AGENDA

REGULAR SCHOOL BOARD MEETING

GADSDEN COUNTY SCHOOL BOARD MAX D. WALKER ADMINISTRATION BUILDING 35 MARTIN LUTHER KING, JR. BLVD. QUINCY, FLORIDA

March 29, 2016

6:00 P.M.

THIS MEETING IS OPEN TO THE PUBLIC

- 1. CALL TO ORDER
- 2. OPENING PRAYER
- 3. PLEDGE OF ALLEGIANCE
- 4. RECOGNITIONS

ITEMS FOR CONSENT

- 5. REVIEW OF MINUTES **SEE ATTACHMENT**
 - a. February 23, 2016, 4:30 p.m. School Board Workshop
 - b. February 23, 2016, 6:00 p.m. Regular School Board Meeting
 - c. March 1, 2016, 5:00 p.m. Student Hearing
 - d. March 1, 2016, 6:00 p.m. Special School Board Meeting
 - e. March 8, 2016, 5:00 p.m. Executive Session
 - f. March 14, 2016, 6:00 p.m. Executive Session

 ACTION REQUESTED: The Superintendent recommends approval.
- 6. PERSONNEL MATTERS (resignations, retirements, recommendations, leaves of absence, terminations of services, volunteers, and job descriptions) **SEE PAGE #4**
 - a. Personnel 2015 2016
 - ACTION REQUESTED: The Superintendent recommends approval.
 - b. 2016 2017 Teacher Calendar **SEE PAGE #6**
 - ACTION REQUESTED: The Superintendent recommends approval.

7. SCHOOL FACILITY/PROPERTY

a. Revision to January 26, 2016 Request for Deletions and Trade of Vehicles **SEE PAGE #8**

Fund Source: Applicable Funds

Amount: \$0.00

ACTION REQUESTED: The Superintendent recommends approval.

b. Water Source for AC Unit – **SEE PAGE #14**

Fund Source: 379 Capital Funds

Amount: \$2,723.80

ACTION REQUESTED: The Superintendent recommends approval.

c. Fire & Safety Inspections for Gadsden County Schools – SEE PAGE #16

Fund Source: 110

Amount: \$11,543.68

ACTION REQUESTED: The Superintendent recommends approval.

8. EDUCATIONAL ISSUES

a. School Field Trip Requests (Out-of-State) – Gadsden Elementary Magnet School - **SEE PAGE #20**

Fund Source: N/A Amount: N/A

ACTION REQUESTED: The Superintendent recommends approval.

b. School Field Trip Requests (Out-of-State) – George W. Munroe Elementary School – **SEE PAGE #27**

Fund Source: N/A Amount: N/A

ACTION REQUESTED: The Superintendent recommends approval.

c. School Field Trip Requests (Out-of-State) – St. John Elementary School **SEE PAGE #35**

Fund Source: N/A Amount: N/A

ACTION REQUESTED: The Superintendent recommends approval.

ITEMS FOR DISCUSSION

- 9. FACILITIES UPDATE
- 10. EDUCATIONAL ITEMS BY THE SUPERINTENDENT
- 11. SCHOOL BOARD REQUESTS AND CONCERNS
- 12. ADJOURNMENT

The School Board of Gadsden County

Reginald C. James



SUPERINTENDENT OF SCHOOLS

> 35 MARTIN LUTHER KING, JR. BLVD. QUINCY, FLORIDA 32351 TEL: (850) 627-9651 FAX: (850) 627-2760 www.gcps.k12.fl.us

March 22, 2016

The School Board of Gadsden County, Florida Quincy, Florida 32351

Dear School Board Members:

I am recommending that the attached list of personnel actions be approved, as indicated. I further recommend that all appointments to grant positions be contingent upon funding.

Item 6A Instructional and Non-Instructional Personnel 2015-2016

The following reflects the total number of full-time employees in this school district for the 2015-2016 school term, as of March 22, 2016.

	DOE	#Employees
Description Per DOE Classification	Object#	March 2016
Classroom Teachers and Other Certified	120 & 130	419.00
Administrators	110	51.00
Non-Instructional	150, 160, & 170	384.00
		854.00

Reginald C. James

Superintendent of Schools

Audrey Lewis DISTRICT NO. 1 Havana, FL 32333 Midway, FL 32343

Steve Scott DISTRICT NO. 2 Quincy, FL 32351 Havana, FL 32333

Isaac Simmons, Jr. DISTRICT NO. 3 Chattahoochee, FL 323324 Greensboro, FL 32330

Charlie D. Frost DISTRICT NO. 4 Gretna, FL 32332 Quincy, FL 32352

Roger P. Milton DISTRICT NO. 5 Quincy, FL 32351

AGENDA ITEM 6A, INSTRUCTIONAL AND NON INSTRUCTIONAL 2015/2016 INSTRUCTIONAL

<u>Annual</u>	Location	Position	Effective Date
Jones, Hasan*	WGHS	Teacher	08/10/2015
Read, Angela	ESE	Speech Language Pathologist	02/24/2016
McDanield, Michael*	EGHS	Teacher	08/10/2015
Rambosk, Peggy*	WGHS	Teacher	08/10/2015
Sheals, Maurice	JASMS	Teacher	03/07/2016
Reseau, Pascal	EGHS	Teacher	01/07/2016
Thomas, Marvin*	JASMS	Teacher	08/18/2015

^{*}Employees with August dates of employment were inadvertently omitted from August 2015 Board Letter.

NON-INSTRUCTIONAL

<u>Name</u>	Location	<u>Position</u>	Effective Date
Chestnut, Shakina	PreK	SFS Worker	02/16/2016
Fields, Ricthard	Transportation	Mechanic II	03/21/2016
Quintanilla, Ernesto	SSES	Education Paraprofessional	02/16/2016
Washington, Ruby	PreK	Education Paraprofessional	02/16/2016

REQUESTS FOR LEAVE, RESIGNATION, TRANSFERS, RETIREMENTS, TERMINATIONS OF EMPLOYMENT: $\underline{\text{LEAVE}}$

<u>Name</u>	Location/Position	Beginning Date	Ending Date
Alday, Deborah	SJES/SFS Manager	02/22/2016	05/16/2016
Garcia-Beane, Rosio	District/Receptionist	04/08/2016	06/30/2016
McMillan, Sandra	GRES/Teacher	02/22/2016	04/08/2016

RESIGNATION

<u>Name</u>	Location	<u>Position</u>	Effective Date
Emmons, Doreen	Transportation	Bus Driver	03/07/2016
Griffin-Rittman, Benita	ESE	Teacher	02/26/2016
McGhee (Zanata) Evelyn	IASMS	Teacher	02/09/2016

