

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



"Building A Brighter Future"

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.

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

Sincerely,

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>	<u>Location</u>	<u>Position</u>	<u>Effective Date</u>
Jones, Hasan*	WGHS	Teacher	08/10/2015
Read, Angela	ESE	Speech Language Pathologist	02/24/2016
McDaniel, 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>	<u>Location</u>	<u>Position</u>	<u>Effective Date</u>
Chestnut, Shakina	PreK	SFS Worker	02/16/2016
Fields, Richard	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:**LEAVE**

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

TRANSFERS

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

TERMINATIONS

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

OUT-OF-FIELD

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

Substitutes

<u>Teacher</u>	<u>SFS</u>	
Richardson, Ari	Brown, Linda*	*SFS/Custodial
Sheals, Maurice	Howard, Jessica *	



SUMMARY SHEET

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA

AGENDA ITEM NO. 6b

DATE OF SCHOOL BOARD MEETING: March 29, 2016

TITLE OF AGENDA ITEM: 2016-2017 Teacher Calendar

DIVISION: Administration

 This is a CONTINUATION of a current project, grant, etc.

PURPOSE AND SUMMARY OF ITEM:

Due to a typographical error on the 2016-17 Teacher Calendar, it is necessary to resubmit a corrected calendar. January 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

INTERNAL 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 _____

REVIEWED BY: _____

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

August	8-12	Pre--Planning
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

DATE OF SCHOOL BOARD MEETING: March 29, 2016

TITLE OF AGENDA ITEMS: Revision to January 26, 2016 Request

DIVISION: Finance Department

PURPOSE AND SUMMARY OF ITEMS:

In accordance with Sections 274.04, 274.05 and 274.06, Florida Statutes, Board approval is requested to delete and trade the referenced International.

TRADE:

VIN #	Purchase Price	Inventory Tag #	Veh. #	Mileage
IHVBBAAN02H536819	\$51,106.00	200213	02-85	184278-Returned
1HVBBAAN6YH290917	\$51,416.00	200267	02-30	182870

(See attached request from Director of Transportation)

FOR: Sheriff's Department Vehicle:

VIN #	Make	Model	Year	Mileage
1FMEU63E48UA63431	Ford	Explorer (Silver)	2008	165642
1FMEU63E18UA17006	Ford	Explorer (White)	2008	136889

TOTAL NUMBER OF VEHICLES 1

REVENUE: Applicable Funds

AMOUNT: \$0.00

PREPARED BY: Bruce James

POSITION(s): Coord. Safety, Investigation & Property

INTERNAL 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 _____

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.flhsmv.gov/offices/

CHECK APPLICATION TYPE: ORIGINAL TRANSFER VEHICLE TYPE: MOTOR VEHICLE MOBILE HOME VESSEL OFF-HIGHWAY VEHICLE: ATV ROV MC

1 OWNER / APPLICANT INFORMATION				
Customer Number	Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>	Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no	Owner / Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no
				Unit Number
				Fleet Number

OR AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."
 If applicable: Life Estate/Remainder Person Tenancy By the Entirety With Rights of Survivorship Owner's County of Residence:

Owner's Name As it Appears on Driver License (First, Full Middle/Maiden, & Last Name) GARDNER Cnty School BOARD	Owner's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Co-Owner/Lessee's Name As it Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Co-Owner's/Lessee's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #

Owner's Mailing Address (Mandatory unless a member of the Military) 35 MLK JR Blvd	City Quincy	State FL	Zip 32351
Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)	City	State	Zip

Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)	City	State	Zip
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Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>	City	State	Zip
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Mail To Customer Name (if different From Above Owner)	Mail To Customer's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
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Mail To Customer Address (if different From Above Mailing Address)	City	State	Zip
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2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

Vehicle/Vessel Identification Number FM1EUL6348UA63431	Make/Manufacturer FORD	Year 2008	Body UTSIL	Color SIL	Florida Title Number 99971898
Previous State of Issue FL	License Plate or Vessel Registration Number	Weight 4200	Length Fl. in.	BHP/CC	GVM/LOC
					VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER

TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____	PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____	FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	*DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats
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USE OF VESSEL <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Exempt <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Government <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Commercial Other _____ <input type="checkbox"/> Commercial Spiny Lobster	PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:
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Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers	State of Principal Use
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3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)

<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> ILEV	<input type="checkbox"/> CUSTOM
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> STREET ROD

4 LIENHOLDER INFORMATION

CHECK IF ELT CUSTOMER <input type="checkbox"/>	FEID #	DL # and Sex and Date of Birth	DMV Account #	Date of Lien	Lienholder's Name
Lienholder's Email Address		Lienholder's Address		City	State Zip

If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____ (Signature of Lienholder's Representative)

