURN TIME | • | COST PER STUDEN \$0. | 00 |
| DESTINATION SEMINOLE RIDGE | E HIGH S | CHOOL | [| X In | county 🔲 o | out-of-cou | nty 🗌 | out-of-coun | | BER OF CHAPERONS e Female | |
| METHODS OF TRAVEL (check | | Bus Walking | X Prival | le veh | icle*** 🔲 (| Other (spec | ily) _ | | | | |
| oriver Adult Student | | (đapçCcable) | | | | | | | | | |
| PURPOSE FOR TRIP CHEERING AT FO | OTBALL | GAME | | _ | | | | | | | |
| DESCRIPTION OF SUPERMS | | ACHES | ····· | | · · · · · · | | | | ••• | | |
| Allach any additional page | es, if needed, | including any relev | ant provision | s in th | e student's lE | P or 504 p | olan. | | | | |
| No penalty of any type participate for failure t insufficient funds to co | to pay for the | field trip. The princip | pal may forge | o a pla | nned activity | or use of a | a particu | o student sh lar item basi | all be de ed upon t | nled the right to he collection of | |
| ** In the event of an ove | might trip, str | ıdenis may not be s | upervised w | hile in | assigned roor | ns. | | | | | |
| *** Each person transport parents/ guardians of specified by FL Statute | the student to | aveling in the vehicl | e upon reque | est. Vo | lunteer drivers | s are requi | liability in ired to c | arry minimur | the schoo n insuren | ol supervisor and to ce requirements as | the i |
| + Describe the circumst Parents are encourag | | | | | rised by <u>schoo</u> | ol staff or p | parents | although adu | alt superv | isors will be presen | it |
| SECTION II - PARENT / L | EGAL GHAI | | | | | | | | | | |
| MALIE OF STLIDENT flast first | | TODALL MOANE | TRIP DE | STINAT | TON | | | | | | |
| 10.00 | | | | | E RIDGE | HIGH S | CHOC |)L | | | |
| HOME TELEPHONE NUMBER | | BUSINESS TELEPHO | NE NUMBER | | CELL NUMBER | 8 | | EME | RGENCY T | ELEPHONE NUMBER | |
| The second secon | arana Ar | · | | | | i grae grae grae <u>La composit</u> or de | | | d de la | raine. <u>Paramana artigopolis</u> | |
| PHYSICIAN NAME | | 1 | ieredhone n | UMBER | | SIJ. | dent sk _Non-sv | ikwike skitt Ammer | | appicable) nning 🔲 Skilla | ed |
| OTHER STUDENT INFORMAT | NON (alergies, r | nedications, etc., be spe | cific) | | | | | | MEAL PRO By P | | 1001 |
| I agree and my child agre | es lo abide b | v all rules and salet | v precautions | | og to this field | trio activi | lv. Lam | aware that d | luring this | s trio certain risks as | re. |
| inherent. I understand tha | it this field trip | activity may involve | e certain con | ditions | s, hazards and | l potential | dangers | s, including t | hose ass | ociated with travelin | ng in |
| the above chosen method | | | | | | | | | | | |
| obvious or concealed. An free choice. My signature | | | | | | | | | | | |
| be participating. The Scho | ool District rea | cognizes its respons | ibility for its a | negliga | ent acts subje | ct to the li | mils of S | Section 768.3 | 28, Florid | a Statutes. Based o | าก |
| current Florida Law, the S | School Board | is not responsible fo | or the neglige | nce of | f volunteer dri | vers. 1 fur | ther agr | ee to accept | respons | bility for any neglig | ent, |
| willful, or intentional act of event of an emergency, re | i my child and | l as a result will inde | emnify and h | old ha | miless the Sci | nooi Distri | ict for all | costs, dami | ages and | attorneys fees, in t | he ina la |
| the best interests of the c | nosunavie au hild. I author | omple will be made ze emergency med | ao contact in dical trealma | ent for | r my child in | inot previ | of acci | dent or lilne | ess durir | e provider nom aco io t his t ield trio. | เผิน |
| Check here if the shur | | - • | | | | | | | | | |

PBSD 0755 (Rev. 10/23/2009) SBP 6Gx50-2,40

Signature of Emancipated Student



Field Trip Permission/Release

| ☐ Elementary School | ☐ Middle Schoo |
|---------------------|----------------|
| ⊠ 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 skin if feasible.