<u>TRANSFERS</u>	Location/Position	Location/Position
IKANSFERS	Location/1 osition	Location/1 osition

<u>Name</u>	Transferring From	Transferring To	Effective Date
Jones, Marshall	Transportation/Custodian	GTI/Custodian	02/12/2016
Evans, Keysha	Transportation/Bus Driver	SJES/SFS Worker	02/29/2016

D.R.O.P. RETIREMENTS

<u>Name</u>	Location	Position	Effective Date
Engling, Diana	District Finance	Account Clerk	04/01/2016
Miller, Rosa	SSES	Education Paraprofessional	03/31/2016

TERMINATIONS

<u>Name</u>	Location	Position	Effective Date
Rhodes, Stephanie	CES	Teacher	03/01/2016

OUT-OF-FIELD

<u>Name</u>	Location	Out-of-Field Area	No. of Periods
Sheals, Maurice	JASMS	Science	All Dav

<u>Substitutes</u> *SFS/Custodial

TeacherBrown, Linda*Richardson, AriHoward, Jessica *

Sheals, Maurice



SUMMARY SHEET

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA

AGENDA ITEM NO	6b
DATE OF SCHOOL BO	ARD MEETING: March 29, 2016
TITLE OF AGENDA ITI	EM: 2016-2017 Teacher Calendar
DIVISION: Administrat	ion
This is a CONTINU	ATION of a current project, grant, etc.
PURPOSE AND SUMMA	ARY OF ITEM:
Due to a typographical er	ror on the 2016-17 Teacher Calendar, it is necessary to resubmit a
corrected calendar. Januar	ry 3, 2017 will be a teacher planning day and June 7, 2017 will be a
teacher paid holiday. This	will allow teachers to return to school the day prior to students.
FUND SOURCE:	N/A
AMOUNT:	N/A
PREPARED BY:	Pink Hightower, Ph.D.
POSITION:	Deputy Superintendent
	NSTRUCTIONS TO BE COMPLETED BY PREPARER
Number of ORIGIN.	AL SIGNATURES NEEDED by preparer.
SUPERINTENDENT'S SI CHAIRMAN'S SIGNATU	GNATURE: page(s) numbered RE: page(s) numbered
REVIEWED BY:	

Board Approved: February 23, 2016

REVISED: 00/00/0000

2016-2017 TEACHER CALENDAR 196 Days (6 Paid Holidays)

August	8-12	PrePlanning
September	5	Labor Day – Teacher Paid Holiday
October	14	Teacher Planning Day
November	11	Veterans' Day – Districtwide
	21-23	Teacher Paid Holidays
	24-25	Thanksgiving Holidays
December	19-30	Christmas Holidays
January	2	New Year's Day Observed – Districtwide
	3	Teacher Planning Day (Inservice Day)
	16	Martin Luther King Day
February		
March	10	Teacher Planning Day
	13-17	Spring Break – Districtwide
April		
May	29	Memorial Day – Districtwide
June	2-5	Post Planning
	6-7	Teacher Paid Holiday

Teacher Paid Holidays

9/5/16

11/21/16

11/22/16

11/23/16

6/6/17

6/7/17

SUMMARY SHEET

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA

AGENDA ITEM NO.		7a			3 21 10				
DATE OF SCHOOL	BOAR	D MEETING: March 29	9, 2016						
TITLE OF AGENDA	ITEMS	: Revision to Januar	y 26, 2016 Request						
DIVISION: Finance	DIVISION: Finance Department								
PURPOSE AND SU	MMAR'	Y OF ITEMS:							
In accordance with requested to delete	Section and tr	ns 274.04, 274.05 ar ade the referenced I	nd 274.06, Florida St nternational.	atutes, Board	approval is				
TRADE: VIN # IHVBBAAN02H5368 1HVBBAAN6YH2909 (See attached reques	917	Purchase Price \$51,106.00 \$51,416.00 Director of Transporta	Inventory Tag # 200213 200267 tion)	Veh. # 02-85 02-30	Mileage 184278-Returned 182870				
FOR: Sheriff's Department Vehicle: VIN # Make Model Year 1FMEU63E48UA63431 Ford Explorer (Silver) 2008 1FMEU63E18UA17006 Ford Explorer (White) 2008				2008	Mileage 165642 136889				
TOTAL NUMBER OF	F VEHI	CLES 1							
REVENUE:	Applic	cable Funds							
AMOUNT:	\$0.00								
PREPARED BY:	Bruce	James							
POSITION(s):	Coord	I. Safety, Investigatio	n & Property						
INTERNAL INSTRUCTIONS TO BE COMPLETED BY PREPARER									
Number of ORIGINAL SIGNATURES NEEDED by preparer.									
SUPERINTENDENT'S SIGNATURE: page(s) numbered									
CHAIRMAN'S SIGNA	ATURE	: page(s) numbered _							

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE www.fihsmv.gov/offices/

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FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

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Registered Owner:

Date of Issue

02/05/2016

GADSDEN COUNTY SHERIFF'S OFFICE PO BOX 1709 QUINCY, FL 32353

Lien Release Interest in the described vehicle is hereby released

Date

Mail To:

GADSDEN COUNTY SHERIFF'S OFFICE PO BOX 1709 QUINCY, FL 32353

IMPORTANT INFORMATION

- When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: http://www.fihsmv.gov/html/titlinf.html

Identification Number	Year 2008	Make FORD	Body WT-L- UT 4298	BHP Vessel	Regis. No.	7tle Number // 99844749	Lief Release Interest in the described ve	hicle is hereby re
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gistered Owner GADSDEN COUNTY SP PO BOX 1709 QUINCY, FL 32353		FFICE		DUPLICATE	8			
Lienholder NONE								
DIVISION OF MOTORIST SERV	nces	TALLAHASSE	EE F	FLORIDA		DEPARTMENT OF F	HIGHWAY SAFETY AND MOT	OR VEHICLES
DIVISION OF MOTORIST SERV Robert R. Kynoch Director	. 1	TALLAHASSE	1210	FLORIDA		DEPARTMENT OF 1	HIGHWAY SAFETY AND MOT	OR VEHICLES
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Sign Here:

Print Here.

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

PO BOX 1709

NA PER COMPANY OF THE REAL PROPERTY.

QUINCY, FL 32353

T# 894390931 B# 559596

Marin Marin Araba da Marin Mar
Lien Release Interest in the described vehicle is hereby released By
Title
Date

IMPORTANT INFORMATION

Title Number

99971898

Vessel Regis, No.