5 TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?	
<input type="checkbox"/> SALE <input type="checkbox"/> GIFT <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> COURT ORDER <input type="checkbox"/> OTHER (SPECIFY)	DATE ACQUIRED 3, 1, 2016

6 ODOMETER DECLARATION

WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I/WE STATE THAT THIS 5 OR 6 DIGIT ODOMETER NOW READS **165,642** .XX (NO TENTHS) MILES, DATE READ ____/____/____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

1. REFLECTS ACTUAL MILEAGE. 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. 3. IS NOT THE ACTUAL MILEAGE.

7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)

FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN	

**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.flhsmv.gov/offices/

CHECK APPLICATION TYPE: ORIGINAL TRANSFER VEHICLE TYPE: MOTOR VEHICLE MOBILE HOME VESSEL OFF-HIGHWAY VEHICLE: ATV ROV MC

1 OWNER / APPLICANT INFORMATION					
Customer Number	Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>	Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no	Unit Number	Fleet Number
		Owner <input type="checkbox"/> yes <input type="checkbox"/> no	Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no		

OR AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."
If applicable: Life Estate/Remainder Person Tenancy By the Entirety With Rights of Survivorship Owner's County of Residence:

Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name) Gadsden Cnty School Board	Owner's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Co-Owner's/Lessee's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Owner's Mailing Address (Mandatory unless a member of the Military) 35 MLK Jr. Blvd	City Quincy	State FL	Zip 32351	
Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)	City	State	Zip	
Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)	City	State	Zip	
Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>	City	State	Zip	
Mail To Customer Name (If different From Above Owner)	Mail To Customer's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Mail To Customer Address (If different From Above Mailing Address)	City	State	Zip	

2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

Vehicle/Vessel Identification Number 1FMEU63E18UA17006	Make/Manufacturer FORD	Year 2008	Body UT	Color whi	Florida Title Number 9A846749
Previous State of Issue FL	License Plate or Vessel Registration Number	Weight 4298	Length Ft. In.	BHP/CC	GWW/LOC
					VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER
TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____		PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____	
		FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____		*DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats	

USE OF VESSEL <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Exempt <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Government <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Spiny Lobster			PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:
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Previously Federally Documented Vessel, Attach Copy of:
 U.S. Coast Guard Release From Documentation Form; or Copy of Canceled Documentation Papers
 State of Principal Use _____

3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)

<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> ILEV	<input type="checkbox"/> CUSTOM
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> STREET ROD

4 LIENHOLDER INFORMATION

CHECK IF ELT CUSTOMER <input type="checkbox"/>	FEID #	DL # and Sex and Date of Birth	DMV Account #	Date of Lien	Lienholder's Name
Lienholder's Email Address		Lienholder's Address		City	State Zip

If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____
 (Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)

5 TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?
 SALE GIFT REPOSSESSION COURT ORDER OTHER (SPECIFY) _____ DATE ACQUIRED **3, 1, 2016**

6 ODOMETER DECLARATION

WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I/WE STATE THAT THIS 5 OR 6 DIGIT ODOMETER NOW READS **136,889** .XX (NO TENTHS) MILES, DATE READ **3, 1, 16** AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:
 1. REFLECTS ACTUAL MILEAGE. 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. 3. IS NOT THE ACTUAL MILEAGE.

7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)

FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN	

Identification Number 1FMEU63E18UA17006	Year 2008	Make FORD	Body UT	WT-L-BHP 4298	Vessel Regis. No.	Title Number 99844749
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Registered Owner: **GADSDEN COUNTY SHERIFF'S OFFICE** 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
By _____
Title _____
Date _____

IMPORTANT INFORMATION

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.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. 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.flhsmv.gov/html/titinf.html>

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

CERTIFICATE OF TITLE

Identification Number 1FMEU63E18UA17006	Year 2008	Make FORD	Body UT	WT-L-BHP 4298	Vessel Regis. No.	Title Number 99844749
Prev State FL	Color WHI	Primary Brand POLICE	Secondary Brand	No of Brands 1	Use POLICE	Prev Issue Date 12/26/2007
Odometer Status or Vessel Manufacturer or OH use 136,878 MILES 02/05/2016 ACTUAL				Hull Material	Prop	Date of Issue 02/05/2016

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

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

DUPLICATE

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch

Robert R. Kynoch
Director

Terry L. Rhodes

Terry L. Rhodes
Executive Director

Control Number **121014801**

21 / 1 121014801

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: Gadsden County School Board Address: _____

Seller Must Enter Selling Price: 0 Seller Must Enter Date Sold: _____

I/We state that this 5 or 6 digit odometer now reads 136,884 (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading reflects ACTUAL MILEAGE 2 is IN EXCESS OF ITS MECHANICAL LIMITS 3 is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here *Morris A. Young*