| sign ir reasible. | | | | | | | |
|--|------------|---|--|---------------|------------------|-----------------------|--|
| SECTION I - TRIP INFORMATION | | | | | | | |
| NAME OF SCHOOL | SCH | TOOL CONTACT | | | TELEPHONE NUMBER | | |
| PAHOKEE HIGH SCHOOL | Æ | JESSICA WHITE | | | 863-599-0123 | | |
| | GRADE | TRIP DURATIO | ж . | | | | |
| JESSICA WHITE | ALL | Number of: | Days 1 | Nights | 0 | Overnight trip ** | |
| | OF RETU | | APPROXIMATE RET | | | COST PER STUDENT ' | |
| 08/26/2016 5:30 ☐ A.M. 🖾 P.M. | 8/26/ | 2016 | 11:00 | AM 🗵 | | \$0.00 | |
| DESTINATION SEMINOLE RIDGE HIGH SCHOOL | [Z] 1- | م 🗖 بامینت | | and of annual | | BER OF CHAPERONS | |
| | | -county 🔲 o | out-of-county 🗌 | out-of-count | ry Male | Female | |
| METHODS OF TRAVEL (check at that apply) School Bus Private Charter Bus Walking Private Charter | vale veh | icle*** 🔲 🤇 | Other (specify) | | | | |
| DRIVER LOOGING (dapp(cabbs) | 14(0 10) | | | | | | |
| Adult Student | | | | | | | |
| PURPOSE FOR TRIP | | | | | | | |
| CHEERING AT FOOTBALL GAME | | | | | | | |
| DESCRIPTION OF SUPERVISION + | | | | | | | |
| FOUR CHEERLEADING COACHES | | | | | | ! | |
| Attach any additional pages, if needed, including any relevant provisi | ione in th | o etudant'e iEi | P or FM alan | | | | |
| | | | • | براد المحادث | all ha dan | alad the right to | |
| * No penalty of any type vill be imposed against the student based participate for failure to pay for the field trip. The principal may for | | | | | | | |
| insufficient funds to cover the cost of the item or activity. This rec | | | | or Rom Gage | a apon a | 0 00000001101 | |
| ** In the event of an overnight trip, students may not be supervised | - | • | | | | | |
| *** Each person transporting the students in a private vehicle must s | | • | | surance to ti | ne school | supervisor and to the | |
| parents/ guardians of the student traveling in the vehicle upon rec | quest. Vo | lunteer drivers | are required to ca | | | | |
| specified by FL Statute 627.736 and complete the School Volunte | er Applic | ation (PBSD 0 | 887). | | | | |
| + Describe the circumstances or times that the students will NOT b | e super | vised by <u>schoo</u> | <u>il staff or parents</u> a | ithough adui | lt supervis | sors will be present. | |
| Parents are encouraged to ask any questions about supervision | on trip. | | | | | | |
| SECTION II - PARENT / LEGAL GUARDIAN APPROVAL | | | | | | *** | |
| | DESTINAT | TON | | | | | |
| SE | MINOI | LE RIDGE I | HIGH SCHOO | L | | | |
| HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER | R | CELL NUMBER | | EMER | GENCY TE | LEPHONE NUMBER | |
| | | (1977) (1976) (1977) (1976) (1977) (1976) | | | | | |
| TELEPHONE TELEPHONE | NUMBER | | STUDENTSWI | | | | |
| | | | ☐ Non-swi | | Begin | · | |
| OTHER STUDENT INFORMATION (alergies, medications, etc., be specific) | | | • | ļ | EAL PROV | | |
| | | | | | | | |
| I agree and my child agrees to abide by all rules and safety precaution | | | | | | | |
| inherent. I understand that this field trip activity may involve certain c | | | | | | | |
| the above chosen method of travel or those associated with the facili obvious or concealed. Any questions which have occurred to me have | | | | | | | |
| free choice. My signature acknowledges that I have been informed o | | | | | | | |
| be participating. The School District recognizes its responsibility for it | is neglig | ent acts subjec | ct to the limits of Se | ection 768.2 | 8, Florida | Statutes. Based on | |
| current Florida Law, the School Board is not responsible for the negli | | | | | | | |
| willful, or intentional act of my child and as a result will indemnify and | | | | | | | |
| event of an emergency, reasonable attempts will be made to contact the best interests of the child. I authorize emergency medical treat | | | | | | | |
| The continuous of the student wears, a medical alert | munit iQ | a my veno ne i | TO GAGIII OL GODIA | COLVI MIRE | na anni | l mis new gib: | |
| | -, · | | anteriore, la blacketting para de Geografia | | | , , , | |
| | 210 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | WAS YOU | | design of the | 1196 | |
| Signature of Emancipated Student Date | | sıgriəlür | e of Parent/Guar | dian | | Pate | |
| DOOR ATTENDED AND ADDRESS OF THE PARTY OF TH | | | | | | | |
| PBSD 0755 (Rev. 10/23/2009) SBP 6Gx50-2.40 | | Signatui | re of Parent/Guar | dian | | Date ¹ | |