02/18/2016

- 1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: http://www.fihsmv.gov/html/titlinf.html

Provided Prop Date of Issue O2/15/2016 Date Date of Issue O2/16/2016 Date DUPLICATE DUPLICATE DUPLICATE PO BOX 1709 QUINCY, FL 32353 SI Lienholder NONE DIVISION OF MOTORIST SERVICES TALLAHASSEE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICL Robert R. Kymch Developed Provided Provided Duplication Duplication Duplication Duplication Duplication Department of Highway Safety and Motor Vehicle None Duplication Du	loenlification Number 1FMEU63E48UA63431	Year Make 2008 FORD	Body WT-L-B UT 4298	HP Vessel Regis No	o. Title Number 99971898	Lien Release Interest in the described yehicle is h	ereb
Control Rights or Velsel Manufacturer Of CHURS 165,642 MILES 02/05/2016 ACTUAL DUPLICATE GADEBEN COUNTY SHERIFF'S OFFICE PO BOX 1709 QUINCY, FL 32353 Ist Lichbolder NONE DIVISION OF MOTORIST SERVICES TALLAM-ASSEE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICL Robert R. Kymoch Director Comtrol Number 121014958 TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale) Federal and/or rater law requirer that the seller state the mileage, packager's mark, selling price and date seld in conscious with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition discontion with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition discontion with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition discontion with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition discontion with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition discontion with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition discontion with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition discontion with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition discontion with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition discontion with the transfer of ownership. Fellen's to complete or providing a false statement may result in fine addition disconting the statement and the best of the providing the complete or providing the statement and the best of the best o	State		condary Brand	Brands		Carlos Artis	W.
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GADSDEN DISTRICT SC	HOOL BOARD			-		03/21/	2000
35 MARTIN LUTHER KI QUINCY FL 32351-4	NG JR BLVD						LIEN RELEASE
						INTEREST IN	THE ABOVE DESCRIBED
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MAIL TO:		A.				/	
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QUINCY FL 32351-4							
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SUMMARY SHEET

RECOMMENDATION	N TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA
AGENDA ITEM NO.	7b
DATE OF SCHOOL	BOARD MEETING: March 29, 2016
TITLE OF AGENDA	ITEMS: Water Source for AC Unit
DIVISION: Finan	ce Department
unit for Havana Mag	MMARY OF ITEMS: To approve the purchase order for a water source AC met School. PO will place vendor in the over \$15,000 in expenses with the I year. Previously provided goods/services on the construction project.
FUND SOURCE: 37	9 capital funds
AMOUNT: \$2,723.8	0
PREPARED BY:	Kim Ferree
POSITION:	Assistant Superintendent for Business Services
INTE	RNAL INSTRUCTIONS TO BE COMPLETED BY PREPARER
Number of	ORIGINAL SIGNATURES NEEDED by preparer.
SUPERINTENDENT'	S SIGNATURE: page(s) numbered
CHAIRMANS'S SIGN Be sure that the Cor	IATURE: page(s) numbered nptroller has signed the budget page.

THE SCHOOL BOARD OF GADSDEN COUNTY

DATE

02/17/16

PURCHASE ORDER NO.

188865

35 MARTIN LUTHER KING, JR., BLVD. QUINCY, FLORIDA 32351 PHONE (850) 627-9651 FAX (850) 627-2760

www.gcps.k12.fl.us

FL SALES TAX EXEMPTION # 85-8012621915C-2

FEDERAL ID # 59-6000615

			_				
VENDOR	VW113000	00	SHIP TO THIS	SADDE	RESS		
870-5	R COMPANY BLOUNTSTOW HASSEE	N HIGHWA FL 32304	MAINTENANCE DEPARTMENT 805 SOUTH STEWART STREET QUINCY FL 32351				
PRINCIPAL / S	SUPERVISOR		BUDGET DIRECTOR		SUPERINTEN	DENT	
QUANTITY	PRODUCT NO.		DESCRIPTION		UNIT PRICE	TOTAL	
bd/apul:		FOR AC UNIT	D QUOTE #0016232 NEEDED FOR HAVANA				
1		BOSCH WATER	ODL CL ROOM 639 R SOURCE AC UNIT FRT 3.OT 460 3P HP ID HANDLING	*	300.00	2423.80	

PAY TERMS: NET 30

TOTAL

2,723.80

1. All correspondence/shipments must reflect the PO number. For prompt payment mail invoice to Accounts Payable address above.

 [] If box checked and you accept this PO, goods/services & invoice must be received by the District no later than June 15 of the CURRENT YEAR. NO FINANCIAL OBLIGATION continues after June 30 of the CURRENT YEAR if the box is checked. This PO is void after one year.

3. Notice to Vendor/Contractor: By acceptance of the contract/order in excess of \$10,000 and involving Federal Funds, the Vendor/Contractor agrees to comply with Title 34 Section 80.36 Code of Federal Regulations. Termination for cause and for convenience by the grantee or subgrantee including the manner by which it will be affected and the basis for settlement will be decided by the School Board of Gadsden County. In addition, the Vendor/Contractor agrees to comply with Florida Statute 257.36 regarding retention of records for 5 years.

DISTRII	BUTION TO BI FUNCTION	E COMPLE OBJECT	TED BY OR CENTER	IGINATOR PROJECT	TOTAL PROGRAM	2,723.80 AMOUNT	FINANCE DEPT USE EXPENDITURE
379	7900	681	0091	0999		2723.80	

SUMMARY SHEET

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA AGENDA ITEM NO. _____7c Date of School Board Meeting: March 29, 2016 TITLE OF AGENDA ITEM: Fire & Safety Inspections for Gadsden County Schools DIVISION: Department of Facilities (Example: Secondary Education, Property Records, etc.) This is a CONTINUATION of a current project, grant, etc. PURPOSE AND SUMMARY OF ITEM: For Board approval of Fire and Safety Inspection Services District Wide (to include safety reports for educational facilities and safety reports entered on State Fire Marshal site) as per Florida School Law 1013.12. Inspection services will be performed by A G & B Safety Inspectors of Jasper, FL and are scheduled to be complete March 2016. FUND SOURCE: 110 AMOUNT: \$11,543.68 PREPARED BY: Bill Hunter POSITION: Director of Facilities INTERNAL INSTRUCTIONS TO BE COMPLETED BY PREPARER Number of ORIGINAL SIGNFATUES NEEDED by preparer. SUPERINTENDENT'S SIGNATURE: page(s) numbered CHAIRMAN'S SIGNATURE: page(s) numbered_____

Be sure that the COMPTROLLER has signed the budget page.