CO-SELLER Must Sign Here _____

Print Here Morris A. Young

Print Here _____

Selling Dealer's License Number _____ Tax No. _____ Tax Collected: _____

Auction Name _____ License Number _____

PURCHASER Must Sign Here _____

CO-PURCHASER Must Sign Here _____

Print Here _____

Print Here _____

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

T# 894390931
B# 559596

Identification Number 1FMEU63E48UA63431	Year 2008	Make FORD	Body UT	WT-L-BHP 4298	Vessel Regis. No.	Title Number 99971898
--------------------------------------------	--------------	--------------	------------	------------------	-------------------	--------------------------



Registered Owner: **GADSDEN COUNTY SHERIFF'S OFFICE**
PO BOX 1709
QUINCY, FL 32353

Date of Issue **02/18/2016**

Lien Release Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

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.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. 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.fhsmv.gov/html/titinf.html>

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

CERTIFICATE OF TITLE

Identification Number 1FMEU63E48UA63431	Year 2008	Make FORD	Body UT	WT-L-BHP 4298	Vessel Regis No.	Title Number 99971898	Lien Release Interest in the described vehicle is hereby released
Prev State SIL	Color POLICE	Primary Brand	Secondary Brand	No of Brands 1	Use POLICE	Prev Issue Date 01/15/2008	By _____
Odometer Status or Vessel Manufacturer or OH use 165,642 MILES 02/05/2016 ACTUAL				Hull Material	Prop	Date of Issue 02/18/2016	Date _____

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

DUPLICATE

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Robert R. Kynoch

Robert R. Kynoch
Director

Control Number **121014958**

Terry L. Rhodes

Terry L. Rhodes
Executive Director

21 / 1 121014958

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: _____ Address: _____

Seller Must Enter Selling Price: _____ Seller Must Enter Date Sold: _____

I/We state that this 5 or 6 digit odometer now reads _____ (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading: reflects ACTUAL MILEAGE. 2 is IN EXCESS OF ITS MECHANICAL LIMITS. 3 is NOT THE ACTUAL MILEAGE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: *Morris A. Young*

Print Here: *Morris A. Young*

CO-SELLER Must Sign Here: _____

Print Here: _____

Selling Dealer's License Number: _____ Tax No.: _____ Tax Collected: _____

Auction Name: _____ License Number: _____

PURCHASER Must Sign Here: *Bruce James*

Print Here: *Bruce James*

CO-PURCHASER Must Sign Here: _____

Print Here: _____

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

IDENTIFICATION NUMBER 1HVBBAA6YH290917	YR 2001	MAKE THOM	MODEL	BODY BU	WT-L-BHP 6525	VESSEL REGIS. NO.	TITLE NUMBER 80627974
-------------------------------------------	------------	--------------	-------	------------	------------------	-------------------	--------------------------

REGISTERED OWNER

GADSDEN DISTRICT SCHOOL BOARD
35 MARTIN LUTHER KING JR BLVD
QUINCY FL 32351-4411

DATE OF ISSUE

03/21/2000

LIEN RELEASE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS
HEREBY RELEASED

BY _____

MAIL TO:

GADSDEN DISTRICT SCHOOL BOARD
35 MARTIN LUTHER KING JR BLVD
QUINCY FL 32351-4411

TITLE _____ DATE _____



CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/328.03, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN. THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE OR VESSEL.

IDENTIFICATION NUMBER 1HVBBAA6YH290917	YR 2001	MAKE THOM	MODEL	BODY BU	WT-L-BHP 6525	VESSEL REGIS. NO.	TITLE NUMBER 80627974
PREV STATE N	COLOR	PRIMARY BRAND	SECONDARY BRAND	NO OF BRANDS	USE PVT	PREV ISSUE DATE	
ODOMETER STATUS OR VESSEL MANUFACTURER 10 MILES 03/15/2000 ACTUAL				HULL MATERIAL	PROP	DATE OF ISSUE 03/21/2000	

REGISTERED OWNER)
GADSDEN DISTRICT SCHOOL BOARD
35 MARTIN LUTHER KING JR BLVD
QUINCY FL 32351-4411

LIEN RELEASE
INTEREST IN THE ABOVE DESCRIBED VEHICLE IS
HEREBY RELEASED

BY _____

TITLE _____ DATE _____

1ST LIENHOLDER

NONE



DIVISION OF MOTOR VEHICLES TALLAHASSEE FLORIDA

DEPARTMENT OF HIGHWAY SAFETY
AND MOTOR VEHICLES

Charles J. Brantley



Fred O. Dickinson III

CHARLES J. BRANTLEY
DIRECTOR

Control Number

43259735

FRED O. DICKINSON, III
EXECUTIVE DIRECTOR

TRANSFER OF TITLE BY SELLER

ODOMETER CERTIFICATION - Federal and state law require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to

Purchaser: _____ Address: _____

I/We state that this 5 or 6 digit odometer now reads 182870 (no tenths) miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.

