



Field Trip Application

Criminal history checks will take approx. 4-6 weeks to process.

Orange County Public Schools • Community Resources Office

445 West Amelia Street • Orlando, Florida 32801
(407) 317-3323 • FAX (407) 317-3395 • www.ocps.net

Please print in black or blue ink and complete in its entirety. Do not use pencil.

Field trip application may be sent directly to Community Resources. Applicant sending application directly to CR must inform the teacher/ADDITIONS coordinator of their desire to attend field trip. Please be advised the information you provide herein may be subject to disclosure pursuant to the Florida Public Records Law. FAILURE TO DISCLOSE ARREST INFORMATION OR FALSIFICATION OF THIS APPLICATION WILL DISQUALIFY APPLICANT.

FIELD TRIP INFORMATION

<input type="checkbox"/> DAYTIME CHAPERONE (May require background check)	<input type="checkbox"/> OVERNIGHT CHAPERONE (Background checks are mandatory)
Field Trip Date:	School: School #:
Teacher:	Student's name: Grade:
Destination:	Type of trip activity:

PERSONAL DATA (Must be completed to conduct criminal history background check)

<input type="checkbox"/> Mr. Last Name: First Name	Social Security #	Driver's License #
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
Residence Street Address: City: State: Zip	Date of Birth (mm/dd/yy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Residence Phone #	Business Phone #	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Non-Parent/Guardian
Ethnic Origin <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other		

Have you completed an Orange County Public Schools volunteer application? _____ What year? _____

Yes If yes, for what school? _____

No If no, field trip application must be accompanied by volunteer application

CRIMINAL HISTORY UPDATE

For the safety and protection of our students, please answer the following (all questions must be answered):

Have you ever been convicted or found guilty of a misdemeanor or felony offense? (DUI and DWI convictions must be reported)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been arrested within the past two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently on probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever entered a nolo contendere or no contest plea in a criminal proceeding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had a criminal record sealed or expunged?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had adjudication withheld in a criminal offense? (Felony or misdemeanor)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any felony or misdemeanor charges currently pending against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been imprisoned or jailed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been involved in a military court proceeding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been enrolled in a pre-trial diversion?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever paid a fine? (Other than a non-criminal traffic ticket)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been arrested or charged for any criminal offense where charges were withdrawn, dismissed, dropped or not prosecuted? (As a juvenile and/or an adult)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If answer is "yes" to any of the above questions; submit court documents, police report and explain:	
Have you ever had a criminal offense occur outside the state of Florida?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If answer is "yes", please indicate your address at that time:	
Have you ever had a teaching certificate revoked, put on probation or disciplined?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been dismissed from an OCPS position or had a teaching certificate revoked, suspended, or denied?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been disciplined as an educator?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If answer is "yes" to any of these questions, please attach an explanation and supporting documentation. Volunteers transporting student(s) in a private vehicle must comply with school board policy - Student Transportation in Private Vehicles FILE: EEAG; adopted May 24, 1996.

By signing below, I agree to abide by rules and regulations of the volunteer program. I understand that all involvement with students is restricted to approved school activities. My signature below certifies that I have reviewed the above criminal history information and responded truthfully.

Applicant's Signature: _____	Date: _____
Principal Signature: _____	Date: _____

Athlete's Legal Name: _____ School: _____ Grade: _____

Athlete's Date of Birth: _____ Date of last tetanus shot: _____

My child is allergic to the following medications: _____

My child has the following allergies: _____

Please identify any serious injuries or illnesses your child has had: _____

Alternate family member/friend to contact in case of emergency: _____

Name: _____ Telephone Number(s): _____

Primary Care Doctor Name: _____ Telephone Number: _____

You understand that the insurance offered by Orange County Public Schools is a secondary policy and will pay only after your personal insurance pays. You also understand that your child is only covered by OCPS sport insurance during the FHSAA specified season.

Please write "none" if you have no personal insurance on this athlete.

Primary Insurance Company: _____ Policy Number: _____

Insurance Company Address: _____

You understand if a parent, guardian or student falsifies any signature or information on the emergency medical treatment card, the student will be declared ineligible to participate in any Orange County interscholastic activity for one full calendar year from disclosure date. You further give your permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold the School Board and its employees harmless in the administration of such assistance. I hereby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms. Florida Statutes (92.525) "Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Date

Telephone (H) _____ Telephone (W) _____ Other _____

Street Address: _____

City: _____ State: _____ Zip: _____