Field Trip Permission/Release

| _] | Elementary School | Middle | Schoo |
|----|--------------------------|--------|-------|
| Χļ | 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 vriil 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.

| aidit ii tocaioio: | | | | | | | | | |
|---|---|--|--|------------|---------------------------|-----------------|--|-------------------------|---|
| SECTION I - TRIP INFOR | MATION | | | | | | | | |
| NAME OF SCHOOL | | | | | TOATIOO JOO | (ION) | | | ONE NUMBER |
| PAHOKEE HIGH | SCHOOL | | | · | SSICA WH | | | 8 | 63-599-0123 |
| TEACHER JESSICA WHITE | | | grai AI | | TRIP DURATK Number of: | | l Nights | 0 | Overnight trip ** |
| DATE OF DEPARTURE | DEPARTURE TI | 115 | DATE OF | | | | E RETURN TIME | | COST PER STUDENT* |
| 08/26/2016 | 5:30 | A.M. 🖄 P.M. | 1 | | 2016 | 11:00 | ☐ A.M. 🗵 | P.M. | \$0.00 |
| DESTINATION | | | <u> </u> | | | L | | | ER OF CHAPERONS |
| SEMINOLE RIDG | E HIGH SC | HOOL | [2 | š] In∙ | county 🔲 o | out-of-county | out-of-count | ry Male | Female |
| METHODS OF TRAVEL (check | ra s that apply) ivate Charter B | us [] Walking [2 | ☑ Private | a vehi | icle*** 🔲 (| Other (specify) | | | |
| ORIVER Adult Student | LODGING (# | appicable) | | | | | | | |
| PURPOSE FOR TRIP CHEERING AT FO | OTBALL (| JAME | | | | | | | |
| DESCRIPTION OF SUPERVIS | | ACHES | | | | | | | |
| Attach any additional pag | es, if needed, in | ncluding any relevant | provisions | in th | e sludenťs IE | P or 504 plan | • | | |
| * No penalty of any typ participate for failure insufficient funds to co | to pay for the fi | eld trip. The principal | may forgo | a pla | nned activity | or use of a pa | ip. No student sha rticular item base | all be der d upon ti | iled the right to se collection of |
| ** In the event of an ove | | | | | | | | | • |
| *** Each person transpor parents/ guardians of specified by FL Statut | the student trav | veling in the vehicle up | pon reque | st. Vo | lunteer driver: | are required | lity insurance to the to carry minimum | ie school insurand | supervisor and to the e requirements as |
| + Describe the droums Parents are encourag | lances or times | that the students will | NOT be s | uperv | | | <u>ints</u> although adul | t supervi | sors will be present. |
| SECTION II - PARENT / I | EGAL GUARI | DIAN APPROVAL | | | | | | | * |
| NAME OF STUDENT (ast, firs | | | TRI | | . (| | | | |
| | | | SŁ | \sim | 1. 1 | 11. | | | |
| HOME TELEPHONE NUMBER | ۱ | BUSINESS TELEPHONE I | NUMBI | (À | 1/le1 | 1 V | V | | 1E NUMBER |
| PHYSICIAN NAME | | TELS | EPHON | (| \ | | t | a L | ☐ Skilled |
| OTHER STUDENT INFORMA | TION (e!erg/es, me | edcations, etc., be specific) | 1 | | Juu | nen | | | A .] By School |
| l agree and my child agre inherent. I understand that the above chosen method obvious or concealed. An free choice. My signature be participaling. The Sche current Florida Law, the S willful, or intentional act o event of an emergency, re the best interests of the c | at this field trip and the second of travel or the second of the second | activity may involve co ose associated with the ich have occurred to a that I have been infor- ignizes its responsibility not responsible for the as a result will indemonable will be made to be emergency medical | ertain ox ne facilit me have rmed of : ity for its ne neglige nify and h contact th | U | ula ueli enai | | t m but mt | 777 | in risks are th traveling in open and of my own my child will Based on negligent, es. In the om acting in trip. |
| Check here if the stud | ient wears a m | edical alert | | | | | | _ | |
| Signalure of Emancipal | led Student | Da | le | - - | Signalu | re of Perent/ | Guardian | | Date |
| PBSD 0755 (Rev. 10/2 | 3/2009) SBF | 6Gx50-2,40 | | | Slaneln | re of Parenti | Guardlan | • | Date |
| • | • - | | | | 21911210 | | | | |