DIST: 20 FY:	16 13A-REQUEST F	OR PO I	TEMS	TIME: 15:40
TP -NUMBER R 90204559 0 STAT: B II INSTRS:		V A039	52000 AG & B 588 NW	CENTERS————————————————————————————————————
STK NUM BD-APP.	DESCRIPTION	QTY	UNIT PRICE	COST
SE	E ATTACHED PROPOSAL FOR: RE AND SAFETY INSPECTION	1	10,903.68	10,903.68
SEI FAC	RVICES FOR GADSDEN COUNTY CILITIES, TO BE COMPLETED MARCH 2016.	=		400.00
	FETY REPORTS FOR EDUCATIONAL CILITIES GADSDEN COUNTY (16)	1	400.00	240.00
SAI	FETY REPORTS ENTERED ON		7240.00	
\$17	ATE FIRE MARSHAL SITE (16)			
UPDATE PROCESS	SED. NEXT?			11,543.68 TERML: 8AS9

DIST: 20 FY: 16 13. REQUI	EST FOR PURCHASE ORDER	TIME: 15:05
AC CNTR-REQ# -DATEAMOUNT- 9020 4559 030116 11,543		FETY INSPECTORS
FND-FUNC-OBJ-CNTR-PROJECT-PGM 110 8100 350 9001 1101379	ORIG AMT DBGL-CR 11,543.68 1520 2720	CURRENT COMMT 11,543.68
		11 540 60
REQUEST FOR PO DISPLAYED. NEXT?	TOTAL	11,543.68 TERML: 8AS9

AG&BSAFETY INSPECTORS



National and State Certified
Fire Safety Inspectors

Ronald Hobbs, President 588 NW Harris Lake Dr Lake City, Florida 32055 Phone: (386) 397-5191

RonaldHobbs2446@comcast.n

TAX ID # 20-3246881 PROPOSAL Gadsden County Schools

December 11, 2015

Gadsden County Schools
Attn: Mr. Bill Hunter
Director of Facilities
35 Martin Luther king. Jr. Blvd.
Quincy, Florida 32351

Re: Risk Management/Property Casualty

Fire and Safety Inspections for Gadsden County

Fire and Safety Inspection Services for
Gadsden County facilities, (to be completed in January 2016)

1,362,960 square feet x .008

Safety Reports for Educational Facilities Gadsden County
(16 reports) x \$25. Per report

\$400.00

Safety Reports entered on State Fire Marshal Site
(16 reports) x \$15. Per report

\$240.00

TOTAL AMOUNT OF PROPOSAL

\$ 11,543.68

__Ronald Hobbs_ Ronald Hobbs, Inspector No. 174939

Too

SUMMARY SHEET

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA

. CONTRACTOR AND		
AGENDA ITEM NO. 8a		
Date of School Board Meeting: March 29, 2016		
TITLE OF AGENDA ITEM: School Field Trip Requests (Out-of-State) – Gadsden Elementar Magnet School	У	
DIVISION: K-12 Education		
This is a CONTINUATION of a current project, grant, etc.		
PURPOSE AND SUMMARY OF ITEM: (Type and Double Space)		
According to School Board Policy 2340 (Field and Other District-Sponsored Trips), all out-of-state	field	l
trips must be approved by the School Board. Gadsden Elementary Magnet School is requesting app	rova	l
for an out-of-state field trip to Atlanta, Georgia. Please see attached documentation.		
FUND SOURCE: N/A	10.3	
AMOUNT: N/A	2318 F.5.2	111
	0	
POSITION: Deputy Superintendent	F. 7:	
INSTRUCTIONS TO BE COMPLETED BY PREPARER	a)	
Number of ORIGINAL SIGNATURES NEEDED by preparer.		
SUPERINTENDENT'S SIGNATURE: page(s) numbered	_	

FORM MUST BE RECEIVED IN DISTRICT OFFICE 2 WEEKS PRIOR TO TRIP

FIELD TRIP-REQUEST

SCHOOL:		CONTACT FOR FIELD TRIP:		
Gadsden Elementary Magnet		Gari D. Tookes		
DATE OF TRIP: 93 05/20/2016-05/22/2016	WHO IS ATTENDING: (grade/organization) Grade 6-8			
LOCATION: Atlanta, Georgia		TRAVELING BY:School busXCharter bus		
PURPOSE: To expose students to a work historical concepts, media, a	ld of culminated e nd higher educat	ducation to include: natural science, ion opportunities.		
1. Principal's signature 2. Complete list of participan 3. Complete final itinerary 4. Documentation showing the Florida Standards or the field trip request	ts and chaperones	CHARTER BUS – Required items for approval: Principal's signature Complete list of participants and chaperones Complete final itinerary Copy of charter bus contract with signatures Proof of Insurance showing either district or school as insured		
Signature of Person Requesting Trip Approval of Principal (signature require				
APPROVED		DENIED		
Superintendent/Designee		Date		

Please forward completed form via district mail or fax to:

Mrs. Cheryl Ellison

Administrative Assistant for Curriculum & Instruction Fax: (850) 627-3530 Email: ellisonc@gcpsmail.com

Full Trip Itinerary

Day 1

Time	Destination	Address
7:00am - Breakfast	G.E.M.S. (Included in price)	500 W. King St., Quincy, FL
8:00am - Depart	Gadsden Elementary Magnet	
12:00pm - Lunch	Rest Stop (Included in price)	
1:30pm - Arrive/Check-in	Embassy Suites by Hilton Atlanta	267 Marietta St., Atlanta, GA
3:00pm - Depart Hotel	Embassy Suites by Hilton Atlanta	, , , , , , , , , , , , , , , , , , , ,
4:00pm – Arrive	Georgia Aquarium	225 Baker St. NW., Atlanta, GA
6:30pm - Dinner	Georgia Aquarium	
8:00pm - Depart	Georgia Aquarium	
8:45pm - Arrive	Embassy Suites by Hilton Atlanta	267 Marietta St., Atlanta, GA
10:00pm - Lights Out		

Day 2

	Day 2	
Time	Destination	Address
8:00am - Breakfast	Embassy Suites (Included in price)	267 Marietta St., Atlanta, GA
10:00am - Depart	Embassy Suites by Hilton Atlanta	
10:45am - Arrive	Clark Atlanta University	223 James P. Brawley Dr. SW
12:30pm - Lunch	Included in Price	
1:30pm - Depart	Clark Atlanta University	
2:00pm - Arrive	World of Coca-Cola	121 Baker St. NW., Atlanta, GA
4:30pm - Depart	World of Coca-Cola	
5:00pm - Arrive	IMAX Theatre	767 Clifton Rd., Atlanta, GA
6:00pm - Depart	IMAX Theatre	
7:30pm - Dinner	At-own-expense	
8:45pm – Arrive	Embassy Suites by Hilton Atlanta	267 Marietta St., Atlanta, GA
10:00pm - Lights Out		

