

# DERBY PUBLIC SCHOOLS

## School Trip Proposal / Request Form

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

School: Derby High School Principal: Martin Pascale  
Date(s) of Trip: 1/17/2019 Trip Organizer(s): Donata Lupacchino  
Destination of Trip: New York City Broadway District  
Grade level of student participants: 9-12 No. of Students: 50  
Educational Objectives including related classroom activities prior to / following the trip: Students will attend a showing of Phantom of the Opera on Broadway to encourage participation in a theatre program at DHS.

Funding Source(s): Student / Fundraiser

Complete if students are paying for all or part of the trip.

Total fees required from each student: Transportation Cost: \$30 Event Fee: \$60 Meals \$30  
Lodging: —

Source(s) of funds for students who qualify for fee waiver: —

Cost of Nurse (if applicable): — Funding source: —  No students are identified with health concerns

Name of travel agent (if applicable): —

Name of transportation service vendor: Chieppo Charters Inc.

No. of buses required: 1 Cost per bus: \$1295

Date / Time of trip: Departing Derby: 1/17/19 7:00 AM Returning to Derby: 1/17/19 5:00 PM

Number of chaperones on trip: 5

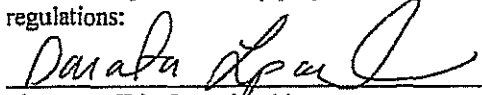
**Completed forms should be submitted to the principal who, if the trip is approved, will forward this to the Superintendent of Schools and Board of Education for final approval.**

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

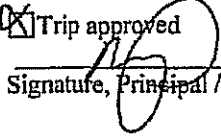
- Information outlining parental financial responsibility should there be an emergency cancellation
- Parent / Guardian letter explaining the trip and travel itinerary
- Parent / Guardian Permission and Acknowledgment of Risk for Student Travel Form
- Emergency Plan (Includes arrangements for medical 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

12/8  
\_\_\_\_\_  
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
- No students are identified with health concerns

**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.

# Derby High Music Takes Broadway

Thursday, January 17, 2019

Dear Parents and Guardians,

Derby High School Music students will be taking a trip to visit New York City to see Phantom of the Opera on Broadway at the Majestic Theatre.

This trip will provide students the opportunity to see live musical theatre, and the full impact that the performance arts can have. This trip is NOT required for students.

We will **depart DHS at 7:00 AM and return at 6:30 PM** which means students will need to be dropped off at **6:45 AM** and picked up at school at **6:30 PM** and will not be able to take the bus.

**The cost for the trip is \$120** which includes orchestra seating for the show, transportation into New York City, and lunch at the Hard Rock Cafe in Times Square. Payment must be made in **CASH**. Should there be an emergency cancellation, there is a possibility that there would not be a full refund.

***A deposit of \$40 and permission slip are due Friday, December 7th. The amount in full is due Wednesday, December 19th.***

Sincerely,

Ms. Lupacchino

Contact Information:

Ms. Lupacchino - 203.736.5032 x 2306 or [dlupacchino@derbyps.org](mailto:dlupacchino@derbyps.org)

# DHS Broadway Trip Permission Slip

**Deadline to turn in permission slip: 12/7/2019**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent Agreement:**

I hereby give my consent for my student to engage in this school-approved activity. I also give my consent for my student to be transported in connection with this activity. I understand that if this trip is cancelled, I may not receive a full refund.

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

In the event of an emergency, who should be contacted?

**Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**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: 1/17/18 Trip Organizer(s): Donata Lupacchino

Destination of Trip: New York City

Educational Objectives: Students will attend Phantom of the Opera on Broadway to encourage participation in theatre at DHS.

**Supervision:**

Students will be directly supervised by adults at all times.

