

DERBY PUBLIC SCHOOLS

School Trip Proposal / Request Form

Travel / Study Approval for Out of State and or Overnight Trips

School: DERBY MS + HS Principal: DR. ARNOLD FRANK
Date(s) of Trip: MAY 16, 2015 Trip Organizer(s): DOYAL CURRIER
Destination of Trip: HOLY CHOICE HIGH SCHOOL - SIX FLAGS AMUSEMENT PARK
Grade level of student participants: 7-12 No. of Students: 67
Educational Objectives including related classroom activities prior to / following the trip: _____
STUDENTS WILL PERFORM A VARIETY OF MUSICAL
PIECES FOR IN A COMPETITIVE + RATING SETTING
BY FULFILLING THE NATIONAL STANDARDS OF MUSIC.
Funding Source(s): STUDENTS + FUNDRAISING
Complete if students are paying for all or part of the trip.
Total fees required from each student: Transportation Cost: \$60.00 Event Fee: \$70.00 Meals incl.
Lodging: —
Source(s) of funds for students who qualify for fee waiver: _____
Cost of Nurse (if applicable): _____ Funding source: _____
Name of travel agent (if applicable): JAMIE DAVIDSON 888-323-0974 ext-4099
Name of transportation service vendor: EDN TRAVEL SERVICES
No. of buses required: 2 Cost per bus: \$2000.00
Date / Time of trip: Departing Derby: 7:00 AM Returning to Derby: @ 7 PM LEAVING MASS.
Number of chaperones on trip: 7


Completed forms should be submitted to the principal who, if the trip is approved, will forward this to the Superintendent of Schools and Board of Education for final approval.

Include the information below when submitting this approval form. (Place a check mark by each item indicating its inclusion in the approval packet.)

- Information outlining parental financial responsibility should there be an emergency cancellation
- Parent / Guardian letter explaining the trip and travel itinerary
- Parent / Guardian Permission and Acknowledgment of Risk for Student Travel Form
- Emergency Plan (Includes arrangements for medical needs, parent / guardian contact information, access to communication devices, and procedures for general potential emergency situations)
- List of Chaperone Names and Phone Numbers with MPS employees noted
- Telephone Tree in the event of an emergency

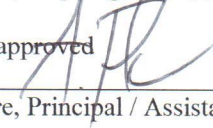
Be sure the school administrator has a list of those students participating in the activity and a copy of the emergency contact numbers.

I / We certify that this trip proposal is in accordance with Derby Public Schools policies and corresponding regulations:



Signature, Trip Organizer(s)

Trip approved



Signature, Principal / Assistant Principal



Date

Signature, Superintendent or Designee

Date

Trip Denied

Reason: _____

Signature, Superintendent or Designee

Date

Out-of State / Overnight Trips Checklist

- Obtained approval at least three (3) weeks prior to the trip.
- Submitted list of participating students submitted to Principal and Health Office at least two (2) weeks prior to the trip.
- Submitted an updated list of participating students to Principal and Health Office on day of trip (No students should be added to the original list on the day of the trip.)
- Arranged substitute teacher with the Principal / designee if needed
- Arranged instructional and supervisory assignments for students not participating
- Arranged appropriate number of chaperones and provided orientation
- Clearly explained expectations of students
- Received parent permission forms and emergency medical forms

Teacher Directions: After your *School Trip Proposal / Request Form* has been approved, you are required to complete this form, and send it home to parents. Only those students whose parents have signed and returned the form to you will be permitted to go on the school trip. You should follow these directions: 1) Use one form per trip; 2) complete the school portion (top half) of form; 3) duplicate one form per student; and 4) send a copy home for parent and student signatures.

**PARENT/GUARDIAN PERMISSION AND
ACKNOWLEDGEMENT OF RISK FOR STUDENT TRAVEL**

Teacher Directions: After your *School Trip Proposal / Request Form* has been approved, you are required to complete this form, and send it home to parents. Only those students whose parents have signed and returned the form to you will be permitted to go on the school trip. You should follow these directions: 1) Use one form per trip; 2) complete the school portion (top half) of form; 3) duplicate one form per student; and 4) send a copy home for parent and student signatures.

