



**FIELD AND OTHER CORPORATION-SPONSORED TRIPS
OUT OF STATE/OVERNIGHT FIELD TRIP REQUEST FORM**
Board Policy #C500

Date:

Name of Organization:

Dates of the Trip:

Location of the Trip:

Overnight Accommodation Information:

Name of Hotel:

• Address:

• How will students be accommodated?

• How will chaperones be accommodated?

• Other details:

Name of Tour Group/Travel Company if applicable:

• Contact Name from group:

Transportation:

(school buses must be within 200 miles of school unless other transportation is authorized)

Has a Transportation Bus Request been submitted and approved by Transportation:

Cost:

• Will the cost be paid by the organization or parents/guardians?

• In case of cancellation will refunds be made to parents/guardians?

Reason for the Trip: Indiana State FCCLA Conference

Itinerary:

Leadership Meetings for two days from approx 9AM-11PM, Competitive Events by Students, Conference programs, agenda posted on www.infcccla.org

Chaperones: FACS/FCCLA Advisers

(Expanded Criminal checks on file for Chaperones)

• Teacher/Sponsor: Tammy Bauchert/Mary Rhinehart

• Parents:

• Tour Director:

Medical Releases/Parent Permissions on file: Forms completed by students

Safety and Supervision Provisions: On site by Indiana FCCLA

Sponsor Signature:

Tammy Bauchert

Principal Signature:

Brooke Sharp

Superintendent/Administrator Signature:

School Board Approval Date:



Academic and Athletic Field Trip Request Form

Semester 2:

December 1, 2024

Summer: April 11, 2025

****School days, all field trips must begin after 8:45 am and return to school by 1:15 pm (W) and 2:00 pm (M, T, Th,F)****

SCHOOL Mt. Vernon HS STUDENT GROUP: FCCLA/FACS DATE SUBMITTED: 11/21/24

TEACHER(S)/SPONSOR(S) RESPONSIBLE: Tammy Bauchert, Mary Rhinehart TYPE OF TRIP: Indiana FCCLA State Conference

NUMBER OF SUBSTITUTES TEACHERS NEEDED 2 SUB COST: 250.00 125 (\$125 per sub)

IF THIS IS AN OVERNIGHT FIELD TRIP, PLEASE FILL OUT THE SCHOOL BOARD OVERNIGHT POLICY C500 APPROVAL FORM
LOCATED ON THE MVCSC POLICY WEBPAGE)

DESTINATION: Horizon Center, Muncie Indiana

STREET ADDRESS: 401 S High Street CITY, STATE ZIP: Muncie, IN 47305

DEPARTURE TIME: Thursday Feb 27, 7:30AM RETURN TIME: Friday Feb 28, 8:00PM TOTAL TIME OF TRIP 48 Hours

ADDITIONAL STOPS Yes or No LOCATION OF ADDITIONAL STOP Meals in Muncie -TBA if needed

TOTAL # OF STUDENTS 10 + TOTAL # OF CHAPERONES 2 = TOTAL # OF PASSENGERS 12
(One bus per 50 people) MINI BUS can be used, also.

OF SCHOOL BUS(ES) 1 # OF SPECIAL NEEDS BUS(ES) 0 (# of students in need of this bus) If a club will be taking a minibus, please use this approval form and obtain bus only cost from Transportation to complete form. Essential Skills and Special Education Preschool classes will need to contact transportation for more detailed information.

EDUCATIONAL OBJECTIVES: *be specific, cite curriculum*

Indiana Family, Career and Community Leaders of America is a Career and Technical Student Organization that provides personal growth, leadership development, and career preparation opportunities for students in Family and Consumer Sciences education FCCLA/FACS students will be presenting their class projects for Career Exploration, Food Marketing, Community Service, Lesson Planning, for Indiana and National FCCLA for awards and communication experiences. Standards: Career development, human services/volunteerism, culinary, child development.