Selling Price: \$ 0 Date Sold: 2/2/16

CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE

1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
2. I hereby certify that the odometer reading is not the actual mileage.
WARNING - ODOMETER DISCREPANCY.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Purchaser: _____
Signature of Co-Purchaser: _____
Signature of Seller: _____
Signature of Co-Seller: _____
(When Applicable) Selling Dealer's License Number: _____

Printed Name of Purchaser: _____
Printed Name of Co-Purchaser: _____
Printed Name of Seller: Gadsden County School Board
Printed Name of Co-Seller: Bruce James

Tax No. _____ Tax Collected: \$ _____

Auction Name _____ License Number _____

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 FOR PO ITEMS

TIME: 15:40

TP -NUMBER- -DATE-
R 90204559 030116

AMOUNT
11,543.68

REQ NUMB

VENDOR/CENTERS
V A03952000 AG & B SAFETY INSPECTORS
588 NW HARRIS LAKE DR.
REQ: 9020 MAINTENANCE DEPARTMENT
SHP:

STAT: B INV:
INSTRS:

STK NUM BD-APP.	DESCRIPTION	QTY	UNIT PRICE	COST
	SEE ATTACHED PROPOSAL FOR: FIRE AND SAFETY INSPECTION SERVICES FOR GADSDEN COUNTY FACILITIES, TO BE COMPLETED IN MARCH 2016.	1	10,903.68	10,903.68
	SAFETY REPORTS FOR EDUCATIONAL FACILITIES GADSDEN COUNTY (16)	1	400.00	400.00
	SAFETY REPORTS ENTERED ON STATE FIRE MARSHAL SITE (16)	1	240.00	240.00
			TOTAL	11,543.68

UPDATE PROCESSED. NEXT?

TERML: 8AS9

A G & B SAFETY INSPECTORS



National and State Certified
Fire Safety Inspectors

Ronald Hobbs,
President

588 NW Harris Lake Dr
Lake City, Florida 32055

Phone: (386) 397-5191
Email:
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 ^{March} ~~January~~ 2016) RSH
1,362,960 square feet x .008 \$ 10,903.68

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

SUMMARY SHEET

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA

AGENDA ITEM NO. 8a

Date of School Board Meeting: March 29, 2016

TITLE OF AGENDA ITEM: School Field Trip Requests (Out-of-State) – Gadsden Elementary Magnet School

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. Gadsden Elementary Magnet School is requesting approval for an out-of-state field trip to Atlanta, Georgia. Please see attached documentation.

FUND SOURCE: N/A

AMOUNT: N/A

PREPARED BY: Pink Hightower, Ph.D.

POSITION: Deputy Superintendent

2016 MAR 10 PM 7:46
GADSDEN COUNTY BOARD OF EDUCATION
OFFICE OF THE SUPERINTENDENT
1000 GADSDEN AVENUE
GADSDEN, GA 30454

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: Gadsden Elementary Magnet	CONTACT FOR FIELD TRIP: Gari D. Tookes
---------------------------------------------	--------------------------------------------------

DATE OF TRIP: 23 05/20/2016-05/26/2016	WHO IS ATTENDING: (grade/organization) Grade 6-8
-----------------------------------------------------	------------------------------------------------------------

LOCATION: Atlanta, Georgia	TRAVELING BY: ____ School bus <input checked="" type="checkbox"/> Charter bus
--------------------------------------	-----------------------------------------------------------------------------------------

PURPOSE:

To expose students to a world of culminated education to include: natural science, historical concepts, media, and higher education opportunities.

SCHOOL BUS – Required items for approval:

1. Principal’s signature
2. Complete list of participants and chaperones
3. Complete final itinerary
4. Documentation showing correlation of the Florida Standards or benchmarks to the field trip request

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	____ 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. <i>(Included in price)</i>	500 W. King St., Quincy, FL
8:00am - Depart	Gadsden Elementary Magnet	
12:00pm – Lunch	Rest Stop <i>(Included in price)</i>	
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

Time	Destination	Address
8:00am – Breakfast	Embassy Suites <i>(Included in price)</i>	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	<i>Included in Price</i>	
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