Day 3

	Duy 0	
Time	Destination	Address
8:00am - Breakfast	Embassy Suites (Included in price)	267 Marietta St., Atlanta, GA
10:00am - Depart	Embassy Suites by Hilton Atlanta	
10:45am - Arrive	MLK Jr. National Park	450 Avenue NE., Atlanta, GA
12:30pm - Lunch	MLK Jr. Park (Included in price)	
2:00pm - Depart	MLK Jr. National Park	
2:30pm - Arrive	Center for Civil & Human Rights	190 Marietta St., Atlanta, GA
5:00pm - Depart	Center for Civil & Human Rights	
6:00pm - Dinner	At-own-expense	
7:30pm – Arrive	Embassy Suites by Hilton Atlanta	267 Marietta St., Atlanta, GA
9:30pm - Lights Out		

Day 4

Time	Double of the	
Time	Destination	Address
8:30am - Breakfast	Embassy Suites (Included in price)	267 Marietta St., Atlanta, GA
10:30am - Depart	Embassy Suites by Hilton Atlanta	
11:15am - Arrive	Underground Mall	50 Central Ave., Atlanta, GA
12:30pm - Lunch	At-own-expense	
2:00pm - Depart	Underground Mall	
6:00pm - Dinner	Included in Price	
7:30pm - Arrive	Gadsden Magnet Elementary	500 W. King St., Quincy, FL

Atlanta City Pass includes 1 admission to: includes entrance into the GA Aquarium, World of Coca-Cola, Center for Civil & Human Rights & Fernbank Museum

Atlanta City Pass Cost: \$62.50 per person (12 and under); \$76.75 per person (13 +)

Georgia Aquarium

Florida Standard: SC.6.N.3.2, SC.6.L.14.2, SC.6.L.14.6, SC.7.N.1.5, SC.7.L.15.1, SC.7.L.15.2, SC.7.L.17.1, SC.8.N.1.4
225 Baker St. NW, Atlanta, GA 30313

World of Coca-Cola

Florida Standard: SC.6.N.1.2, MAFS.6.EE.2.6, MAFS.7.EE.2.3, MAFS.8.EE.3.7 121 Baker St. NW, Atlanta, GA 30313

Center for Civil & Human Rights

Florida Standard: LA.A.1.3.1, LA.A.2.3.1, LA.A.2.3.6, LA.A.2.3.7, LA.A.2.3.8 100 Ivan Allen Jr. Blvd., Atlanta, GA 30313

Fernbank Museum of National History (IMAX Theatre)

Florida Standard: SC.6.N.3.2, SC.6.L.14.2, SC.6.L.14.6, SC.7.N.1.5, SC.7.L.15.1, SC.7.L.15.2, SC.7.L.17.1, SC.8.N.1.4
767 Clifton Rd., Atlanta, GA 30313

Martin Luther King Jr. National Park

Florida Standard: LA.A.1.3.1, LA.A.2.3.1, LA.A.2.3.6, LA.A.2.3.7, LA.A.2.3.8 450 Avenue NE., Atlanta, GA 30312

Clark Atlanta University Tour

223 James P. Brawley Dr., SW., Atlanta, GA 30313

Embassy Suites by Hilton Atlanta @ Centennial Olympic Park

267 Marietta St., Atlanta, GA 30313 14 rooms in total are needed 1 Charter Bus is needed

G.E.M.S. End-of-Year Middle School Field Trip Proposal Atlanta, Georgia

#	Field Trip Roster	Student/Teacher	Gender
1.	An	Student	Female
2.	Ar	Student	Male
3.	Baker, Annette	Chaperone	Teacher - Female
4.	В	Student	Female
5.	В	Student	Female
6.	Bi	Student	Female
7.	Ci	Student	Female
8.	Cc	Student	Female
9.	Dean, Thomas	Chaperone	Teacher - Male
10.	Domingos, Claretta	Chaperone	Teacher - Female
11.	F	Student	Female
12.	G	Student	Male
13.	G	Student	Female
14.	G	Student	Female
15.	Hi	Student	Female
16.	H	Student	Female
17.	H	Student	Male
18.	Jackson, Barbara	Chaperone	Teacher – Female
19.	Jŧ	Student	Female
20.	Jc	Student	Female
21.	Lewis, Jari	Chaperone	Teacher - Female
22.	M	Student	Female
23.	N	Student	Female
24.	0	Student	Male
25.	R	Student	Female
26.	R	Student	Female
27.	R	Student	Female
28.	R	Student	Female
29.	R	Student	Male
30.	S	Student	Female
31.	S	Student	Female
32.	S	Student	Male
33.	Tookes, Gari	Chaperone	Teacher - Male
34.	W	Student	Female
35.	W	Student	Female

	1VIIKE S LIMOUSINE SERVICE, INC. 3109 W. Tennessee St. Tallahassee, FL 32304 (850) 224-5466 Fax (850) 224-0827							
		3109 W. Tennessee St. Tallahassee, FL 32304				32304	20	7110 07
		(850) 224-5466 Fax (850) 224-0827				,		4115-22
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Number			ft's our p	leasure to be	of service to	you. Our staff ke	eps our vehicles	in excellent condition
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Surcharge								charged in full to the
Driver								whether by accident.
Fee			neglect, o	or intent. Ou	r company ca	annot be held res	ponsible for dela	ays or inconveniences
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or a	credit card. I	he client car	appoint one per	rson to be re	esponsible or	their behalf at	the beginning o	of the run.
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Pymnt Method: Check on PU___ Cash on PU___ Adv Pymnt__ Bill to CC___

Booked By: _____ Booked on: ____ Driver: __

Rock Glass:

Wine Glass:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/25/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, A	ND THE	CERTIFICATE HOLDER.	IE A	CONTRACT	BEIWEEN I	HE ISSUING INSURER(S), A	UTHORIZED
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	, certain	policies may require an er	policy(les) must be ment. A stat	endorsed. tement on th	If SUBROGATION IS WAIVER), subject to rights to the
PRODUCER	semenus).	CONTA	CT Gabby	luncal		
TIB Transportation Insurance Brokers			PHONE	818-24		FAX (A/C, No): 818-2	246 4600
425 West Broadway, Suite 400 Glendale CA 91204			E-MAIL	niuncal@	tibinsurance	(A/C, No): 010-2	240-4090
Giendale CA 91204			ADDRE				
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INSURED	MW/50.0			RA:RLI Insu	irance		13056
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THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORDS	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WHICH THIS
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						PERSONAL & ADV INJURY \$1,00	0,000
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AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
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******PROOF OF INSURANCE ONLY	********	********					
2003 HUMMER #5GRGN23UX3H1156 2003 FREIGHT #1FVACWDK48HZ297 2008 CHEVROLET #1GNFC16018J21 2005 FORD #1F1NU40S95ED02666	03						
See Attached							
CERTIFICATE HOLDER		_	CAN	CELLATION			
Proof Of Insurance Only			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
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ACORD 25 (2014/01)