HOW WILL THE OBJECTIVES CONTRIBUTE TO YOUR INSTRUCTIONAL PROGRAM:

FCCLA/FACS students are presenting their academic projects from FACS courses for State judging for recognition and opportunities to attend the National FCCLA conference in the summer. Students will also attend leadership programs, work on service projects, tour Ball State University, and attend workshops for in various FACS content areas for careers, education, human services, and culinary during the conference.

TOTAL FINANCIAL COST FOR TRIP (SEE Academic and Athletic Field Trip Cost Calculation) \$

Bauchert 11/21/24

TEACHER'S SIGNATURE DATE

Lisa Tappay 12/5/24

TREASURER'S SIGNATURE DATE

Brooke Sharp 12/4/24

PRINCIPAL'S SIGNATURE DATE

TRANSPORTATION SIGNATURE DATE

Fieldtrip checklist finished Yes or No Date completed

Please Attach all documentation to this approval form upon completion and turn into the building Treasurer.

COPY

812 N 200 W
to 401 S High St

44 min
38.3 miles

IRS reimbursement: \$25.63

FCCIA

Indiana State
Conference
Houzon Center
Muncie, IN

Feb 27-28, 2024



Head north. Go for 148 ft.

Then 0.03 miles



Turn right. Go for 171 ft.

Then 0.03 miles



Turn right toward N County Road 200 W. Go for 0.1 mi.

Then 0.1 miles



Turn left onto N County Road 200 W. Go for 1.4 mi.

Then 1.4 miles



Turn left onto N Fortville Pike. Go for 0.3 mi.

Then 0.3 miles



Continue on S Maple St. Go for 0.4 mi.

Then 0.4 miles



Turn right onto W Broadway St (US-36). Go for 0.3 mi.

Then 0.3 miles



Turn left onto S Madison St. Go for 4.1 mi.

Then 4.1 miles



Take ramp onto I-69 N toward Ft. Wayne. Go for 18.7 mi.

Then 18.7 miles



Take exit 234 toward IN-67 N/Anderson/IN-32/Muncie. Go for 0.4 mi.

Then 0.4 miles



Turn right onto W Commerce Rd (IN-67 N). Go for 7.7 mi.

Then 7.7 miles



Take ramp toward Hoyt Ave. Go for 0.5 mi.

Then 0.5 miles



Continue on Middletown Rd. Go for 0.2 mi.

Then 0.2 miles



Turn left onto S Hoyt Ave. Go for 3.6 mi.

Then 3.6 miles



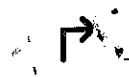
Continue on S Liberty St. Go for 0.3 mi.

Then 0.3 miles



Turn right onto W Charles St. Go for 0.1 mi.

Then 0.1 miles



Turn right onto S High St. Go for 217 ft.

Then 0.04 miles



401 S High St
Muncie, IN 47305-2300

Please fill out and print. Must be approved with request form approval.

Only fill in all the Green Fields. The totals field have protected formulas to get the totals for you

1) Transportation Cost Chart

One bus per 50 passengers

# of Buses	Hours of Field Trip (round up to the next hour)				
	1	2	3	4	5
1.00	\$45.53	\$63.46	\$81.39	\$99.32	\$117.25
2.00	\$91.06	\$126.92	\$162.78	\$198.64	\$234.50
3.00	\$136.59	\$190.38	\$244.17	\$297.96	\$351.75
4.00	\$182.12	\$253.84	\$325.56	\$397.28	\$469.00
5.00	\$227.65	\$317.30	\$406.95	\$496.60	\$586.25
6.00	\$273.18	\$380.76	\$488.34	\$596.92	\$703.60
7.00	\$318.71	\$444.22	\$569.73	\$695.24	\$820.75
8.00	\$364.24	\$507.68	\$651.12	\$794.56	\$936.00

1) TOTAL TRANSPORTATION COST 99.32

(use chart above)

Check made to Mt Vernon Community School Corporation to be sent to the Corporation Treasurer. Date sent

Student		Chaperone	
# of Students	10	# of Chaperones	2
Total # of attending			
		12	
Cost per student	8.27666667	Cost per Passenger	8.27666667
		8.27666667	

"mini bus can be used"

2) Admission Cost

\$80.00

(Check Made to Indiana FCCLA to be sent with teacher on trip or Credit card policy followed, Yes or No) Mailed to Indiana FCCLA Feb 1st.