Time Management
Elapsed Timesheet

| | | | | | | | | | į | New Window ? Help hillp | |
|---------------|---------------------|-----------|---|------------------|--------------|---------------|--------------------|-------------|---------------------|-------------------------|--|
| Timeshe | et | | | | Frequen | dy Asked Ques | tions | | | EXHIBIT | |
| Buller, Cynth | ia | | | 1 | Empi IO: | | 1022771 | | | ~VUIDII | |
| lob Title: C | river Scho | o/Busl | | | Empl Record: | | 0 | | | applies. | |
| View By: | Week | | ~ | Reported Hours: | 38.80 | Previous V | <u>Veek Next \</u> | <u>Neek</u> | • | 3 1 | |
| Date: | 08/22/20 | 016 ∰ | <u>.</u> | Scheduled Hours: | 35.00 | Previous Empl | yee <u>Next</u> 8 | Employee | | | |
| From 08/2: | 2/2016 to (| 8/28/201 | 6 | | | | | . <u>, </u> | | | |
| Comments | Day | Date | Status | (n | Out | h | Out . | Punch Total | Time Reporting Code | Quantity Taskgroup | |
| O | Mon | 8/22 | Submitted | 5:28:01A | F 10:28:48AM | 12:57:55PM | 5:04:48PM | 9.11 | Y | [] GENERIC | |
| Q | Tue | 8/23 | Submitted | 5:32:01AI | ₽ 9.08:04AM | 12:59:24PM | 5:03:24PL¢ | 7.66 | | 1+1- GENERIC | |
| 0 | Wed | 8/24 | Submitted | 5:33:56AA | \$ 9,00,09AA | 12:53:10PM | 5:03:59₽λ¢ | 7.61 | ▽ | +) - GENERIC | |
| O | Thu | 8/25 | Subm₹ted | 5:30:51A | 8:59:14AM | 1:00:34PM | | 7.50 | | # GENERIC | |
| ō | | | Submitted | | | | 5:01:29PM | [| V | + [-] GENERIC | |
| Q | Fri | 8/26 | Submitted | 5:31:53AA | 9,00;06AM | | | 3.48 | ~ | + GENERIC | |
| C | | - | Submitted | | | 1:13:02PM | | 3.41 | Y | + j- generic | |
| Q | | | Submitted | | . [| | 4;38:33PM | 1 | | # - GENERIC | |
| 0 | Sat | 8/27 | New | | | | | [| ~ | + - GENERIC | |
| Ö | Sun | 8/28 | New | | | | 1 | [| V | ● GENERIC | |
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| Manager S | elf Service | | ala 1 (1 a a a a a a a a a a a a a a a a | | | | | | | | |

Clean in but the Butter

*Date:

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Report Time Manager Self Service Time Management Timesheet Favorites Main Menu

Timesheet

Frequently Asked Questions

der,Cynthia

Empl ID:

Job Title: Driver School Bus I

Empí Record:

Week "View By:

08/01/2016 同 🕏

Reported Hours:

25.25 0.00

Previous Week

Scheduled Hours:

Previous Employee

Next Week Next Employee Ads of makes

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

| Comments | Day | Date | Status | ļin. | Out | ln . | Out | | Punch Total Time Repor | ting Cade |
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| \triangleright | Tue | 8/2 | Submitted 👢 | cil | 9:54:27AM | 4:05:05PM: | , | | 6,18 | |
| Ç) | Wed | 8/3 | Submitted 1 | (- DET 4102 | 5:36:27AM | 9:08:40AM* | 12:59:50PM | 5:00:15PM[| 7.55; | |
| \Diamond | Thu | 8/4 | Submitted | | 5:36:05AMI | 5:07:15PM | | | 11.51 | , |
| Q | .Fri | 8/5 | New | | | | | | è | |
| \Diamond | Sat | 8/6 | New | ÷ | . : | | | | 1 | |
| Q | Sun | 8/7 | New | | | | | | | |