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SUMMARY SHEET

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA

AGENDA ITEM NO. 8b
Date of School Board Meeting: March 29, 2016
TITLE OF AGENDA ITEM: School Field Trip Requests (Out-of-State) – George W. Munroe Elementary
DIVISION: K-12 Education
This is a CONTINUATION of a current project, grant, etc.
PURPOSE AND SUMMARY OF ITEM: (Type and Double Space)
According to School Board Policy 2340 (Field and Other District-Sponsored Trips), all out-of-state field
trips must be approved by the School Board. George W. Munroe Elementary School is requesting
approval for an out-of-state field trip to Valdosta, Georgia. Please see attached documentation.
FUND SOURCE: N/A
AMOUNT: N/A
PREPARED BY: Pink Hightower, Ph.D.
POSITION: Deputy Superintendent
INSTRUCTIONS TO BE COMPLETED BY PREPARER
Number of ORIGINAL SIGNATURES NEEDED by preparer.
SUPERINTENDENT'S SIGNATURE: page(s) numbered CHAIRMAN'S SIGNATURE: page(s) numbered



FORM MUST BE RECEIVED IN DISTRICT OFFICE 2 WEEKS PRIOR TO TRIP

FIELD TRIP REQUEST

SCHOOL:		CONTACT FOR FIELD TRIP:			
GEORGE W. MUNROE ELEMENTARY		SHANNON WILLIAMS			
DATE OF TRIP: MAY 19, 2013		NDING: (grade/organization) TH GRADE TEACHERS AND STUDENTS			
	TURES THEME PA	ARK TRAVELING BY:School busXCharter bus			
PURPOSE: END OF T	HE YEAR TRII	P			
SCHOOL BUS – Required item 1. Principal's signature 2. Complete list of participants 3. Complete final itinerary		CHARTER BUS – Required items for approval: 1. Principal's signature 2. Complete list of participants and chaperones 3. Complete final itinerary 4. Copy of charter bus contract with signatures 5. Proof of Insurance showing either district or school as insured			
Signature of Person Requesting Trip Approval of Principal (signature required)					
APPROVED	I	DENIED			
hyperintent/Designe	ne	3/8/16 Date			

Please forward completed form via district mail or fax to:

Mrs. Cheryl Ellison

Administrative Assistant for Curriculum & Instruction Fax: (850) 627-3530 Email: ellisonc@gcpsmail.com

GEORGE W. MUNROE ELEMENTARY SCHOOL ACTIVITY REQUEST

1. Requested by: Mrs. Shannon Williams
2. Date of this request: February 22, 2016
3. Date of requested activity May 19, 2016
4. Describe activity requested:
Senior End of the Year Trip to Wild Adventures in Valdosta, GA.
Purpose of activity (How does this relate to your classroom assignment): This is an end of the year activity for graduating 5 th graders. Number of students involved: 58
5. Time of Departure: 8:30 Return: 5:45
6. Bus requested: Yes NoX Number Needed
7. Eating arrangements: (If sack lunches are needed, it will be the responsibility of the person requesting this activity to contact the lunchroom manager (at least 5 days prior to activity) and make ALL arrangements)
8. Will substitute(s) be needed: Yes No X How many?
9. (If yes, you need to fill out a leave form (Leave in Line of Duty) at least two weeks prior of activity)10. Name of chaperones:
Ms. Halderman Mr. Ray
Mrs. Williams Ms. Castro Emily
Ms. McLendon Ms. Randall—Kanyaiah
11. Chaperones approved by Administrator: YesX No 12. Is a security officer needed: Yes No X (If yes, notify Principal) 13. Approximately cost of activity: \$55.00
Ticket cost: Mikes Limousine Service
14. How will this activity be financed: _Monies collected from students to finance transportation and ticket cost.
Submitted by: Mrs. Shannon Williams, 5th grade teacher (Person in charge & responsible
for activity) Approved: Yes X No
(Principal)
**YOU WILL ASSUME PERSONAL RESPONSIBILITY FOR ALL UNAUTHORIZED
EXPENDITURES. AUTHORIZATION MUST BE IN WRITING PRIOR TO
PURCHASE.
Submit: (if applicable)
X-parent permission form
X-teacher/student roster
X-field trip itinerary

GEORGE W. MUNROE ELEMENTARY SCHOOL 5TH GRADE TEAM Wild Adventures Theme Park Valdosta, GA

Date of Fieldtrip: May 19, 2016

Wild Adventures Itinerary

8:00- 8:30- Loading for departure

8:30- Depart from GWM Campus

10:45- Arrival at Wild Adventures Theme Park in Valdosta, GA

11:00-11:20- Eat school pre-packed bag lunches

11:30- Enter Wild Adventures Theme Park

3:00-3:30- Loading for return

5:45- Return back to GWM

9 hrs. 45 min. Approximately – 10 hrs. round trip

*PARENTS, PLEASE BE ON TIME!!!

**TEACHERS AND STUDENTS WILL BE EXPECTING TO
GO HOME IMMEDIATELY.

5TH GRADE FIELDTRIP LIST AND CHAPERONES

Student Name	Student Name	Student Name	CHAPERONES
CR	Ja	E	SHANNON
	,-	A.	WILLIAMS
LA	Col	A	ASHLEY
			MCLENDON
TI	N	Ei	MICHELLE
			HALDERMAN
QI BI	С	Si	CASSANDRA
			HUNTER
C/	Keni	0:	GLORIA
			WILLIAMS
A	Jr"	SI	MICHAEL RAY
N		Aı	LEAH COLEMAN
JC	R	Lı	NANCY CASTRO (M)
D		D	SHAMICKA
	SI		JOHNSON (W)
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WILLIAMS	HALDERMAN	MCLENDON	*2 PARENTS

Dear Fifth Grade Parents,

We are preparing for our end of the year ceremonial activities. The Senior Trip is being planned to attend Wild Adventures Theme Park in Valdosta, Georgia on Thursday, May 19th. We are also planning a ceremony with caps and gowns for our students on Friday, May 27th.

The cost of caps and gowns is \$20. This cost includes the cap, gown, and a 2016 tassel. **DEADLINE**: April 1st.

The cost of the Senior Trip is \$55. This cost includes admission to the theme park, along with the fee for transportation. **DEADLINE**: May 6th.

TOTAL COST: \$75

ALL money must be paid by Friday, May 6th. NO EXCEPTIONS!

