ADM. REG.: 6153(h)

FIELD TRIP REQUEST

(All Overnight trips are subject to Superintendent and Board of Education Approval)

School: SHS	Date 11/26/25
Requested by: Wolf/Kraus	Department: Music
Destination: CT Convention Cent	er, Hartford Date of trip: 3/26-28/2026
Departure time: Thurs 9am	Approx. time of return: Sat after concert
Number of students involved: 9	Number of chaperones: 1
Teachers attending:	
Jessica Wolf	Sub Needed: X None Full Day Half Day
Marika Kraus	Sub Needed: X None Full Day Half Day
The state of the s	Sub Needed: None Full Day Half Day
and the state of t	Sub Needed: None Full Day Half Day
	Sub Needed: None Full Day Haif Day
	will drive
Expense to students: \$150	Music Patrons will pay Expense to school system: registration fee (\$225)
Specific Content/Unit(s) the field t	rip supports: Instrumental/Vocal Music Unit, Read and Notate Music un
Describe how student learning will	
	through performance.
Standards addressed (list by num	
	refine appropriate rehearsal strategies
MU:Pr6.1.E.lia Demonstrate master	y or the technical demands and
	community outreach. Covers national standards for music education
common anchor standards #5 and i	#6. Students will perform in the honor band/honors choir concert.
If approved, both the field	trip activity and assessment need to be put into Atlas.
Approved by: Principal's Signature	Approved by: Qually Mal
	CENTRAL OFFICE USE ONLY
	roved Disapproved
MUD	OYGU IZ I DIBADDIOYGU I I

11/26/25 Date Superintendent er Designee's Signature



ADMIN. REG.: 6153

All State Festival

Field Trip Permission Form

Date of Trip. 3/26-28/2026 Destination: CT Con	vention Center, Hartford Today's Date:	11/26/25
Time of Departure: 8am Thursday	Place of Departure: SHS	
Time of Return: Saturday after concert	Place of return: SHS	
The group will be traveling by:school bus/	coach bus / X car /foot	
My child will: X bring their own lunch / buy lunch not required	lunch from Whitsons (to be pre-ordered p	orior to departure date
Activities: - Bring instrument, water bottle and music. Dres attire on Saturday. Concert tickets will be available.		r cold. Bring concert
Parent/guardian comments or concerns: Parents will ne	ed to drive their children to and from the fes	stival.
Supervising Teacher(s): Jessica Wolf		
Date of Trip: 3/26-28/2026	Destination: CT Convention Center,	
'arent/guardian contact information:		
lome: Work:	Cell:	and 164 Wheel forward about about minimum accommendations
sternate contact and phone number:		
.ist any known allergic reactions:		
Vill student be taking any medication on this trip that has been prescrinedication?	bed by a physician? If ye	s, what is the
Vhat was the date of the student's last tetanus shot?		11 - 10 db - 1
nsurance Company:	Policy Number:	
Family Doctor:		
Fame any other medical concerns:		
FIF		
give my permission for the Somers Public Schools staff members to so while participating in this school-sponsored activity. If I cannot be rea permission to carry out necessary treatment. I understand that this tri he transportation of my child, from the school to our home, at the end	ched to give my consent to medical personnel, this p begins and ends at school. I also understand tha	form will serve to give my t I must make provisions fo
Student's Name	Parent/Guardian Signature	Date
Wolf/Kraus	SHS	
l'eacher	School/Grad	