Students will be directly supervised by adults with the following exceptions: \_\_\_\_\_

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: \_\_\_\_\_

## Emergency Contact Information for Students

Student Name	Emergency Contact	Relationship to Student	Emergency Contact Number	Student Cell #	Band/Choir	Grade
Anthony Albuja	Teresa Zambrano	Mom	(203) 954-7948		Choir	11
Lexxi Boscarino	Barbara Dillon	Mom	203-864-7199		Choir	11
May Cedanio	Christine Scott	Mom	203-736-5910		Choir	10
Summer Cesaroni	Gregory Cesaroni	Dad	203-734-9332		Choir	10
Serena Cordy	Melissa Bowers	Mother	(203) 906-4145	475-243-4178	Choir	12
Gloria DiTomasso	Roberta DiTomasso	Mom	203-906-3530		Choir	10
Ilana Figueroa	Tammy Forlano	Mom	203-997-3464		Choir	10
Jasmin Flores	Liliana Acosta	Mom	203-751-6718		Band	10
Rachel Gall	Liz Gall	Mom	203-444-5252	(203) 444-2246	Band	11
Emily Gildea	James Gildea	Dad	203-735-6404		Band	10
Avalyn Gonzalez	Luis Gonzalez	Dad	203-751-9094		Choir	10
Ruben Gonzalez	Exsatamara Gonzalez	Mom	203-551-4683		Band	10
Micaiah Hunter	Lovell Hunter	Dad	203-919-2907		Band	12
Shawna Jamison	MaryRose Scarpulla	Mom	(203) 516-5341		Choir	11
Shayla Kelley	James Kelley	Dad	(203)814-7869	(203) 913-6329	Band	11

Spencer Lane	John Lane	Dad	203-734-2834		Band	10
Justin Liriano	Rose Miranda	Mom	203-414-3996		Choir	10
Devina Lopez	Waleska Lopez	Mom	203-843-5185		Choir	12
Taylor Lyons	Jonathan Lyons	Dad	203-218-3112	(203) 906-3153	Band	11
Matt Macherzynski	Marlena Macherzynski	Mom	203-829-6867		Choir	10
Jubilee Melendez	Jane Brennan	Mom	(203) 376-3942		Choir	12
Christopher Morales	Maria Morales	Mom	(1)-203-981-85 85	(203) 751-4592	Band	12
Arthur Newberg	Kitty Newberg	Mom	1-475-243-899 5	(475) 223-5372	Band	11
Ryan Overby	Lucille McFarland	Mom	203-305-2083		Band	10
Jason Peters	Peter Caraglio	Step Dad	(203) 305-7276		Band	12
Raymond Queen	Pamela Queen	Mom	(203) 305-3475	(203) 522-1842	Band	11
Abraham Rodriguez	Berenice Martinez	Mom	(203) 735-7386	(475) 731-1323	Band	11
Jessyca Rosado	Beth Rice	Mom	(203) 306-8266		Band	11
Scott Rudnick	Scott Rudnick	Dad	203-953-1742		Band	11
Leilannie Santana	Lucy Feliciono	Mom	(203) 522-9622	NA	Choir	11
Jamie Santiago	Mary Huie Rick Santiago	Mom Dad	2037322118 2033056389	47543906 82	Band	11
Kaliyah Singleton	Sharon Singleton	Mom	(203) 676-0633		Choir	12

Nicholas Sobotka	Chris sobotka	Father	2035071211	2036858730	Band	12
Ahmed Syed	Naveed Syed	Father	2039545368	2038925883	Band	11
Ethan Tompkins	Emori Tompkins	Mom	203-446 2003		Choir	10
Estefano Torres	Jorge Torres	Father	(203) 400-3961 (203) 906-4315		Choir	12
Javier Varas	Ximena Varas	Mom	(203) 278-1560	2038928821	Band	12

### Chaperone Information

Name	Phone Number	Derby Public Schools Employee?
Donata Lupacchino	(203) 213-4334- Cell	Yes- DHS & DMS Music
Jennifer Shea	(475) 227-9703- Cell	Yes- DHS Science
Kay-Di Hunter	(203) 919-1577	No- Parent of Student
Liz Gall	203-444-5252 (Cell)	No- Parent of Student

Corey Bartone

yes - paraprofessional

### Emergency Plan

Allergies- Students will carry inhalers and epi-pens on them, I will carry any emergency medicine.

Parent/Guardian Information and Phone Tree Information attached above.

All students will carry a cell phone and travel in pairs. Students will be given Ms. Lupacchino's cell phone number, and their chaperone's cell phone number in the event that they are separated from the group.



