

Land O' Lakes High School

20325 Gator Lane, Land O' Lakes, FL 34638 (813) 794-9400 · Fax: (813) 794-9491 lolhs.pasco.k12.fl.us

Mr. Richard Batchelor, Assistant Principal Mrs. Traci Beerman. Assistant Principal Mrs. Kathryn Leeper. Assistant Principal Mr. Jeff Morgenstein, Assistant Principal Mrs. Tisha Doohen, Assistant Principal

Girls' Softball Final Four - Fan Bus Guidelines

The girls' softball team will be playing in the State Semifinals on Friday, 5/19/17, in Vero Beach. Students who are interested in attending the game must meet and agree to the criteria below:

- Students must be on-track.
- Students must submit THREE permission slips to Mrs. Coss by Wed 5/17/17 at 2pm
 - o MIS 166 form
 - LOLHS Field Trip Agreement
 - Field Trip Permission from teachers
- Final Four shirts will also be available for pick up on Thursday, to wear on Friday. Sizes for the shirts are needed on Monday. NONE ordered late! If you are attending the field trip, the shirt will be \$5 instead of \$10. Provide your size to Mrs. Coss on Monday, but pay with the field trip. If using a check, separate checks are needed for the trip and the shirt.
- The cost of the field trip is \$10. This includes the cost of admission to the game. Cash or checks must be brought to Mrs. Coss with the permission slips.
- Students must bring their own money for lunch/snacks.
- We will leave LOLHS at the start of the school day. You will NOT attend classes.
- Upon arrival in Vero Beach, students will enter the stadium and must remain there until the game ends. Upon conclusion of the game, students must be back on the bus within 15 minutes of the game ending.
- Arrival back to LOLHS will likely be around 6 pm. Students who attend this trip need to have a ride home within 5 minutes of arriving at the school. Make arrangements to call someone when we exit the interstate.
- FHSAA does not permit noisemakers, do not bring any. Signs are welcome!

SRA Teacher Permission Form for Final Four Softball Game

Date: Friday, May 19th Duration: 8am-6pm

STUDENTS MAY NOT ATTEND IF THEY ARE PLAYING IN THESPRING FOOTBALL GAME!!!

For lunch, PHSC,	or OJT: write that in the boxes	since no one will be signing for you.		
Student Name	nt Name Student #			
	Teacher (Print)	Teacher Sign to Give Permission		
1st Period				
2nd Period				
3rd Period				
4th Period				
5th Period				
6th Period				
7th Period				
For use by Mrs. Coss C	NLY:			
On-track				
MIS 166 submit	ted			
LOLHS field trip	form submitted			
Paid				

Land O' Lakes High School Student Behavior Agreement for Field Trips

Student Name:	Date of Birth:					
Student ID Number:	Date of Field trip: 5/19/17					
As a student participating in a field trip, I agree to con Board of Pasco County Student Code of Conduct and	duct myself in accordance with the District School all School Board policies.					
Specific to this field trip are the following requirements	s:					
 Students must stay within the established limitations of the trip sponsor. Students must cooperate with and follow the guidelines of the trip sponsor, chaperones, and/or tour guides. Students are prohibited from possessing or using alcohol, tobacco, drugs, toxic vapors, or weapons of any type. Proper attire is expected. The trip sponsor has the final decision-making authority. Profanity and obscene language and gestures are prohibited. Bullying, hazing, and initiation activities are prohibited. Students will abide by all "buddy" or group assignments, and must stay within permitted areas. No lewd behavior or public display of affection. Property vandalism and theft from stores or other locations is prohibited. Additionally, the student/parent will be expected to pay full restitution if property is vandalized or taken. Punctuality is required. It is the student's responsibility to follow the itinerary and times for activities. 						
11. Students will help load, unload, and set up any equi Failure to comply with the <i>Code of Conduct</i> and/o following consequences and/or combination of co	r field trip expectations may lead to the					
	The student being assigned to a chaperone for the remainder of the trip and forfeiting the ability to					
A required meeting with a parent/guardian, the stu upon return to consider consequences, including	A required meeting with a parent/guardian, the student, the trip sponsor, and principal's designee upon return to consider consequences, including possible suspension or expulsion.					
The student being sent home at his/her expense. Because appropriate arrangements must be made for adult supervision during the student's trip home, this may include the cost for an adult to travel with the student.						
4. The loss of all costs associated with the field trip.	No refunds will be made.					
Additional expectations specific to this field trip may require understanding and compliance by both the s	y be attached to this form. They also student and parent/guardian.					
Student Signature Date						
Parent/Guardian Signature Date Phone Numbe	r					

Sec Countr school

DISTRICT SCHOOL BOARD OF PASCO COUNTY PARENT RELEASE

MIS Form #166 Rev. 5/15

TRANSPORTATION BY:

AN CHARLES	School Bus/Van	Private Vehicle	_ Walking	Charter Bus
Date of Field Tr	ip 5-19-17	Spc	nsor_Karen (ioss/Amy Smith
	n of Student Name -		Date of Birth	having been accepted by the
principal, teach	er(s) or other personnel of _	Land o'	Lakes High	n School of the District School Hown - State Soffbal
and I, the unde	ersigned, understand that m	y child, if transported by	a privately owned veh	nicle, charter bus, school bus or
				members of said Board, the
				eer leaders from any financial
				ling said field trip or because of sickness or accident, I hereby
				reatment, and I agree to pay for
	in excess of the amount paid			at may be in effect at the time of
the necessary school events. monies (includ parents, guard associated with	steps to ensure the safety Should this trip or event ling deposits) will be refun lians, etc., are hereby caut this event that are not refun	of its students and staff, be cancelled as a resultided by the vendor(s) a ioned and advised that anded by the vendor(s) and while on this field trip, ple	including the cancella of such an event, the ssociated with this tra the District will not be d returned to the Distri ase list the name of me	edication(s), dose, and time(s) to
	Name of Parent or 0	Guardian – Please Print		Date
Signatur	re of Parent or Guardian	Primary Phone	Alternale Phone	Business Phone
		Street, Rural Route, or P	.О. Вох	
	City		State	Zip Code
,	Name of Additional Emerganous	Contact / Relationship to S	udent	Phone