Time	Destination	Address
8:00am – Breakfast	Embassy Suites <i>(Included in price)</i>	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 <i>(Included in price)</i>	
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	Destination	Address
8:30am – Breakfast	Embassy Suites <i>(Included in price)</i>	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	<i>Included in Price</i>	
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.	B	Student	Female
5.	Bl	Student	Female
6.	Bl	Student	Female
7.	Ci	Student	Female
8.	Co	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.	H	Student	Female
16.	H	Student	Female
17.	H	Student	Male
18.	Jackson, Barbara	Chaperone	Teacher - Female
19.	Ji	Student	Female
20.	Jc	Student	Female
21.	Lewis, Jari	Chaperone	Teacher - Female
22.	M	Student	Female
23.	N	Student	Female
24.	O	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

MIKE'S LIMOUSINE SERVICE, INC.
 3109 W. Tennessee St. Tallahassee, FL 32304
 (850) 224-5466 Fax (850) 224-0827

Event Date: 4/16-19
 or 4/15-22

Gardner Elementary Magnet
 Customer Name

Bus MEI
 Vehicle

 Credit Card

36
 # of People

 Expiration Date CVVC

8:00 AM
 P/U

 Billing Address
 Email Tootles9@gmail.com

 D/O Time Return
8:00 + 7:30 AM

	Scheduled	Overtime	Total
Rate per Hour			
Number of Hours			
Fuel Surcharge			
Driver Fee			
Total	<u>3800⁰⁰</u>		

Rental Agreement

It's our pleasure to be of service to you. Our staff keeps our vehicles in excellent condition and it is of the utmost importance that all clients act in a responsible manner to preserve 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 damage to the rented vehicle owned by this company will be charged in full to the customer that contracted with Mike's Limousine Service, Inc. whether by accident, neglect, or intent. Our company cannot be held responsible for delays or inconveniences due to traffic, unknown or unforeseen mechanical failures, situations deemed "Acts of God".

50% Cancellation Fee

Damage Deposit + Driver's Room & Gratuities

A damage deposit in the amount of \$200.00 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.

Fee Schedule:

- Smoking: (including lighting a cigarette) \$100.00
- VOMIT: (each occurrence) \$200.00
- Eating in Limo: \$100.00
- Spills: \$75.00
- Excessively Dirty Interior (Limo) \$50.00
- Excessively Dirty Interior (Bus) \$150.00
- Broken or Missing glassware \$10.00 Each

50\$ deposit by check to reserve
Balance due at pickup

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.

I agree to these terms _____
 Client

 Mike's Limousine Service Representative

Mileage out: _____

PU Address: 500 W Ring St Quincy FL 32351

Mileage in: _____

DO Address: per Itinerary Attach

PU Time: _____

Contact Info: Gari Tootes - 850-850-6622

Drop Time: _____

Cancellation Fee: 50\$

Rock Glass: _____

Pymnt Method: Check on PU Cash on PU Adv Pymnt Bill to CC

Wine Glass: _____

Booked By: _____ Booked on: _____ Driver: _____



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.

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 Transportation Insurance Brokers 425 West Broadway, Suite 400 Glendale CA 91204	CONTACT NAME: Gabby Juncal PHONE (A/C, No, Ext): 818-246-2800 E-MAIL ADDRESS: gjuncal@libinsurance.com	FAX (A/C, No): 818-246-4690
	INSURER(S) AFFORDING COVERAGE	
INSURED Mike's Limousine Service, Inc 3109 West Tennessee St Tallahassee FL 32304	INSURER A: RLI Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2086924287 **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.


INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJCT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		LGB0013883	11/26/2015	11/26/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$EXCLUDED \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		LFB0016233	11/26/2015	11/26/2016	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

*****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 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx XX xxxxxxxxxxxx	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 
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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 _____

3/8/16
PP 716 PCV

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

FIELD TRIP REQUEST

SCHOOL: GEORGE W. MUNROE ELEMENTARY	CONTACT FOR FIELD TRIP: SHANNON WILLIAMS
-----------------------------------------------	----------------------------------------------------


DATE OF TRIP: MAY 19, 2013	WHO IS ATTENDING: (grade/organization) GWM FIFTH GRADE TEACHERS AND STUDENTS
--------------------------------------	----------------------------------------------------------------------------------------


LOCATION: WILD ADVENTURES THEME PARK VALDOSTA, GEORGIA	TRAVELING BY: <input type="checkbox"/> School bus <input checked="" type="checkbox"/> Charter bus
---------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

PURPOSE: END OF THE YEAR TRIP

SCHOOL BUS – Required items for approval: <ol style="list-style-type: none"> 1. Principal's signature 2. Complete list of participants and chaperones 3. Complete final itinerary 	CHARTER BUS – Required items for approval: <ol style="list-style-type: none"> 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
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Signature of Person Requesting Trip


Approval of Principal (signature required)

<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
 Superintendent/Designee	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 5th graders.
Number of students involved: 58

