

# 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: 6/2 Trip Organizer(s): Donata Lupachino  
Destination of Trip: East Longmeadow, MA / Six Flags  
Grade level of student participants: 9-12 No. of Students: 29

Educational Objectives including related classroom activities prior to / following the trip: Students will perform and be given a rating based on other groups at the festival. They will be able to watch other groups from around New England perform. This trip will provide motivation and incentive to practice prior to the trip and will create performance reflection following the trip.

Funding Source(s): Student Fundraising / Student

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

Total fees required from each student: Transportation Cost: \$ 50 Event Fee: \$ 50 Meals —  
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): \_\_\_\_\_

Name of transportation service vendor: Land Jet

No. of buses required: 1 Cost per bus: \_\_\_\_\_

Date / Time of trip: Departing Derby: 6/2 at 6:30 AM Returning to Derby: 6/2 at 6:00 PM

Number of chaperones on trip: 3

**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:

*Danata Spaulding*  
Signature, Trip Organizer(s)

Trip approved

*[Signature]*  
Signature, Principal / Assistant Principal

3/9/17  
Date

*[Signature]*  
Signature, Superintendent or Designee

3/29/17  
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: 6/2 Trip Organizer(s): Donata Lupacchino

Destination of Trip: E. Longmeadow, MA / SIX FLAGS

Educational Objectives: Students will perform + be given a rating based on other groups at the festival. They will watch other groups from around N.E. This trip will provide motivation and incentive prior to the trip and will create performance reflection following the trip.

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

# Trills and Thrills Field Trip

June 2, 2016

Dear Parents and Guardians,

Derby High School Band and Chorus students will be participating in the Trills and Thrills Festival on **June 2nd, 2016**. We will perform in an adjudicated festival at East Longmeadow High School in East Longmeadow, MA and then students will be taken to Six Flags New England for the awards ceremony.

This trip will provide students the opportunity to perform in an adjudicated environment. Our ensembles will receive a rating based on our performances. This will provide motivation both before and after the trip. Students will be excited and motivated to learn the music to the best of their abilities and to give their best performances.

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

**The cost for the trip is \$110** which includes festival and park admission, and transportation. Payment may be in either the form of cash or check. Please make checks payable to: **Derby High School**. Should there be an emergency cancellation, there is a possibility that there would not be a full refund.

Fundraising is available for students for this trip. I will be providing students with their individual trip balance before each payment is due.

***The first trip payment of \$40.00 is due Friday, March 25th.***

Sincerely,

Ms. Lupacchino

Contact Information:

Ms. Lupacchino - 203.736.5032 x 2306 or dlupacchino@derbyps.org

Please fill out and return the following permission slip with the payment for the trip.

# DHS Music Trip Contract

**Deadline to turn in permission slip:**

---

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

### 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	9
Adelisa Basuljevic	Sabaheta Hot	Mom	203-308-2595	(203) 906-2235	Band	9
Victoria Chilly	Mary Chilly	Mom	(203) 734-1660	n/a	Choir	12
William Corbeil	Anna Corbeil	Mom	n/a	n/a	Band	11
Serena Cordy	Brad bowers	grandfather	(203)-314-449 9	475-243- 4178	Choir	10
Anya Corso	LaNell Corso	Mother	475-289-8711	(203) 892-3976	Choir	12
Gabby Dana	Suzanne Dana	Mom	(203) 736-0432		Choir	11
Kiersten Dick			(203) 893-7929		Choir	11
Chester Dockery	Kathy Dockery	Mom	203-507-0803	(203) 892-8288	Band	12
Ayana Evans	Jacqueline Evans	Mom	904-874-5643	(203) 859-8205	Choir	11
Rachel Gall	Liz Gall	Mom	203-444-5252	(203) 444-2246	Band	9
Shawna Jamison	MaryRose Scarpulla	Mom	(203) 516-5341		Choir	9
Catherine Kelley	James Kelley	Dad	(203)814-786 9	(203) 913-6329	Choir	12
Taylor Lyons	Jonathan Lyons	Dad	203-218-3112	(203) 906-3153	Band	9
Jubilee Melendez	Jane Brennan	Mom	(203) 734-2964		Choir	10

Christopher Morales	Maria Morales	Mom	(1)-203-981-8585	(203) 751-4592	Band	9
Arthur Newberg	Kitty Newberg	Mom	1-475-243-8995	(475) 223-5372	Band	9
Jason Peters					Band	10
Raymond Queen	Pamela Queen	Mom	(203) 305-3475	(203) 522-1842	Band	9
Abraham Rodriguez	Berenice Martinez	Mom	4752233463	(475) 731-1323	Band	9
Jessyca Rosado	Beth Rice	Mom	(203) 306-8266		Band	9
Leilannie Santana	Lucy Feliciono	Mom	(203) 522-9622	NA	Choir	9
Jamie Santiago	Mary Huie Rick Santiago	Mom Dad	2037322118 2033056389	4754390682	Band	9
Kaliyah Singleton	Sharon Singleton	Mom	(203) 676-0633		Choir	10
Nicholas Sobotka	Chris sobotka	Father	2035071211	2036858730	Band	10
Ahmed Syed	Naveed Syed	Father	2039545368	2038925883	Band	9
Javier Varas	Jorge Varas	Father	2032782142	2038928821	Band	10
Velvet Washington	Natoka Williams	Mom	(203) 8739784	929 3044544	Choir	9

**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
Rebecca Bell	(203) 231-6937- Cell	Yes- DHS English

**Emergency Plan**

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

Parent/Guardian Information and Phone Tree Information attached above.