Pagentag Taria Summery

Leave and Compansatory Time Balancae

Manager Self Service

Time Management

Elaosed Timesheet

Return to Select Employee

| | | | | | | | | | € New Window | ? Help | http |
|-------------|---------------------------|----------|---------------|--|-----------------------|------------------|---------------------|---------------|---------------------------------|----------|------|
| Timesh | eet | | | | Freque | ntly Asked Quest | lons . | | | | |
| Butler,Cynt | hia | | | | Empl ID: | 1 | 022771 | Main | | | |
| Job Title: | Oriver Scho | ol Bus I | | | Empl Record: | 0 | | recure | - | | |
| 'View By: | Week | | \sim | Reported Hours: | 38.21 | Previous W | eek <u>Next Wee</u> | <u>k</u> | | | |
| 'Date: | 08/15/2 | 016 🗃 | \$ | Scheduled Hours: | 35.00 | Previous Emplo | yee <u>Next Emp</u> | Novee | | | |
| | dme on or 15/2016 to (| | | or a prior period. | | | | | | | |
| Comments | | Date | Status | ļn | Out | in | | Out | Punch Total Time Reporting Code | | Qua |
| 0 | Men | 8/15 | Submitted | 01-00-00-00-0 | 5:30:09AM1 | 9:03:04AMI | 1:02:00PM | 5:00:45PM | 7,51: | | |
| 0 | Tue | 8/16. | Submitted | | 5:30:22AMi | | | | 3.63 | | 2114 |
| Q | | | Submitted | - | | 9:08:57AM | | | | | |
| 0 | | | Submitted | | | | 1:00:10PM₽ | 5:04:14PM | 4,06: | | |
| 0 | Wed | 8/17 | Submitted | | 5:29:21AME | 9:05:37AMI | | | 3.60 [§] | | |
| O | | | Submitted | | | | 12:56:37PM: | 5:00:00PM | 4,06 | | |
| O | Thu | 8/18 | Submitted | | 5:28: 14AM | 8:55:13AMI | 12:56:47PM | 5:02:35PM | 7,55; | | |
| Q | Fri | 8/19 | Submilled | | 5:31:04AM | | | * | 3,76 | | |
| 0 | | , | Submitted | - | | 9:17:05AM | | | | | |
| O | | | Sobmitted | | | | 12:59:07FM | | 4.01! | | |
| O | | | Submitted | - | | | | 5:00:49PM | | | |
| Ç | Sat | 8/20 | New | | | | | | | <u> </u> | |
| O | Sun | 8/21 | New | L | I | | | | | 짓 [| |
| s | Submit | | Clear | | | | | | | | |
| Reporte | d Time Sun | nmary | | | | | | | | | |
| | | | Time Balances | i | Person | size Find | First toff | Last | | | |
| Plan Type | | Pla | | Recorded | | um Atowed Maxir | · / / | | | | |
| Leave | | Sío | ck | | 643.50 | O. | | 9999 | | | |
| Manager | Self Service | | | , park a managaman pamahan a managaran da managaran da managaran da managaran da managaran da managaran da man | ~ ~~~~~~~~ | | | : | | | |
| Time Man | | • | | | | | | | | | |
| | imasheet | | | | | | | | | | |

Main record
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Return to Select Employee

Search Advantad Seenda ifcins A 62 10 F 44 2 To 12 ंचेता धरा Manager Self Service Time Management Report Time Timesheet

Timesheet

Favorites Main Menu

Frequently Asked Questions

tler,Cynthia

*Date:

Empi ID:

Job Title: Oriver School Bus I

1022771

Week 'View By:

Reported Hours:

Empl Record: 15,95

Previous Week

08/08/2016 面 🕏 Scheduled Hours:

Previous Employee 0.00

Next Week Next Employee

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

| Comments | Day | Date | Status. | <u>I</u> n | Out | ļln | Out | Punch Totali Tima Reporting Go |
|------------------|-----|-------|-----------|------------|-------------|-------------------------|-------------|--------------------------------|
| \triangleright | Mon | 8/8 | Submitted | | 5:31:58AM | 9:05:45AM | 12:59:48PM | 7.71 |
| \triangleright | · . | : | Submitted | : | *** | - | : | 5:08:34PM |
| ک . | Tue | 8/9 | New | | | | | |
| <u>ې</u> | Wed | 8/10 | Submitted | | 5:31:11AM: | | | 3,75; |
| Ş | | : | Submitted | | | 9:16:00AM | | , |
| \Diamond | ∃ħu | 8/11 | Submitted | | 12:45:39PM: | · · · · · · · · · · · · | • | 4.481 |
| ଚ | | ŧ | Submitted | | | 5:14:27PM | = | |
| | Fri | 8/12 | New | | | | : | |
| ⊘ | Sat | 8/13. | New | | | | | |
| \supset | Sun | 8/14 | New | | | | | - |

Reported Time Summary

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Manager Self Service

Time Management

Elapsed Timesheet

Return to Select Employee

Nov. 1. 2016 6:42PM No. 3248 P. 2 **EXHIBIT**