5. Time of Departure: 8:30 Return: 5:45

6. Bus requested: Yes _____ No 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 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
Mrs. Williams
Ms. McLendon

Mr. Ray
Ms. Castro -- Emily
Ms. Randall—Kanyaiah

11. Chaperones approved by Administrator: Yes No _____

12. Is a security officer needed: Yes _____ No (If yes, notify Principal)

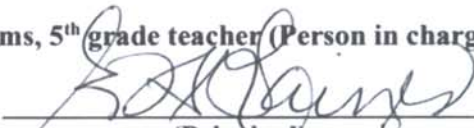
13. Approximately cost of activity: \$55.00

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 No _____



(Principal)

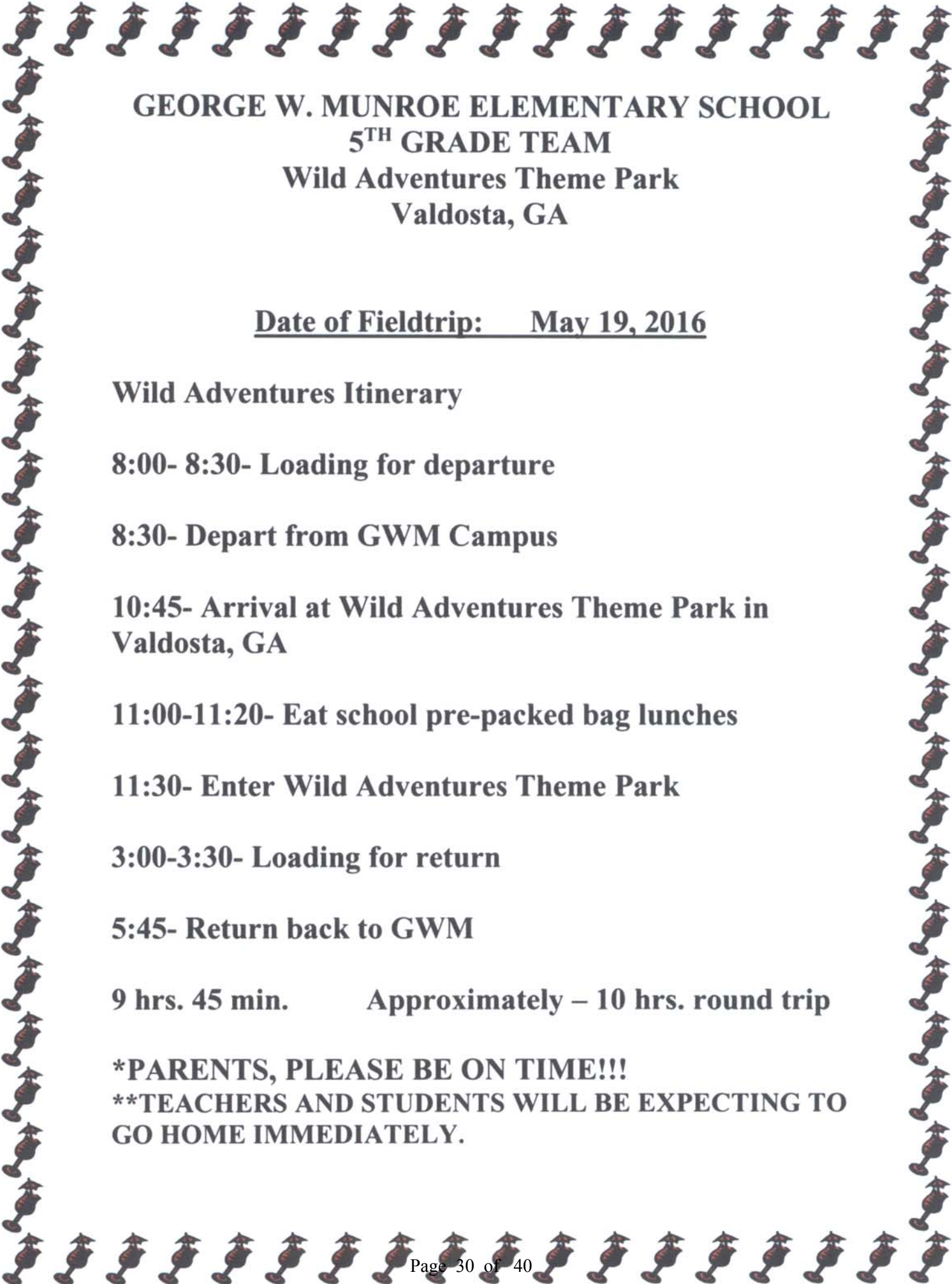
****YOU WILL ASSUME PERSONAL RESPONSIBILITY FOR ALL UNAUTHORIZED EXPENDITURES. AUTHORIZATION MUST BE IN WRITING PRIOR TO PURCHASE.**

