

NJFBLA State Leadership Conference Sign-Up for JPSFBLA

The State Leadership Conference is a two day event at Atlantic City NJ, where students can compete at the state level in their respective events. This is the second step in the competitive event sequence. The top scorers for these exams will be able to move on to the National Leadership Conference being held in Atlanta GA. If you did not participate or place in Regionals, you may still compete in one of the State Only Events. You **MUST** fill out this form completely if you wish to attend States and submit it to Ms. Cleary/Ms Tolba in Rm 106 before and after school **ONLY** (Do not disturb classes during the school day).

Only checks, money orders or cashier's checks will be accepted. **No cash** will be accepted. Furthermore, it is imperative that you hand in this form along with the necessary payment as soon as possible since there are a limited number of spots available on the bus. State events and rooming preferences are on a **first come first serve basis**.

All questions should be forwarded to jpsfbla@gmail.com.

First Name:	Last Name:
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Homeroom	Cell Phone:
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Are you a vegetarian? (circle one): Yes / No
Did you place in Regionals? (circle one): Yes / No
What event did you place in?:
What place did you earn?:

***Please note:** If you placed at a particular event in regionals, then you **MUST** continue with that event. You cannot compete in a state-only event.

How many people would you like to have in your room (including you)? 2 / 3 / 4	
Who would you like to room with? (<i>There should be the same number of people in the room as you indicated above</i>) Quad Rate (per person): \$252.00 Triple Rate (per person): \$260.00 Double Rate (per person): \$275.00 *Prices include lunch for both days	Name:
	Name:
	Name:

***Please note:** We will try to accommodate all rooming preferences to the best of our ability. However, if a prospective member of your room does not turn in their forms on time and is unable to go on the trip, then we will not be able to give you your preferred room selection.

Do you want to be randomly assigned roommates? (Check one):	
<input type="checkbox"/> I want to be randomly assigned to the corresponding number of roommates	<input type="checkbox"/> I have already selected enough roommates to fill my room

State Only Event Sign Up

Individual State Events	Team Only State Events (max. # of people allowed in a team)	Individual or Team (max. # of people allowed in a team)
Electronic Career Portfolio [2] Impromptu Speaking [1] Public Speaking 1 [1] Public Speaking 2 [1] Scholarship [1] Sales Presentation [1]	Business Ethics (3) [2] Emerging Business Issues (3) [1]	Computer Game Simulation & Programming (3) [2] Public Service Announcement (3) [2] Publication Design (2) [2] Digital Video Production (3) [2] Website Design (3) [2] Graphic Design (3) [2] Social Media Campaign (3) [1] Desktop App. Programming (3) [2] E-Business (3) [2] Business Financial Plan (3) [1] Business Plan Project (3) [1] Introduction to Business Presentation (3) [1]

***Please note:** Public Speaking 1 and Introduction to Business Presentation is open for 9th and 10th Graders ONLY while Public Speaking 2 is open for 11th and 12th graders ONLY. The number in (#) indicates the maximum number of members each team can consist of. The number in [] indicates the number of teams/individuals that will represent JPS at States.

All Prejudged Materials must be handed in by January 15-Please refer to the Competitive Events Guide for Specific Instructions. Please visit www.jpsfbla.org

Individual State Event	
1st Choice:	
2nd Choice:	3rd Choice:

Team State Event	
1st Choice:	
2nd Choice:	
Team Members:	

Only checks/ money orders will be accepted. Please make payable to: JPSFBLA. Check number : _____



PUBLIC SCHOOLS OF EDISON TOWNSHIP

John P. Stevens High School

855 Grove Avenue, Edison, NJ 08820

(732) 452-2800

FAX (732) 452-2863

**Field Trip Permission Form
Parent Waiver**

The Edison Board of Education has provided funding for valuable educational experience types of field trips. The trips still remain a voluntary activity and the field trip activities cannot be used as a compulsory educational requirement. When trips are funded by the Board of Education, all activities are paid for by the Board of Education. The only exception that may be used by the teacher is the requirement that students bring their own lunches.

It is essential that we maintain accurate records of all field trip activities. We must have a complete list of all students participating that must be placed on file prior to departure, and we must have an accurate record indicating parental knowledge and approval.