Parent Directions:

Please read this form, and, if you give your child permission to attend the school trip,
sign and return it to your child's teacher.

Date(s) of Trip: MAY 16, 2015

Trip Organizer(s): DEREK CURRIER

Destination of Trip: HOLYOKE HIGH SCHOOL / SIX FLAGS

Educational Objectives: _____

Supervision:

Students will be directly supervised by adults at all times.

Students will be directly supervised by adults with the following exceptions: AMUSEMENT PARK RIDES

A School Nurse will be present on this school trip.

Transportation Provided: School Bus Charter Bus Personal Vehicle Leased Vehicle

Related Risks: Swimming Pool Amusement / Theme Park Beach or Ocean Other None

Student Agreement:

Student Name: _____

Grade: _____

While participating on this school trip, I will accept responsibility for maintaining conduct in accordance with the Derby High School Code of Conduct and I will follow directions of the school trip organizers / chaperones at all times.

Student Signature: _____ Date: _____

Parent / Guardian Permission:

I have read and understand the attached description of the school trip. I also understand that participation in the school trip will involve activities of school property; therefore, neither the Board of Education nor its employees and volunteers will have any responsibility for the condition or use of any nonschool property.

I give permission for _____ to participate in all aspects of this school trip.

Parent / Guardian Signature: _____ Date: _____

Parent Contact Number: _____

MUSIC IN THE PARKS FIELD TRIP PROPOSAL 2015

List of chaperones:

1. Derek Currier
2. Amy Hannequin
3. Maureen Zahara
4. Dr. Stacy Chambers
5. Mrs. Kitty Newburg (Parent)
6. TBD
7. TBD

We will be asking more parents to chaperone with the forms that are going home.

We have budgeted for 67 students with 7 chaperones. There is room for more students to participate and costs will still be covered. There will be 51 students from the middle school and 16 students from the high school

A deposit of \$200.00 per bus is due ASAP. This comes to a total of \$400.00 to ensure we have the buses from the bus company because they run out quickly.

Time line of payment to bus company:

\$400.00 deposit ASAP – February 14th 2015 – March 16th, 2015 – April 15th, 2015

Time line of payment to Music in The Parks:

\$200.00 Deposit due by February 15th, 2015

Remaining balance due by April 16th, 2015

Derek E. Currier
Band, Chorus, & General Music
Derby Middle School
10 Nutmeg Avenue
Derby, CT 06418
Phone: 203-736-1426
Fax: 203-736-3234



MUSIC IN THE PARKS BAND AND CHORUS MUSIC FESTIVAL 2015 – MAY 16, 2015

Dear Parent / Guardian,

The Derby Public Schools band and chorus will be attending and performing in The Music In The Parks 2015 Music Festival at Six Flags Amusement Park in Agawam, MA. Total cost per student is \$130.00 which includes: 1.) Six Flags Amusement Park Ticket and Lunch Ticket , 2.)Chartered Bus to and from Derby Middle School and 3.) Music Festival T-Shirt

PAYMENT SCHEDULE*

1st Payment of \$50.00 DUE FEBRUARY 2nd , 2015 with all signed forms

2nd Payment of \$50.00 DUE MARCH 1st , 2015

3rd Payment of \$30.00 DUE BY APRIL 1st , 2015

**All payments must be made in either cash or money order form*

** All payments are non-refundable. Teachers reserve the right to remove a student from the trip due to disciplinary action and will not receive a refund.*

The bus will depart from Derby Middle School at 7:00 am and traveling to the performance venue at Holyoke High School- 500 Beech Street Holyoke, MA . After the performance students will travel to Six Flags Amusement Park in Agawam, MA for a day of fun and will be departing from Six Flags at 7:00pm to head back to Derby Middle School.