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

<u>Student Name</u>	<u>Student Name</u>	<u>Student Name</u>	<u>CHAPERONES</u>
CR	Ja	Ei A	SHANNON WILLIAMS
LA	Col	A	ASHLEY MCLENDON
TF	N	Ei	MICHELLE HALDERMAN
QI BI	C	Sc	CASSANDRA HUNTER
C/	Ken	O:	GLORIA WILLIAMS
A	Jr	SI	MICHAEL RAY
N		A:	LEAH COLEMAN
JC	R	Li	NANCY CASTRO (M)
D	SI	D	SHAMICKA JOHNSON (W)
J/	F	F	
D	La	A	
A	Jaiq	in P	
S		J	
	SI	V I	
D.		E	
Bl		J	
K		J	
U:		I	
C/		/	
Z\		J	
WILLIAMS	HALDERMAN	MCLENDON	*2 PARENTS

March 7, 2016

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 Valdosta, GA on May 19th.

____ NO, my child, _____ WILL NOT attend this trip.

Parent Signature

Contact Number

Contact Number

MIKE'S LIMOUSINE SERVICE, INC.
 3109 W. Tennessee St. Tallahassee, FL 32304
 (850) 224-5466 Fax (850) 224-0827

Event Date: 5/14/15

www.limomike.com

Customer Name: George W. Munroe

Vehicle: Van Hool #2

Credit Card: _____

Occasion: _____

57
of P

Expiration Date: _____

CVVC: _____

LV Time: _____

30A
P/O

Billing Address: _____

williams sha @caps mail D/O Time: _____ Return: _____
1.com spot 800 AM

	Scheduled	Overtime	Total
Rate per Hour			
Number of Hours			
Fuel Surcharge			
Driver Fee			
Total	<u>960.00</u>		

Rental Agreement

It's our pleasure to be of service to you. Our staff keeps our vehicles in excellent condition and it is of the utmost importance that all clients act in a responsible manner to 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 damage to the rented vehicle owned by this company will be charged in full customer that contracted with Mike's Limousine Service, Inc. whether by a neglect, or intent. Our company cannot be held responsible for delays or inconvenience due to traffic, unknown or unforeseen mechanical failures, situations deemed "God".

50% Cancellation Fee

Damage Deposit

A damage deposit in the amount of \$200.00 per vehicle will be secured with the credit card provided to secure your rental. If damage exceed deposit, additional deposit will be required or rental will be terminated.

Fee Schedule:

- Smoking: (including lighting a cigarette) \$100.00
- VOMIT: (each occurrence) \$200.00
- Eating in Limo: \$100.00
- Spills: \$75.00
- Excessively Dirty Interior (Limo) \$50.00
- Excessively Dirty Interior (Bus) \$150.00
- Broken or Missing glassware \$10.00 Each

50% deposit preserved
Balance due at pickup

Termination of Service

- > If the client becomes incapacitated, the run is terminated unless another individual chooses to secure the deposit 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. 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 (rounded to the next 1/2 hour.) In the event that your check is returned, we have your permission to charge the whole plus \$25.00 service fee to the credit card listed on this contract. We are not responsible for items left, lost, or stolen riding in our vehicles. We have a lost and found box at Mike's Limousine Service, Inc. located @ 3109 W. Tennessee Tallahassee, FL 32304.

I agree to these terms _____

Client

Mike's Limousine Service Representative

Mileage out: _____

PU Address: 1830 W. Kings St - near office

Mileage in: _____

DO Address: Wild Adventures 3760 Old Chas. Hulla

PU Time: _____

Contact Info: 210-2467 / 261-0678
Shannon / Michelle

Drop Time: _____

Cancellation Fee: _____

Rock Glass: _____

Payment Method: Check on PU Cash on PU Adv Payment Bill to

Wine Glass: _____

Booked By: _____ Booked on: _____ Driver: _____



SUMMARY SHEET

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 _____

CHAIRMAN'S SIGNATURE: page(s) numbered _____

REVISED 12/03/15

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

FIELD TRIP REQUEST

SCHOOL: St. John Elementary	CONTACT FOR FIELD TRIP: Katherine R. Dallas
---------------------------------------	-------------------------------------------------------

DATE OF TRIP: 05/19/2016	WHO IS ATTENDING: (grade/organization) K - 5 th Grade Students
------------------------------------	-------------------------------------------------------------------------------------

LOCATION: Wild Adventures Theme Park- Valdosta, Ga.	TRAVELING BY: <input type="checkbox"/> School bus <input checked="" type="checkbox"/> Charter bus
---------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

PURPOSE:
End of the Year event celebrating the hard work of our students during the school year.

