

North Carolina School of Science & Mathematics
SCHOOL SANCTIONED ACTIVITIES LONG FORM

For overnight travel, travel over 30 miles from campus, or if students will be missing check

Reminder: this form is to confirm that parents/guardians give permission for their students to travel and understand the expectations of the trip. All students will still need to sign out on ORAH before leaving campus.

☐ Field Trip ☒ Academic Competition ☐ J-Term Other _____

Sponsoring Staff Member(s) Chip Bobbert Contact # 910-262-7635

Additional Chaperone(s) Taylor Flach Contact # 919-416-2615
(For overnight, provide more detailed **contact information** on reverse)

Activity(s) FBLA State Leadership Conference
(For extended trips, provide more detailed **daily itinerary** on reverse)

Location(s) Greensboro NC, Koury Convention Center
(Please include the physical address!)

Departure: Day Thursday Date March 20 Time 7-10pm

Return: Day Saturday Date March 22nd Time 4pm

Transportation:

X NCSSM Vehicles _____ Other (Provide source and type on reverse)

Driver(s) Demetrius Williams
(For air transport or commercial carrier provide complete data—flight number, etc.—on reverse)

If Applicable (e.g., for Academic Competitions):

Cost per Student See link below Funding Due Date See link below

<https://www.iatspayments.com/saaura/PA01693BF567F918CE>

Student Name Rishi Gottimukkala Campus Address Durham

Parent/Guardian Name Chandana Gottimukkala Parent/Guardian Phone 919 667 7171

Parental Permission/Waiver:

I, the parent/legal guardian of Rishi Gottimukkala, hereby grant permission for my child to participate in the trip described above.

I further agree to hold and save NCSSM, all current and former officers, agents and employees of NCSSM, and all their successors, in both their official and individual capacities; harmless from all claims and liabilities, including costs and expenses, on account of any liability, including but not limited to death, personal injury, or property damage, arising directly or indirectly from the trip described above.



Signature of Parent/Legal Guardian

3/7/2025

Date

Staff Sponsor Verification:

X Telephone ____ In-Person Confirmation Date 5/7/2025 Time 3/6 - 3:10pm

Staff Sponsor Signature  Date 5/6/2025

Sponsors, please check all boxes below that apply to your trip:

- ☒ Medical Contact Card(s) have been collected (to be collected the day before departure per instructions)
- ☒ Supervisor has been notified and approves of travel
- ☒ Reminded students to submit [Absence Request Form](#) (if applicable)
- ☒ Chaperone/volunteer has signed the [Volunteer Agreement form](#) (if applicable) and sponsor has uploaded the completed document to the [HR Volunteer Submission Inbox](#)
- ☒ Chaperone/volunteer background check has been completed (if applicable)
- ☒ [Travel Authorization Form](#) has been completed (if applicable)
- ☒ [Budget Template Form](#) has been completed (if applicable)

ACTION ITEM FOR EMPLOYEE SPONSORS: Once **all** of the Long Forms (permission/waiver) have been **completed** for each traveling student, please go to the [Field Trip/Activity Documentation Folder](#). Once there, sponsors must create their own sub-folder, titled as follows:

First Initial. Last Name-Activity/Trip/Competition Name-MM.DD.YYYY
(Example) **S. Sutton-HOSA-02.15.2025**

Include all of the completed student permission forms you have **along with a roster of students** you are taking to your event. This information is shared with Student Life and the Academic Programs Office. Do **NOT** email these forms individually to Student Life and Academic Programs.

****NOTE:** Students and parents/guardians should NOT be uploading these forms – **only sponsoring staff members.**