The following must be filled out completely:

Circle one: BAND or CHORUS

T-Shirt Size: XL L M S

STUDENT NAME: _____ PARENT /GUARDIAN NAME: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Parent Cell Phone: _____

I would like to be a chaperone* (check one) YES ___ NO ___ T-Shirt Size: XL L M S

**Please note that chaperone spots will be filled on a first come, first serve basis*

For any more information or questions please contact: Derek Carrier – dcurrier@derbyps.org 203-736-1426 or

Amy Hannequin – ahannequin@derbyps.org 203-736-5032



Motor Coach Services Agreement

This Transportation Agreement (“Agreement”) is made by and between EPN Travel Services, Inc. (“EPN”) and Derby Middle School (“Group”). Group hereby appoint/assigns Mr. Derek Currier as Group Leader.

I. SERVICES TO BE PROVIDED: EPN shall act as agent for Group in connection with group travel arrangements requested or desired by Group for transportation (“Services”).

EPN is acting as agent for Group only in all matters pertaining to transportation or other travel services arranged. EPN is not acting as agent for the travel/tour providers. All arrangements are expressly subject to all terms and conditions as issued by, interpreted by and implemented by the outside carriers or other travel/tour providers. By executing this Agreement, Group hereby appoints EPN as its agent for the purpose of arranging, booking and otherwise scheduling transportation for, on behalf of and in the name of Group.

Name of School:	Derby Middle School	Departure Time:	7:00 AM
Trip Departure Date:	May 16 th , 2015	Pick-Up Location:	10 Nutmeg Avenue, Derby, CT 06418
Trip Return Date:	May 16 th , 2015	Return Time:	7:00 PM (board bus)
Drop-off Location:	10 Nutmeg Avenue, Derby, CT 06418		

II. COMMENCEMENT OF SERVICES: No Services shall be commenced or performed by EPN until Group executes this Agreement and returns same to, and is received by, EPN. Similarly, EPN shall not be required to perform or continue performing any Services unless and until all deposits and installment payments (as hereafter provided) are paid to EPN by Group. Any tentative reservations made or booked by EPN on behalf of Group may be released by EPN if initial deposit is not received within thirty (30) days of the execution of this Agreement by Group or if any other deposit/payments are not timely received by EPN for Group.

Special Requirements for Service:

Motor Coach/Vehicle Number	Seating Capacity	Special Requirements
Vehicle 1	55	
Vehicle 2	55	
Vehicle 3		
Vehicle 4		



Motor Coach Services Agreement

III. TRANSPORTATION DEPOSIT/PAYMENT SCHEDULE: All payments are due in U.S. Currency. EPN can accept payments by VISA/Mastercard/American Express/Discover and business checks from Group. EPN cannot accept individual checks/payments from individual participants. All payments must be in the form of a single payment for each deposit/payment required.

Daily Rate per Motor Coach: \$1,967.50

Other Fees & Costs: Parking and tolls

Total Charges for All Transportation Services*: **\$3,935.00**

*The above charge is based on the preliminary itinerary and is subject to change without notice. Cost may change due to itinerary addition, deletion, & fuel surcharge.

Deposit Amount: **\$400.00** **Deposit Due:** **ASAP**

Remaining Balance After Deposit: **\$3,535.00** **Balance Due:** **April 15th, 2015**

All amounts due for transportation arrangements must be paid in full at least thirty (30) days prior to departure date. Payments are necessary to confirm scheduled tour options. If full payment is not received at least thirty (30) days prior to the departure date, all group transportation arrangements may be canceled. Group shall be responsible for any and all penalties or charges incurred or assessed by third parties as a result of the cancellation or transportation arrangements.

IV. TRANSPORTATION CANCELTION POLICY:

ALL CANCELATIONS MUST BE RECEIVED IN WRITING FROM THE GROUP LEADER/GROUP. In the event Group cancels, postpones, or otherwise changes or withdraws from the transportation dates, the following policy shall apply:

***More than ninety (90) days prior to departure:** Full refund less any charges assessed by outside services/vendors.

***46-90 days to departure:** Full refund less \$25.00 cancellation fee per person plus any charges assessed by outside services/vendor.