# CHIEPPO CHARTERS INC.



P. O. BOX 501  
ANSONIA, CT 06401

DATE: \_\_\_\_\_  
TAXED OR EXEMPT: 119  
NUMBER OF DAY(S): 1

Telephone: 203-734-0284  
Fax: 203-734-0289  
TRIP DATE(S): 01-17-19 THURSDAY

GROUP NAME: DERBY HIGH SCHOOL

CONTACT: DONATA LUPACCHINO  
ADDRESS: NUTMEG RD.  
ADDRESS: DERBY, CT.  
ZIP: 06418  
TEL #: 736-5032 W/ 736-5056 FAX/ \_\_\_\_\_ CELL/ \_\_\_\_\_

ORIGIN PICKUP: NUTMEG RD., DERBY, CT.  
PICKUP TIME: 07:00 AM

DESTINATION: MAJESTIC THEATRE, 245 W44TH ST., NYC  
RETURN TIME: 17:00 PM

NUMBER OF BUS(S): 1-55/#  
DRIVER(S): \_\_\_\_\_

DIRECTIONS: 2 PM SHOW PHANTOM  
\$1295 PER BUS HOURS PAST 5 PM IN NYC. IF NEEDED ARE \$80 EA  
SEM 11/9/18  
DRIVER GRATUITY NOT INCLUDED IN PRICE. THANK YOU!!

PRICE (NO TAX):	1295.00	1ST DEPOSIT:	0.00
TAX EXEMPT #:		2ND DEPOSIT:	0.00
TOTAL PRICE:	1295.00	3RD DEPOSIT:	0.00

BALANCE DUE (NO TAX): 1295.00

FINAL PAYMENT IS DUE 14 DAYS PRIOR TO TRIP(S)

AMOUNT OF BILL	DEPOSIT DUE
IF UNDER \$ 500.00	\$ 100.00
IF BETWEEN \$ 501.00 + \$ 999.00	\$ 200.00
IF OVER \$ 1000.00	33% OF BILL

DEPOSIT DUE UPON RECEIPT - DEPOSIT REFUNDABLE UP TO 1 MONTH PRIOR TO TRIP(S)

THANK YOU

TIMOTHY CHIEPPO

After 30 days all services subject to 1.5 % per month (Annual rate of 18% per year). Buyer shall be liable for collection charges including attorney fees.



**Customer Invoice Order#: 750294**

TO:  
Donata Lupacchino  
Derby HS  
75 Chatfield St  
Derby, CT 06418, US

Client#: 166478  
Day: 2032134334  
Eve:  
Fax:  
Email: dlupacchino@derbyps.org

**The Phantom of the Opera**                      **Thursday, January 17, 2019**                      **MAT 02:00 PM**  
Majestic Theatre - 247 West 44 Street - New York, NY 10036

Qty	Section	Regular Price	Group Price	B.O. Fee	SVC Chg	Proc Fee	Divry	Total	Paid	Balance
55	STUDENT ORCH	143.00	58.00	2.00		.00		3300.00	.00	3300.00
	Handling chrg							14.50		14.50
55	Tickets							3314.50		3314.50

PLEASE REMIT BALANCE OF \$ 3314.50 BY 12/13/18 OR SEATS MAY BE RELEASED.  
For questions regarding this order, please call clayton at 212-307-2194.

Please return a copy of this INVOICE with your check or money order payable to:  
**Groups Sales Box Office**  
**Broadway.com/Groups**  
**729 7th Avenue - 6th floor**  
**New York, NY 10019**

Please do not send multiple checks or cash.  
**PLEASE WRITE THE ORDER NUMBER ON YOUR CHECK**

If paying by credit card, please fill out the information below and fax to 212-817-9108:

X \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Authorized signature

I authorize Group Sales Box Office - Broadway.com/Groups and/or the theatre to charge the above amounts.

CC#: \_\_\_\_\_ exp. \_\_\_/\_\_\_

Name on card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Please let us know how you want to receive your tickets:

\_\_\_ Ship Tickets via FedEx. A signature will not be required at time of delivery.

\_\_\_ Hold tickets at box office to be picked up day of show.\*

\*All orders for Off-Broadway shows and all orders with a non-US billing address must select the HOLD TICKETS option.

\*Our International Clients should consult with our office if there are any questions or concerns.

**PLEASE NOTE: THIS IS A FINAL SALE!**  
**(No Refunds or Exchanges)**

729 7th Avenue - 6th floor · NY, NY · 10019 ·  
Phone: 800-276-2392 Ext.2 · Fax: 212-817-9108