DERBY PUBLIC SCHOOLS
School Trip Proposal / Request Form
Travel / Study Approval for Out of State and or Overnight Trips

School: Darby High School Principal: Mr. Pascale
Date(s) of Trip: March 7, 2019 Trip Organizer(s): Andu Guyon
Destination of Trip: 9/1 Memorial TOYC) + MUSTIM
Grade level of student participants: 12 to No. of Students: 45
Educational Objectives including related classroom activities prior to / following the trip: The Students Williams of the City
VISA the National 911 Memorial + museum which serves as the
(Sentry's Macigal Inchitution for examining for Implications of the
0+ 9H. They will see the impact of those events + explore the com
Funding Source(s):
Complete if students are paying for all or part of the trip.
Total fees required from each student: Transportation Cost: 35 Event Fee: 15 Meals 28:2
Lodging:
Source(s) of funds for students who qualify for fee waiver:
Cost of Nurse (if applicable): W/A Funding source: Students
Name of travel agent (if applicable):
Name of transportation service vendor: Peter Pan
No. of buses required: Cost per bus: 4/3bb. o D
Date / Time of trip: Departing Derby: 7:00 4M Returning to Derby: 3:00 om.
Number of chaperones on trip:
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 Rau (900)	Q 1/25/17
Signalure Brincipal Assistant Principal	Date / 1/24/17
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 Principa students should be added to the original list on the day of the	
Arranged substitute teacher with the Principal / designee if ne	eded
Arranged instructional and supervisory assignments for stude. Arranged appropriate number of chaperones and provided ori	
Clearly explained expectations of students	
1 Deceived parent parmicries forms and americans medical for	

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: March 7, 2017	Trip Organizer(s): And Guyon
	Memorial + Museum
Educational Objectives: Students will Son 911 Events. They will explore the	documentation of the impact of Continuing Significance of Sept 11
_	, ,
UStudents will be directly supervised by adults at all tin	nes.
☐ Students will be directly supervised by adults with the	e following exceptions:
A School Nurse will be present on this school trip.	
Transportation Provided: School Bus Charte	Bus Personal Vehicle Leased Vehicle
Related Risks: Swimming Pool Amusement / T	heme Park Beach or Ocean Other None
Student Agr	eement:
Student Name:	Grade:
While participating on this school trip, I will accept responsith the Derby High School Code of Conduct and I will a chaperones at all times.	onsibility for maintaining conduct in accordance follow directions of the school trip organizers /
Student Signature:	Date:
Parent / Guardian	chool Nurse will be directly supervised by adults with the following exceptions: chool Nurse will be present on this school trip. retation Provided: School Bus Charter Bus Personal Vehicle Leased Vehicle Risks: Swimming Pool Amusement / Theme Park Beach or Ocean Other Student Agreement: Name: Grade: articipating on this school trip, I will accept responsibility for maintaining conduct in accordance Derby High School Code of Conduct and I will follow directions of the school trip organizers / ness at all times. Signature: Date: Parent / Guardian Permission: and and understand the attached description of the school trip. I also understand that participation in old trip will involve activities of school property; therefore, neither the Board of Education nor its es and volunteers will have any responsibility for the condition or use of any nonschool property.
the school trip will involve activities of school property	therefore, neither the Board of Education nor its
I give permission for	to participate in all aspects of this school trip.
Parent / Guardian Signature:	Date:
Parent Contact Number:	

Dear parent or guardian:

This letter is to inform you of our planned trip to the 9/11 museum on March 7th, 2017. We are departing from Derby High School at 7am and we will be leaving New York City at 3pm. The purpose of the trip is to enhance our Military History and Civics curriculum. The students will be responsible for a reflection project upon our return. We will have 5 school chaperones including; myself, Mr Pascale our principal, Mrs. Bell, Mrs. Kingsbury, and Mrs. Rice. Our emergency plan will consist of five groups of ten students and providing cell phone numbers of the chaperones in case of any situation that might come up. The cost of the trip can run anywhere between \$30-\$50 per student. If you have any questions please feel free to email me aguyon@derbyps.org or call me at the high school- 203-736-5032.

Thank you,

Andy Guyon Social Studies Teacher Derby High School

9/11 Field Trip Chaperone List:

Martin Pascale 203-258-4028

Rebecca Bell 203-231-6937

Cristina Kingsbury 203-910-2199

Cara Rice 203-736-5032

Andy Guyon 860-398-0487

Dear Pastor Mayhew,

I wanted to write to you to ask for your help. We are planning a trip to the 9/11 museum in New York City with the seniors in March. Dr. Conway is aware of the trip and has verbally given his approval. We are hoping we can count on you to help us offset the cost for the students by paying for our bus. Thank you for your consideration and have a happy holiday season and a very happy new year.

Sincerely,

Andy Guyon

Social Studies Teacher and Senior Class Advisor

Derby High School

Quotation Details

Peter Pan Bus Lines Inc

Client ID Client	Ms Falcioni	Quotation ID Movement ID	78113 79566		
Company Client Ref 1 Client Ref 2		Passengers Distance	229.3		
First Pick-up Pick-up Date	8 Nutmeg Ave., Derby, CT Tue 3/7/2017 Time 07:00	Destination Arrival Date	9/11 Memorial Tue 3/7/2017	Time	08:50
Single Journey Vehicle To Stay	No Yes	Leave Date Back Date	Tue 3/7/2017 Tue 3/7/2017	Time	15:00 16:50

Derby High School

3/8/16 - \$1250.00 + 50.00 Parking >>At time of booking, please provide your 9/11 Reservation #. Albany & Greenwich St ** \$ 50 Parking Fee Mon-Sat

Bus Drop Off and Pick Up

Access to the bus drop-off/pick-up zone at the 9/11 Memorial is available by advance reservation only. The New York City Department of Transportation has designated a 9/11 Memorial bus group drop-off/pick-up zone along the east curb of Trinity Place between Rector and Thames streets (see map below). Thames Street is located approximately one block from the Memorial. Bus drop-off can be scheduled for weekday reservations between 10 a.m. and 2 p.m. to allow for pick-up by 4 p.m. Drop-off/pick-up is not available during weekday rush hours of 7 a.m. - 10 a.m. and 4 p.m. - 7 p.m. A Visitor Services host will be stationed at Trinity Place and Thames Street, where passes to all group members will be distributed. Please be aware that a maximum of two buses can arrive per time slot. To ensure access for all groups who need to use this zone, please pick up and drop off expeditiously, and do not wait or park.

Quantity	Seats Vehicle Description	Unit Price	Price	Тех %	Tax	Total
1	54 Motorcoach	\$1,250.00	\$1,250.00	0	\$0.00	\$1,250.00
Quantity	Description	Unit Price	Price	Tax %	Tax	Total
1	Parking Charges	\$50.00	\$50.00	0	\$0.00	\$50.00
Moveme	nt Totals		\$1,300.00		\$0.00	\$1,300.00
Route		Further Requirements				

***This is a preliminary quote based on availability and information provided. Pricing may change with Finall Itinerary if different.

Coach Manager Printed: 9/12/2016 2:16:59 PM