***Less than forty-five (45) days prior to departure:** No refunds. Group shall be responsible for any additional charges or penalties assessed by outside services/vendor.

V. LIMITATIONS OF LIABILITY/INDEMNIFICATION:

EPN shall be not be liable or otherwise responsible for any personal injury, damage, loss, accident, or irregularity which may occur in connection with any transportation arrangements made by EPN on behalf of Group unless and only to the extent of that EPN is grossly negligent in

failing to book or schedule such transportation arrangements. EPN shall not be responsible for any loss or damage to any individual participants' baggage.



Motor Coach Services Agreement

Under no circumstances shall EPN be liable for incidental, non-economic, consequential, exemplary, punitive or similar damages asserted by Group or any individual participants with Group or anyone making claim arising out of EPN's performance obligations hereunder. Group agrees to indemnify, save and hold EPN harmless (including by not limited to a requirement to either tender a defense of any such claim to EPN or pay all costs and attorney's fees for EPN to tender such defense), from any and all claims, damages or other relief sought by any person or failing to book or schedule transportation arrangements requested by Group.

EPN reserves the right to decline or refuse any participants as a member of the Group for purposes of scheduling any transportation arrangements and EPN shall have any liability or responsibility other than a refund as provided in its refund/cancellation policies set forth above.

VI. AUTHORITY TO SIGN/BIND GROUP:

The person signing this agreement on behalf of Group represents and warrants that he/she has read and accepts this Motor Coach Services Agreement in its entirety, is fully and properly authorized to enter into this Agreement on behalf of and in the name of Group and such authority has been approved by Group.

VII. MISCELLANEOUS PROVISIONS:

- 1.) This Agreement shall be governed by Pennsylvania law existing as of the date signed by the Group.
- 2.) Group consents to personal jurisdiction in Berks County, Pennsylvania.
- 3.) Jurisdiction and venue regarding any disputes that pertain to, relate to or otherwise arise out of this Agreement shall be exclusively heard in Berks County, Pennsylvania, unless mutually agreed to by the Group and EPN in writing after a dispute and claim has arisen.
- 4.) EPN and Group waive any right to a trial by jury.
- 5.) Dispute/Claim Resolution Procedure: any dispute or claim arising out of or related to EPN's obligations or performance hereunder shall first be submitted to a non-binding mediation to be conducted in Berks County, Pennsylvania. If the parties are unable to agree on a mediator, such mediator shall be selected by the procedures then existing through the American Arbitration Association ("AAA"). Claimant shall be responsible for advancing the costs of the mediation and/or the AAA, (b) if mediation is not successful, any dispute or claim arising out of or related to EPN's obligations hereunder shall be determined by binding arbitration to be conducted in Berks County, Pennsylvania under the rules then existing through the AAA. Claimant shall be responsible for advancing the costs of the arbitration and such costs may be apportioned, divided or otherwise awarded in the discretion of the arbitrator. If the parties are unable to agree on an arbitrator, such arbitrator shall be determined appointed by the AAA in accordance with its rules/procedures.
- 6.) Any claim arising out of otherwise related to EPN's obligations or performance hereunder must be brought within one (1) year of the conclusion of the travel under this

Agreement. Any claim not brought within such period shall be deemed barred and forever waived.



Motor Coach Services Agreement

GROUP:

GROUP LEADER:

Dated: _____

Printed Name of Person Signing: _____

Printed Name of Group: _____

Address of Group: _____

Telephone Number: _____

Fax Number: _____

Email for Group: _____

EPN Representative: Jamie Davidson

Email Address for EPN Representative: jdavidson@edprog.com

Telephone Number: 1-888-323-0974 x4029

Please make checks payable to EPN Travel Services
To make a payment by credit card please visit www.epntravel.com

EPN Travel Services
1784 West Schuylkill Road
Douglassville, PA 19518

PH: 888-323-0974
Fax: 610-327-2562