** IF A CHILD CAN NOT ATTEND DUE TO BEHAVIOR, A LETTER WILL BE SENT HOME TO NOTIFY THE PARENT.

** NO MONEY WILL BE REFUNDED AFTER MAY 6TH

YES, my child,	WILL attend the trip to
Wild Adventures Theme Park in Valo	dosta, GA on May 19 th .
NO, my child,	WILL NOT attend this
trip.	see had de barde some stage of the second stage of the second second source of the second sec
	Contact Number
Parent Signature	
	Contact Number

IVIIXE'S L'IMOUSINE S'ERVICE, INC. 3109 W. Tennessee St. Tallahassee, FL 32304 Event Date: 5/14/15

	(850) 22	4-5466 Fax (850) 224-0827
		www.limomike.com
* %	Oustoner Name	(c) Munroe Van Hoal # 2
****		57
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	Expiration Date	CYYC LY Time Prop
	Billing Address	D/O Time Rotum
Scheduled	rectine Total E	cillicins sha ogaps Mail DAOTime Rotum_
Rate per Hour	1	Rental Agreement
Number	. 10	's our pleasure to be of service to you. Our staff keeps our vehicles in excellent co
of Hours		ad it is of the utmost importance that all clients act in a responsible manner to $\mathfrak p$ so condition of the vehicles. Smoking and eating are prohibited in all of our $\mathfrak p$
Fuel Surcharge	1 10	he client is responsible for their guests in ALL REGARDS to rules and regulatio
Driver		mage to the sented vehicle owned by this company will be charged in full stomer that contracted with Mike's Limousine Service, lac. whether by a
Fcc	De De	glect, or intent. Our company cannot be held responsible for delays or inconve
Total 96000	, ,	e to traffic, unknown or unforescen mechanical failures, situations deemed * od".
[100]	1 1	% Cancellation Fee
Damage Deposit	.001	
A damage deposit in the amo	ount of \$200.00 per vol	ticle will be secured with the credit card provided to secure your rental. If dame
exceed deposit, additional de Fee Schedule;	posit will be required	an annual real I had a marine de di
Smoking: Lincluding lighting	a cirarette)	- \$100.00 568 loosit preserve
VOMIT: (each occurrence)	an a Gracino)	\$100.00 508 deposit preserve \$200.00 \$100.00 \$75.00 Belence die at \$50.00 \$150.00 \$100.00
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Excessively Dirty Interior (Bu	is) .	\$150.00
Broken or Missing glassware	*	\$10.00 Each
	Te	rmination of Service
> If the client becomes	incapacitated, the r	un is terminated unless another individual chooses to secure the deposit
h it me creat of their	Cuent can appoint o	ne person to be responsible on their behalf at the beginning of the run. y or violate safe operation procedures, the rental will terminate immed
TACK TOTAL OLD STACK		
> With transporting A	NY miners if ANY	alcohol is found in the vehicle or a minor is found visibly impaired, the
terminate immediate		
The original client is respons	ible for evertime fe	es and authorizes those charges to be charged to their credit card (o
rounded to the next 1/2 hour.)	In the event that w	our check is returned, we have your permission to charge the whole
pitts \$25.00 att vice jee to the	credit card listed	on this contract. We are not responsible for items left, lost, or stoles
Tallahassee, Fl 32304.	se a fost and lonnd	box at Mike's Limousine Service, Inc. located @3109 W. Tennes
I agree to these terms		
	Client	Milion's Limousine Service Representative
Mileago out:	PU Add	iess: 1830 Williag st - nect office
Mileage in:	DO Add	
PU Time:	Contact	Info: 210-2467 / 264-0678
Drop Time:	Concett	shannon Michellie
	·	MANUAL VIOLENCE OF THE PROPERTY OF THE PROPERT

Pymnt Method: Check on PU

Booked on:

Wine Glass:

CERTIFICATE OF LIABILITY INSURANCE

MIKES-6 OP ID: GJ

01/27/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TIB Trans 425 West Glendale,	portation ins. Brkrs Broadway, Suite 400 CA 91204	Phone: 818-246-2800 Fax: 818-246-4690	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
			INSURER(S) AFF	FORDING COVERAGE NAIC #
			INSURER A: RLI Insurance	
INSURED	Mike's Limousine Service, Inc		INSURER D ;	
	3109 West Tennessee St Tallahassee, FL 32304		INSURER C:	
			INSURER D:	
			INSURER E :	
			WISURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDUSUBA POLICY EFF POLICY EXP TYPE OF INSURANCE INSR WVD POLICY NUMBER GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY LGB0013882 11/26/14 11/26/15 50,000 CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$

1,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: EXCLUDED PRODUCTS - COMP/OP AGG s PRO-POLICY 3 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 5,000,000 LFB0016232 ANY AUTO 11/26/14 11/26/15 BODILY INJURY (Per person) 3 SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS X BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) X Х HIRED AUTOS s AUTOS s UMBRELLA LIAB OCCUR EACH OCCURRENCE 3 EXCESS LIAB CLAIMS-MADE AGGREGATE 2 DED RETENTIONS WORKERS COMPENSATION WC STATU-OTH AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MARMBER EXCLUDED?
[Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below

E.L. DISEASE - EA EMPLOYEE \$
E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION	

CERTIFICATE HOLDER

0000001

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

AUTHORIZED REPRESENTATIVE

ACCORDANCE WITH THE POLICY PROVISIONS.

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ACORD 25 (2010/05)

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SUMMARY SHEET

M

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA

AGENDA ITEM NO. 8c
Date of School Board Meeting: March 29, 2016
TITLE OF AGENDA ITEM: School Field Trip Requests (Out-of-State) – St. John Elementary
DIVISION: K-12 Education
This is a CONTINUATION of a current project, grant, etc.
PURPOSE AND SUMMARY OF ITEM: (Type and Double Space)
According to School Board Policy 2340 (Field and Other District-Sponsored Trips), all out-of-state field
trips must be approved by the School Board. St. John Elementary School is requesting approval for an
out-of-state field trip to Valdosta, Georgia. Please see attached documentation.
FUND SOURCE: N/A
AMOUNT: N/A
PREPARED BY: Pink Hightower, Ph.D.
POSITION: Deputy Superintendent
INSTRUCTIONS TO BE COMPLETED BY PREPARER
Number of ORIGINAL SIGNATURES NEEDED by preparer.
SUPERINTENDENT'S SIGNATURE: page(s) numbered

30

REVISED 12/03/15

FORM MUST BE RECEIVED IN DISTRICT OFFICE 2 WEEKS PRIOR TO TRIP

FIELD TRIP REQUEST

TRAVELING BY:School busX_Charter bus k of our students during the school year. CHARTER BUS - Required items for approval: 1. Principal's signature 2. Complete list of participants and chaperones 3. Complete final itinerary 4. Copy of charter bus contract with signatures
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1. Principal's signature 2. Complete list of participants and chaperones 3. Complete final itinerary 4. Copy of charter bus contract with signatures
 Proof of Insurance showing either district or school as insured
Approval of Principal (signature required)
NIED
3/1/16 Date

Please forward completed form via district mail or fax to:

Mrs. Cheryl Ellison

Administrative Assistant for Curriculum & Instruction Fax: (850) 627-3530 Email: ellison@gepsmail.com

Trip Itinerary- St. John Elementary to Wild Adventures 5/19/2016

8:00 A.M.