STUDENT NAME _____ GRADE & SECTION _____

STUDENT HOME ADDRESS _____

TELEPHONE (OPTIONAL)
FOR EMERGENCIES ONLY _____

FIELD TRIP ACTIVITY FBLA STATE Convention - Over night

FIELD TRIP LOCATION Harrahs - Atlantic City

TEACHER IN CHARGE Cleary Tolka

DATE OF TRIP Feb 18th 7:00 - Dep Feb 19th - 6:00pm ^{Ret}

DEPARTURE TIME _____

RETURN TIME _____

Email: _____ STUDENT Cell: _____

By completing the above items, I hereby grant permission for my son/daughter to participate in the field trip described above.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PLEASE RETURN TO THE TEACHER IN CHARGE

PUBLIC SCHOOLS OF EDISON TOWNSHIP
 EDISON, NEW JERSEY 08837
 HEALTH SERVICES

HEALTH INFORMATION FOR FIELD TRIPS

Student Name: _____ Social Security # (optional): _____
 Home address: _____ Date of Birth: _____
 Homeroom: _____ Grade: _____ Age: _____ Male: Female:
 Destination of Trip: _____ Date(s) of Trip: _____

Trip Advisor/Teacher: _____

Emergency Contact Person(s)*:

1. Mother/Guardian: _____ Home phone: _____
 Work phone: _____ Beeper/Cell phone: _____
2. Father/Guardian: _____ Home phone: _____
 Work phone: _____ Beeper/Cell phone: _____
3. Other Contact person: _____ Home phone: _____
 Work phone: _____ Beeper/Cell phone: _____
4. Physician Name: _____ Phone: _____

** Please make sure these persons CAN BE REACHED THE DAY(S) OF THE TRIP.*

Does your student have Health Insurance? Yes No

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Is there any health-related condition or medication which may need special consideration during the field trip? NO YES (please specify below)

Condition/medication(s): _____

- *If there is a significant health-related condition which may need special consideration during the field trip, please make every attempt to be a trip chaperone. If student's safety cannot be arranged and assured, student may not be able to attend.*
- *Students are allowed to self-administer asthma inhalers, injectable epinephrine, or other medication for a life-threatening condition providing there is physician and parent permission on file for the current school year. Contact the school nurse for appropriate district forms to be completed.*
- *ALL MEDICATIONS (prescription and over-the-counter) require current physician order and parent permission on file. Medication MUST be in original labeled container or packaging. Contact school nurse for district medication administration form.*
- *CONTACT THE SCHOOL NURSE IMMEDIATELY IF ANY HEALTH CONCERN.*

Is there any reason that your student may not participate fully in the field trip activities?
 NO YES (please specify below)

Explain limitation(s): _____

PARENT/GUARDIAN AUTHORIZATION:

The above information is correct to the best of my knowledge, and my student can engage in all field trip activities unless noted above. In case of emergency and I cannot be reached, I give permission to the physician or hospital selected by the school representative to secure proper treatment and medical care (e.g. medication, anesthesia, surgery, etc.) in case of emergency or as specified above for my student.

 Signature of Parent/Guardian Date

HEALTH HISTORY UPDATE:

Please check YES or NO for the following health information concerning your student. Be sure to include any recent (past 6-12 months) injuries, illnesses, or surgery that is in the student's health history which could influence their class trip activity participation or needs.

	<u>Yes</u>	<u>No</u>	<u>Specifics</u>
Allergy (environmental, food, medication etc.)	___	___	_____
Arthritis/joint or bone condition	___	___	_____
Asthma/Reactive Airway Disease	___	___	_____
Bleeding/blood disorder (eg: anemia, hemophilia, sickle cell disease, etc.)	___	___	_____
Communicable disease/condition or recent exposure (eg: strep, head lice, chicken pox, pink eye, impetigo, ringworm, etc.)	___	___	_____
Developmental condition/consideration (eg: ADHD, Down's Syndrome, Autism, brain injury, etc.)	___	___	_____
Diabetes	___	___	_____
Digestive/stomach condition	___	___	_____
Dental/orthodontic appliance or other prosthesis	___	___	_____
Eyeglasses/contacts/vision loss	___	___	_____
Fainting/lightheaded episodes/heat sensitivity	___	___	_____
Hearing loss	___	___	_____
Heart condition or chest pain with exercise	___	___	_____
High blood pressure	___	___	_____
Seizure disorder	___	___	_____
Immune system disorder (eg: mono, chronic fatigue syndrome, chemotherapy, etc.)	___	___	_____
Menstrual disorder/difficulties	___	___	_____
Significant fears/phobias	___	___	_____
Sleepwalking or sleep time difficulties	___	___	_____
Toileting considerations	___	___	_____
Orthopedic condition, recent injury, back pain	___	___	_____
Other (please specify)	___	___	_____
Date of most recent tetanus shot, if known	___	___	_____

Please specify any dietary needs:
___ Vegetarian ___ No milk/dairy ___ Food allergy ___ Other

** Some conditions above may require specific physician clearance to participate.