You may need to request a W-9 that the school treasurer needs to process before a check can be issued

Student		Chaperone	
Price per student	80	Price Per Chaperone	50
# of Students	10	# of Chaperones	2
Total for students	800	Total For Chaperones	100

3) Meal Cost (skip if no meal provided)

300

(Check Made to to be sent with teacher on trip or Credit card policy followed, Yes or No)

You may need to request a W-9 that the school treasurer needs to process before a check can be issued

Student		Chaperone	
Price per student	30 2 meals	Price Per Chaperone	30
# of Students	10	# of Chaperones	2
Total for students	300	Total For Chaperones	60

4) Substitute Cost from form

250

Student	
Number of subs	1
@ \$125/per sub	125
Total for sub Cost	125 250
# of Students	10
Total sub cost student	12.50 25

FCCLA Hotel Cost-One Night TBA
Info not released by IN FCCLA State as of 11/21/24

Check made to Mt Vernon Community School Corporation to be sent to the Corporation Treasurer. Date Sent

Student Total Cost		Chaperone Total	
(round up if needed)	143.2766667	(round up if needed)	88.27666667
The student cost can round up to cover cost of staff that are required to attend.			

1) Transportation Total 99.32

2) Admission Total 80.00

3) Cost of Meals Total 300

4) Substitute Cost Total 250

Total Financial Cost \$ 729.32

enter on trip application form

Treasurer to fill out below

Actual collected	
Actual collected	
Actual collected	
Actual collected	
Difference	

TRACER'S SIGNATURE *M. Burchett* DATE *11/21/24*

TRACER'S SIGNATURE *Lisa Japp* DATE *12/15/24*

TRACER'S SIGNATURE *Brook Chap* DATE *12/14/24*

PRINCIPAL'S SIGNATURE DATE

TRANSPORTATION SIGNATURE DATE

IDENTIFY CONCERNS



FCCLA members in family & consumer science classes want to compete at the State level with their FACS class projects created during the 2024-2025 school year.

SET GOALS (Write a clear picture of what you want to accomplish--can this be achieved and evaluated?)



FCCLA/FACS members in the co-curricular courses will compete with a variety of Indiana and National STAR Event projects from Feb 27-28, 2025 at the Indiana FCCLA State Conference.

FORM A PLAN (who, when, where, how, costs, resources needed, and how you will evaluate your success)



WHO: FCCLA and FACS members at Mt. Vernon High School, Fortville, IN

WHEN: Feb.27-28, 2025

WHERE: Horizon Center, 401 S. High, Muncie, IN and overnight stay for 1 night at the Marriott, Muncie, IN.

HOW: FCCLA/FACS members will take co-curricular FACS projects for competition for Career Exploration, Early Childhood Learning Pac, Beyond the Basics, Sharing Moments in the Life of the Elderly, FCCLA Honor Chapter, Community Service, FACTS, Fashion Design Trend Board, Focus on the Basics. FCCLA will attend meetings and competitions from Feb 27-28, 2025, student conference activities and competitions on Feb 27-28, 2025 with officer training and voting for State officers, completing the event on March 8th with the awards ceremony that begins at 8:30 AM. Highlights of the agenda from Indiana FCCLA as of December 17, 2021 attached.

COSTS: FCCLA members will pay \$50.00 to cover registration fee and bring money for 2 dinner, 2 lunches (breakfast free at hotel/or students purchase --FCCLA will host meal plans to purchase by members TBA 2024 fee was \$15.00 per meal, money for FCCLA merchandise (optional). If FCCLA members stay overnight the hotel for 1 night/3 rooms (\$420.00 total for all attendees to divide between members in attendance) If FCCLA does not stay overnight will need to travel back and forth to Horizon Center in Muncie on Feb 27 and Feb 28—exact times for transportation needs will be known when the Indiana FCCLA board published the conference details (www.infcccla.org).

