Request for Approval for Overnight Travel

Dates: April 14, 15, 16

Program: HOSA (Health Sciences Instructors/Students)

- C9 Instructors
 - o Jessica Smith
 - o Robin King
 - o Jan Tunis
- CERT Instructors
 - o Nickole Milewski
 - o Joe Milewski
- Kaplan Instructor
 - o Krystal Irish
- 30 Students from:
 - o Health Science I
 - o Health Science II: Nursing
 - o Health Science II: Medical Assisting
 - o Dental Careers
 - o Veterinary Careers
 - o PLTW Biomedical

Location: Sheraton, Keystone at the Crossing, Indianapolis

Costs:

| 30 Student Registrations @50.00 each = | \$1,500 |
|--|---------|
| Hotel | \$2,618 |



Central Nine Career Center 1999 US Hwy 31 South Greenwood, IN 46143

| 317-888-4401 | | | | |
|--|--|--|--|--|
| Date of Request | | | | |
| ** bruary 12, 2014 | | | | |
| reacher(s) | Program(s) | | | |
| Milewski, N & Milewski, J | EMT-B, Fire, Health Careers, Medical Assisting, Dental, BioMed, Veterinary | | | |
| Date of Field Trip | supplied the transfer and the | | | |
| April 14 – 16, 2014 | | | | |
| Destination | | | | |
| Sheridan Hotel Keystone at the Crossing | | | | |
| Activity | MORA Screen Linkship Source (Strips Source) | | | |
| HOSA State Leadership Conference. State Officer Training/ | Election | | | |
| Educational Rationale | | | | |
| General Sessions, Networking, Competitive Events, Leader | ship academies, Educational and social learning activities, | | | |
| workshops presented by professional partners that provide Information about current health care issues | | | | |
| Number of Students | Number of Adults | | | |
| 13 | 2 | | | |
| Departure Time | Departure Location | | | |
| 4/ 16 /14 at 0800 | Central Nine Career Center | | | |
| Return Time | Return Location | | | |
| /16/14 at 1330 | Central Nine Career Center | | | |
| Special Instructions/Requests | | | | |
| This will be for the Mini Bus request | | | | |
| Cost to Student | | | | |
| \$120.00 (if the student does not do any of the fund raisers) | | | | |
| What accommodations will be made for students not able to par | ticipate in this field trip and/or unable to afford the trip? | | | |
| They will remain in classes with work to complete. | | | | |
| Teacher Signature Curriculum Director Signature Transportation Director Signature | DATE 3/19/14 DATE 3/19/14 DATE 3-19-7014 DATE | | | |

| Transportation Assignment | Mode of Transportation | Mivi Rus #10 |
|-------------------------------------|------------------------|----------------|
| be completed by | Driver | MIS. MILEM SKI |
| Transportation Director) Special In | Special Instructions | , ACT / JUNE 1 |



Central Nine Career Center 1999 US Hwy 31 South Greenwood, IN 46143 317-888-4401

Field Trip Request Form

| Date of Request | | | |
|--|----------------------------------|----------------------|--|
| Gebruary 12, 2014 | | | |
| eacher(s) | | | Program(s) |
| Milewski, King, J. Smi | th, Irish, Lawton, Blackwell, Tu | nis, Ribelin, | EMT-B, Fire, Health Careers, Medical Assisting, Dental, BioMed, Veterinary |
| Date of Field Trip | | | |
| April 14 – 16, 2014 | | | |
| Destination | | | |
| Sheridan Hotel Key | stone at the Crossing | | |
| Activity | | | |
| HOSA State Leader | ship Conference | | |
| Educational Rational | е | | |
| General Sessions | , Networking, Competitive E | vents, Leader | ship academies, Educational and social learning activities, |
| | | | le Information about current health care issues |
| Number of Students | | | Number of Adults |
| 40 -50 | | | 6-7 |
| Departure Time | | | Departure Location |
| 4/ 16 /14 at 1200N | 425 Knaw | (* | Central Nine Career Center |
| Return Time | | | Return Location |
| '/16/14 at 1330 | | | Central Nine Career Center |
| Special Instructions/I | Requests | | |
| | | | |
| Cost to Student | | | |
| \$120.00 (if the stud | lent does not do any of the | fund raisers) | |
| What accommodatio | ns will be made for students r | not able to par | icipate in this field trip and/or unable to afford the trip? |
| They will remain in | classes with work to comp | lete. | |
| Teacher Signature DATE 3-19/14 Carriculum Director Signature DATE 3-19-14 DATE DATE | | | |
| Transportation | on Director Signature | | 3/19/7019 DATE |
| Transportation Assignment | Mode of Transportation | Right | 9 |
| be completed by | Driver | Brian | lone |
| Transportation Director) | Special Instructions | | |