Students complete breakfast in the cafeteria and gather for departure.

8:15 A.M.

Depart from St. John Elementary School

10:00-4:00 P.M.

Explore Wild Adventures Theme Park

(A \$10.00 food voucher provided per student for lunch inside the park.)

4:15 P.M.

Depart Wild Adventures Theme Park

6:00 P.M.

Arrive @ St. John Elementary School

WELCOME HOME!!!!!

St. John Elementary 2015-2016 EOY Trip Roster

Name	Name
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	Ta
	Té
	Ty
	Chaperones
	Katherine Dallas
	Claudia DeMartini
	Jerome Falconer
	John Herzog
	Felicia Jackson
	Domonique Rora
	LaTonya Rollinson
	Le Forty a Nominson

Mike's Limousine Service, inc. CYELL Date, 5/19/16 3109 W. Tennessee St. Tallahassee, FL 32304 (850) 224-5466 Fax (850) 224-0827 www.limomike.com John's Elementer Customer Name Credit Card Expiration Date Billing Address Отегатье Scheduled Rate per Rental Agreement Hour It's our pleasure to be of service to you. Our staff keeps our vehicles in excellent condition Number. and it is of the utmost importance that all clients act in a responsible manner to preserve of Hours the condition of the vehicles. Smoking and eating are prohibited in all of our vehicles. The client is responsible for their guests in ALL REGARDS to rules and regulations. Any Fuel Surcharge damage to the reated vehicle owned by this company will be charged in full to the customer that contracted with Mike's Limousine Service, Inc. whether by accident, Driver neglect, or intent. Our company cannot be held responsible for delays or inconveniences Fee due to traffic, unknown or unforeseen mechanical failures, situations deemed "Acts of 30000 Total 50% Cancellation Fee Damage Deposit + Privers doratuitys A damage deposit in the amount of \$200.60 per vehicle will be secured with the credit card provided to secure your rental. If damages exceed deposit, additional deposit will be required or rental will be terminated. 308 Deposit Incheckh to Reserve Balance also at pickup Fee Schedule: Smoking: (including lighting a cigarette) \$100.00 VOMIT: (each occurrence) \$200.00 \$100,00 Eating in Limo: \$75.00 Spills: Excessively Dixty Interior (Limo) \$50.00 Excessively Dirty Interior (Bus) \$150.00 Broken or Missing glassware \$10.00 Each Termination of Service If the client becomes incapacitated, the run is terminated unless another individual chooses to secure the deposit with cash or a credit card. The client can appoint one person to be responsible on their behalf at the beginning of the run. If the client or their guests become unruly or violate safe operation procedures, the rental will terminate immediately and NO REFUND given. While transporting ANY minors if ANY alcohol is found in the vehicle or a minor is found visibly impaired, the rental will terminate immediately and NO REFUND given. The original client is responsible for overtime fees and authorizes those charges to be charged to their credit card (overtime is rounded to the next 1/2 hour.) In the event that your check is returned, we have your permission to charge the whole amount plus \$25.00 service fee to the credit card listed on this contract. We are not responsible for items left, lost, or stolen while riding in our vehicles. We have a lost and found box at Mike's Limousine Service, Inc. located @ 3109 W. Tennessee St. Tallahassee, Fl 32304. Rathan Lit Mike's Limousine Service Representative PU Address: Mileage out DO Address: Mileage in: Contact Info: PU Time: Cancellation Fee: Drop Time: Adv Pymnt Bill to OC Cash on PU Rock Glass: ___

820-8757270

Wine Glass:



CERTIFICATE OF LIABILITY INSURANCE

DATE (NEWDOMYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER TIB Transportation Insurance Brokers NAME: Gabby Juncal 425 West Broadway, Suite 400 Glendale CA 91204 PHONE (MC, No. Ext.: 818-246-2800 INC. Not 818-246-4690 E-MAIL ADORESS: gjuncal@tibinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: RLI Insurance INSURED 13056 MIKESLE Mike's Limousine Service, Inc. MISURER B: 3109 West Tennessee St MISURER C Tallahassee FL 32304 INSURER D INSURER E COVERAGES

CERTIFICATE NUMBER: 2086924287 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

A		DIASE	SUBR WVD	POLICY NUMBER	EN REDUCED BY	POLICYEXP		
	X COMMERCIAL GENERAL MABILITY			LGB0013883			LIMIT	rs .
1	CLAIMS-MADE X OCCUR				11/26/2015	11/26/2016	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
-					1		PREMISES (Ea occurrence)	\$50.000
							MED EXP (Any one person)	\$5,000
L	GENL AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY	\$1,000,000
L	POLICY PRO-	1 900	GENERAL AGGREGATE	\$1,000,000				
	OTHER				1 1		PRODUCTS - COMP/OP AGG	\$EXCLUDED
A AUTOMOBILE LIABILITY ANY AUTO			LFB0016233	11/26/2015	11/26/2016	COMBINED SINGLE LIMIT	\$ \$5,000,000	
r					i 1		BODILY INJURY (Per person)	\$
h	X HIDER AUTOR V NON-OWNED						BODILY INJURY (Per accident)	5
AUTOS		- 1				PROPERTY DAMAGE (Per nocident)	5	
T	UMBRELLA LIAS OCCUR	-	\rightarrow		-			\$
	EXCESS LIAB CLAIMS-MADE	- 1					EACH OCCURRENCE	\$
DED RETENTIONS	1	- 1			1	AGGREGATE	\$	
W	ORIGERS COMPENSATION	-	-		-			\$
1AI	NO EMPLOYERS' LIMBILITY NY PROPRIETOR/PARTNER/EXECUTIVE Y/N	1					STATUTE OTH-	
(iii	landerbery in NH)	AIN	-1		1	1	E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below	- 1	- 1		1	1	E.L. DISEASE - EA EMPLOYEE	\$	
T	S. S	-	+		-		E.L. DISEASE - POLICY LIMIT	\$

PROOF OF INSURANCE ONLY

2003 HUMMER #5GRGN23UX3H115610 2003 FREIGHT #1FVACWDK48HZ29703 2008 CHEVROLET #1GNFC16018J211249 2005 FORD #1F1NU40S95ED02666 See Attached...

CERTIFICATE HOLDER

CANCELLATION

Proof Of Insurance Only SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 26 (2014/01)

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