All other costs will be covered by FCCLA Account from fundraising and donations. Items MV FCCLA may cover include--Event Contests= \$15.00 per event entered, transportation mileage via mini van @ \$. 38 per mile, **RESOURCES NEEDED:** Transportation via mini bus, supplies to complete projects via FACS/FCCLA program of study

EVALUATION: FCCLA/FACS members will receive rubric scoring forms and medals for their accomplishments as well as certificates and plaques for State awards. Offices will record event with photos, news articles, Twitter feeds.



ACT: FCCLA/FACS members will attend the overnight Indiana FCCLA State Leadership Conference from Feb 27-28, 2025 competing in a variety of CTE Co-Curricular FACS content areas receiving award recognition. Members will attend leadership workshops during the conference.



EVALUATE/FOLLOW UP FCCLA/FACS members will receive rubric scoring forms and medals for their accomplishments as well as certificates and plaques for State awards. Offices will record event with photos, news articles, Twitter feeds. Awards will be placed in the MVHS Honor Chapter binder and displayed on the FCCLA Wall by the MVHS FACS Dept. Students will have the opportunity to vie for a position in projects for the National FCCLA conference in June/July 2025
Award ribbon categories attached.
CTE/FCCLA/FACS events students may compete for recognition.

STAR Event
Baking and Pastry
Career Investigation
Chapter in Review Display and Portfolio
Chapter Service Project Display and Portfolio
Culinary Arts
Early Childhood Education
Entrepreneurship
Event Management
Fashion Construction
Fashion Design
Focus On Children
Food Innovations
Hospitality, Tourism and Recreation
Interior Design
Interpersonal Communications
Job Interview
Leadership
National Programs in Action
Nutrition and Wellness
Parliamentary Procedure
Professional Presentation
Promote and Publicize FCCLA
Public Policy Advocate
Repurpose and Redesign
Say Yes to FCS Education
Sports Nutrition
Sustainability Challenge
Teaching Strategies
Teach or Train

YOU MUST ATTEND STATE CONFERENCE TO RECEIVE RIBBONS!

Student Ribbons	
Title	Color
District Officer	Navy w/Gold
District "Super STAR"-Attend a District Meeting	Orange/Gold
Future Teacher	Green/Red
Honor Chapter (All chapter members)	White/Gold
Leadership Academy-Attendance	Yellow/Black
Leadership Rally	Royal Blue/Gold
Membership Award-Largest 3 Chapters and 10% Increase	Maroon/Gold
Power of One (Completed all 5 units)	Pink/Gold
Say Yes to FCS (Student signs committing to studying FCS in college)	Red/Blue
Pro Start	Royal Blue/Silver
Rush Week-completed	Maroon/Gold
State Projects-This is for all projects except "FCCLA in Action" in which participants will receive specific ribbons for their project on a national program.	Royal Blue/Silver
State Project "FCCLA in Action"-Career Connection	Dark Green w/Gold
State Project "FCCLA in Action"-Community Service	Red w/Gold
State Project "FCCLA in Action"-FACTS	Bright Green/Gold
State Project "FCCLA in Action"-Families First	Light Blue/Gold
State Project "FCCLA in Action"-Financial Fitness	Green/Gold
State Project "FCCLA in Action"-Stand Up	Maroon/Gold
State Project "FCCLA in Action"-Student Body	Yellow/Gold
Step One	Rainbow/Gold
Ultimate Leader Degree	Navy Blue/Gold
Voting Delegate	Purple/Gold
Adult Ribbons	
Title	Color
AAFCS Member	Maroon/Gold
Alumni	Light Green/Gold
Award Recipient	Royal Blue/Gold
Conference Personnel	White/Red
District Coordinator	Pink/Silver
Exhibitor	Dark Green/Gold
FCCLA Adviser	Black/Gold
Guest	Yellow/Gold
Lead Consultant	Light Green/Gold
Parent	Light Green/Gold
Presenter	Red/Gold
Scholarship Contributor	White/Red
STAR Event Evaluator	Royal Blue/Silver
VIP	Navy Blue/Gold