SCHOOL BUS – Required items for approval: <ol style="list-style-type: none"> 1. Principal's signature 2. Complete list of participants and chaperones 3. Complete final itinerary 4. Documentation showing correlation of the Florida Standards or benchmarks to the field trip request 	CHARTER BUS – Required items for approval: <ol style="list-style-type: none"> 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
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Katherine R. Dallas
Signature of Person Requesting Trip

Maria D. [Signature]
Approval of Principal (signature required)

<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
<i>[Signature]</i> Superintendent/Designee	3/7/16 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

St. John Elementary 2015-2016 EOY Trip Roster

Name	Name
R	St
C	Q
K	Je
C	Ka
Ji	Ja
Z	Ja
Z	Isi
A	Je
C	Za
M	Zc
K	Za
Isi	Ty
C	Se
T	Tc
T	Q
A	Dr
S	Te
Ja	Te
K	Te
K	Ty
Ji	
S	Chaperones
T	Katherine Dallas
T	Claudia DeMartini
T	Jerome Falconer
Ja	John Herzog
R	Felicia Jackson
N	Domonique Rora
A	LaTonya Rollinson
D	
A	
Je	
J	
K	
S	
J	
H	
K	
D	
A	
B	
R	
A	

Mike's Limousine Service, Inc.
 3109 W. Tennessee St. Tallahassee, FL 32304
 (850) 224-5466 Fax (850) 224-0827

Event Date: 5/19/16

Customer Name: St. John's Elementary

Vehicle: 2 Buses

Credit Card: _____

Occasion: 72 # of People

Expiration Date: _____ CVVC _____

LV Time: _____ P/U _____

Billing Address: Dallas R O seps mail
 Email: _____

D/O Time: _____ Return: _____

	Scheduled	Overtime	Total
Rate per Hour			
Number of Hours			
Fuel Surcharge			
Driver Fee			
Total	<u>1900⁰⁰</u>		

Rental Agreement

It's our pleasure to be of service to you. Our staff keeps our vehicles in excellent condition and it is of the utmost importance that all clients act in a responsible manner to preserve 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 damage to the rented vehicle owned by this company will be charged in full to the customer that contracted with Mike's Limousine Service, Inc. whether by accident, neglect, or intent. Our company cannot be held responsible for delays or inconveniences due to traffic, unknown or unforeseen mechanical failures, situations deemed "Acts of God".

50% Cancellation Fee

Damage Deposit + Drivers' Gratuities

A damage deposit in the amount of \$200.00 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.

- Fee Schedule:
- Smoking: (including lighting a cigarette) \$100.00
 - VOMIT: (each occurrence) \$200.00
 - Eating in Limo: \$100.00
 - Spills: \$75.00
 - Excessively Dirty Interior (Limo) \$50.00
 - Excessively Dirty Interior (Bus) \$150.00
 - Broken or Missing glassware \$10.00 Each

50% Deposit by check to Reserve Balance due at pickup

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.

I agree to these terms Kathleen R Dallas Client

Mike's Limousine Service Representative: 32352

Mileage out: _____
 Mileage in: _____
 PU Time: _____
 Drop Time: _____
 Rock Glass: _____
 Wine Glass: _____

PU Address: 4463 Beimbribe Hwy Quincy FL
 DO Address: World Adhesives 3766 Old City Highway
 Contact Info: 643-7821
 Cancellation Fee: 500
 Pymnt Method: Check on PU Cash on PU Adv Pymnt Bill to GC
 Booked By: TELR Booked on: 2/25/16 Driver: _____



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.

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 Transportation Insurance Brokers 425 West Broadway, Suite 400 Glendale CA 91204		CONTACT NAME: Gabby Juncal PHONE (A/C No, Ext): 818-246-2800 E-MAIL ADDRESS: gjuncal@tibinsurance.com FAX IAC. No: 818-246-4690	
INSURED Mike's Limousine Service, Inc 3109 West Tennessee St Tallahassee FL 32304		INSURER(S) AFFORDING COVERAGE INSURER A: RLI Insurance NAIC # 13056 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 2086924287** **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.

INSR LTR	TYPE OF INSURANCE	ADOL	UBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			LG80013883	11/26/2015	11/26/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$EXCLUDED \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			LF80016233	11/26/2015	11/26/2016	COMBINED SINGLE LIMIT (Ea accident) \$8,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$ \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A			PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
*****PROOF OF INSURANCE ONLY*****

2003 HUMMER #5GRGN23UX3H115610
2003 FREIGHT #1FVACWDK48HZ28703
2008 CHEVROLET #1GNFC18018J211249
2005 FORD #1F1NU40S95ED02666
See Attached...

CERTIFICATE HOLDER Proof Of Insurance Only XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXX	CANCELLATION 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
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