DERBY PUBLIC SCHOOLS

School Trip Proposal / Request Form

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

School: Derby Middle Principal: Rachael Caggiano
Date(s) of Trip: March 12,2020 Trip Organizer(s): Sharon Brite
Destination of Trip: Medieval Times; 149 Polito Ave; Lyndhurst, NJ 070
Grade level of student participants: No. of Students: 200
Educational Objectives including related classroom activities prior to / following the trip:
After learning about the Medieval time period and
the role of the King and Queen, students will experience
how the King's Court entertained people with journing horsemanship, and chivalry.
Funding Source(s): Students and chivalry,
Complete if students are paying for all or part of the trip.
Total fees required from each student: Transportation Cost: \$\frac{100}{200}\$ Event Fee: \$\frac{100}{200}\$ Total
Meals 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: Datteo
No. of buses required: 2 Cost per bus: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Date / Time of trip: Departing Derby: <u>9.30</u> Returning to Derby: <u>3.30</u>
Number of chaperones on trip: 10

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 respondancellation	asibility should there be an emergency				
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 stude of the emergency contact numbers.	ents participating in the activity and a copy				
I / We certify that this trip proposal is in accordance wit corresponding regulations:	th Derby Public Schools policies and				
Signature, Trip Organizer(s)					
Trip approved Raul Go Signature Principal / Against 1 Tracinal	11/8/19				
Signature, Principal / Assistant Principal	Date				
Signature, Superintendent or Designee	Date				
[] Trip Denied	•				
Reason:					

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.

Revised: March 2018

Medieval Times Field Trip 2020

Name	Phone Number
Spencer Carlson	203-731-7991
Suzanne Sisson	860-919-7815
Lisa Russo	203-231-4784
Michaela Doyle	203-565-1113
Rachel Sando	203-526-5329
Sharon Bette .	203-525-5822
Rachael Caggiano	203-535-5579
Travis Pavelus	203-818-2997
Luciana Coku-Rakaj	203-278-4114
Melissa Lawruzsko	203-915-3069

10/29/2019

Dear Parents/Guardians,

We are pleased to announce that our 7th grade trip this year will be to the Medieval Times Show in Lyndhurst, NJ on Thursday, March 12th. This trip is in lieu of our previous Boston trip, as it ties into our Social Studies curriculum. Our coach busses (equipped with bathrooms) will leave DMS at approximately 8:30 A.M. at the start of the school day. Traffic permitting, we will return to DMS by dismissal.

Our trip will include a four course lunch and a 90 minute show. There will be a live tournament with six competing knights on horseback, jousting, and sword fighting. Included is early access to the 11th century castle. After the show, the students will have the opportunity to visit the gift shop. Please note the educational show we are viewing is only open to students from various schools and *not* open to the public.

In order to insure that all students can attend, we will be sending along further information about a fundraiser. The cost per student is \$82. All payments must be made in cash and be submitted by February 1st. Payments may be made to us monthly if you prefer.

Please complete the attached permission slip to show you are interested in having your child attend. Please feel free to contact us if you have any questions.

Thank you! Grade 7 Team

then sign and return it to your	u give your child permission to attend the school activity, child's teacher.
Date(s) of Trip March 12, 2029 rip Organizer	
Trip Destination Medieval Time	s; Lyndhurst, NT
Educational Objectives Students Wi	Il learn about the histor
of life in the Middle Age	es, hnights, horsemanship,
and chivalry.	<u>Oervision</u>
Students will be directly supervised at all tin	nes
Students will be directly supervised by adult	s with the following exceptions
A school nurse will be present on this school	trip
Transportation Provided School Bus Charte	er Bus Personal Vehicle Leased Vehicle
Related Risks Swimming Pool Amusement /	Theme Park Beach / Ocean Other None
Student	Agreement
Student Name	Grade
While participating on this trip, I will accept responsibility Middle School's Code of Conduct and I will follow direction	for maintaining conduct in accordance with the Derby ons of the school trip organizers / chaperones at all times.
Student Signature	Date
	to the standard to a company of the standard transfer.
Parent / Gua	ardian Permission
I have read and understand the attached description of t school trip will involve activities off school property; the volunteers will have any responsibility for the condition	refore, neither the Board of Education nor its employees and
I give permission for	to participate in all aspects of this school trip.
Parent / Guardian Signature	Date
Parent Contact Number	