Name of HS Class/Activity: FCCLA State Conference Block 1-4 Feb 27-28, 2024
Field Trip Fee Amount Due from Student: \$ TBA (est.\$120.00) (est. \$175.00if overnight) PAID: _____ Date _____

Student's Printed Name _____ Grade _____

Medical Form on File in Office **YES NO**

Medical Form Completed on Back of this Form

MVHS FIELD TRIP CONSENT FORM

Co-curricular/Extra-curricular: FCCLA Indiana State Conference

Teacher/Advisors: T. Bauchert, M Rhinehart FCCLA Adivers/FACS Teachers

DATES OF TRIP: Feb 27-28, 2025 Block(s)/Time(s): All Day 1-4 /Departure Time TBA/ Arrive Back to MV TBA

DESTINATION: Horizon Center, Muncie IN: Indiana FCCLA State Conference

I, the undersigned student do hereby agree:

To abide by the rules and suggestions set forth by Mt. Vernon High School and the sponsors of this group. To waive and release any and all rights and claims for any damages I may have against Mt. Vernon High School, sponsors of this trip, and any other employee of said schools, for any injuries arising from my participation in the field trip. To proper behavior during said trip and activity or my parents will be contacted to come and pick me up.

DATE: _____

Signature of Student

I, the parent/guardian of the above signed student, understand the obligation accepted by my son/daughter as outlined above and give my consent for his/her participation in this field trip, and by my signature below, I do further release Mt. Vernon High School, sponsors of this trip, and any other employee of said schools from any claim or damages incurred by the said student that might be a direct or indirect outgrowth of his/her participation on this field trip.

DATE: _____

X

Signature of Parent/Guardian of student

Printed Name of Parent/Guardian of student

Home street address

Phone Number to be reached during school hours

City

Zip Code

PHOTO RELEASE

I understand that this class/activity attracts attention from the media and is also used to promote partnerships between MVHS and employers, so there is a strong possibility that students will be photographed during activities. I grant permission to photograph my son or daughter _____ (Student name) for local news during _____ (class) activities for promotional and educational purposes.

Signature of parent or guardian **X** _____ Date _____

Class Teachers Permission Form/Teachers signing the form verifies the following: Students should have a C or better in class and all work turned-in/field trip students are responsible for making up work on due dates assigned.

BLOCK	COURSE NAME	TEACHER SIGNATURE
1		
2		
3		
SRT		
4		

MVCSC Emergency Medical Information

Student's Last Name: _____ First Name: _____ Date of Birth: _____
Gender: M ___ F ___ NB ___ Grade: _____ Bus # _____ Homeroom: _____
Do they attend an after school program? Yes ___ No ___ Name of after school program: _____
Student lives with the following adults: _____
Student's address(es): 1st: _____
2nd (if applicable): _____
Parent/Guardian Name #1: _____ Relationship: _____
Home# _____ Cell# _____ Email: _____
Employer Name(s): _____ Work# _____
Parent/Guardian Name #2: _____ Relationship: _____
Home# _____ Cell# _____ Email: _____
Employer Name(s): _____ Work# _____
Which phone # to call: First- _____ Second- _____

If guardian(s) not available who can we contact and release your child to in case of an emergency:

	<u>Person</u>	<u>Relationship</u>	<u>Phone Number</u>
1st	_____	_____	_____
2nd	_____	_____	_____
3rd	_____	_____	_____

<<<<<<<Two sided document, Please turn over >>>>>>>

Please check all conditions that apply to your child and complete the following items:

- ☐ Allergies: ☐ Latex ☐ Bee ☐ Medication Allergies(List) _____
☐ Food (List) _____ ☐ Environmental Allergies _____
EpiPen prescribed? ☐ Yes ☐ No EpiPen at school? ☐ Yes ☐ No Benadryl at school? ☐ Yes ☐ No
☐ Asthma: Is an inhaler and/or nebulizer prescribed for your child? ☐ Yes ☐ No
Inhaler be kept in health clinic? ☐ Yes ☐ No Will the student self-carry? ☐ Yes ☐ No
☐ Diabetes: Will the student self-administer/carry? ☐ Yes ☐ No
Items to be kept in health clinic: Insulin? ☐ Yes ☐ No Glucagon? ☐ Yes ☐ No Snacks? ☐ Yes ☐ No
☐ Seizures: Will the student self-carry? ☐ Yes ☐ No Emergency medication to be kept in health clinic? ☐ Yes ☐ No
Any other diagnosed medical conditions not listed above: _____

Medication(s) taken at home/school: _____
Does the student: wear glasses? ☐ Yes ☐ No wear contacts? ☐ Yes ☐ No have hearing problems? ☐ Yes ☐ No
Previous Surgeries _____
Hospitalizations this year? Yes ☐ No ☐ reason? _____
Pediatrician/Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Preferred hospital: _____ Phone: _____

Parent/Guardian Consent

By signing below, I hereby give my permission for the school (to include the school nurse/health room assistant) to contact any of the indicated persons or the hospital to obtain services for the named student in case of injury or illness. I also give permission for the pertinent medical information to be disclosed to school officials with legitimate educational interest (including but not limited to: teachers, bus drivers, cafeteria staff, and instructional assistants).

Parent/Guardian's Signature

Printed Name

Date



Indiana FCCLA Multiple Release Form

School Mt. Vernon High School-Fortville IN Adviser T Bauchert, M Rhinehart FACS Teachers

Please have student attendees and their parents/guardians read and complete this multiple-part form. Enclose a copy of the form with original signatures for each student with your registration form(s) and fees. Retain a copy for your records.

MEDICAL RELEASE/AGREEMENT TO ACCEPT FINANCIAL RESPONSIBILITY

The undersigned, being the parent or guardian of _____ and having legal custody and who resides with me/us do give consent to any X-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any dentist, physician or surgeon licensed to practice in the State of Indiana or in a state on the itinerary of an activity sponsored by FCCLA. I/we further agree that I/we will assume all expenses involved in such medical/dental procedures and will not hold the Indiana Family, Career & Community Leaders of America or its representatives liable for said expenses.

List any medical/dental conditions that a medical doctor/dentist should be aware of:

List any allergies that a medical doctor/dentist should be made aware of:

Family Physician and Contact Information:

LIABILITY

The undersigned being the parent or guardian of student named above hereby agrees to release the Indiana FCCLA Association, its representatives, agents, servants, and employees from liability for injury to the said minor resulting from any cause whatsoever occurring to the said minor at any time while attending a conference or meeting of the Indiana FCCLA Association, including travel to and from said meeting, COVID-19 risks, excepting only such injury or damage resulting from the willful acts of such representatives, agents, servants, and employees.

*Parent=s/Guardian=s Signature _____ Date _____

CODE OF CONDUCT, COVID-19 GUIDELINES, AND DRESS CODE

Students are to conduct themselves in accord with exemplary standards of ethics and behavior, including zero tolerance for any actions that violate any civil or criminal codes. Students found to be in violation of any laws, regulations or policies established for the FCCLA event they are attending will be subject to disciplinary action and prosecution. The code of conduct also includes following COVID-19 Safety Protocols as outlined in the FCCLA plan. Their parents or guardians and school officials will be notified and must remove the student from the event.

Dress is to reflect the FCCLA image and follow guidelines for specific events. All students should follow the FCCLA Dress Code for all state events. Understanding completely the policies, practices, and procedures that will serve to govern the conduct and attire of persons attending an FCCLA event, I do hereby agree to follow said policies, procedures, and practices and abide by any consequences of any violations.

*Signature of FCCLA Member _____ Date _____

*Signature of Parent/Guardian _____ Date _____

PUBLICITY - STANDARD RELEASE FORM: I release to the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the following: Image (photo or video); Voice, Quote or written material.

*Signature of FCCLA Member _____ Date _____

*Signature of Parent/Guardian _____ Date _____

Address _____ Telephone _____