DERBY PUBLIC SCHOOLS

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

School: Derby High School Principal: Mr. Pascale.
Date(s) of Trip: 2/16 and 2/17/18 Trip Organizer(s): DHS Wresting
Destination of Trip: Class S Champianship - Windham HS.
Grade level of student participants: 9-12 No. of Students: 9
Educational Objectives including related classroom activities prior to / following the trip: Participated
in the Class & Wrestling State
Championship Town am Got & Windham High School
Funding Source(s): Athletics Budget
Complete if students are paying for all or part of the trip.
Total fees required from each student: Transportation Cost: 1,530 Event Fee: 150 Meals N/A
Lodging: Best Western
Source(s) of funds for students who qualify for fee waiver: Athletics Budget
Cost of Nurse (if applicable): N/A Funding source: N/A
Name of travel agent (if applicable):
Name of transportation service vendor: All-Star
No. of buses required: Cost per bus:
Date / Time of trip: Departing Derby: 2/16/18@12 P Returning to Derby: 2/17/18/0pm
Number of chaperones on trip: 2 COUCHES
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.)
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

emergency contact numbers.	
I/ We certify that this trip proposal is in accordance with Derby Public Scho	ols policies and corresponding
Rankal XX	
Signature, Trip Organizer(s)	
Trip approved	2/1/2018
Signature, Principal Assistant Principal	2 1 2018 Date 2-1-2018
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 Healt prior to the trip.	h Office at least two (2) weeks
Submitted an updated list of participating students to Principal and Heal	th 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 par	ticipating
Arranged appropriate number of chaperones and provided orientation Clearly explained expectations of students	
Received parent permission forms and emergency medical forms	

Be sure the school administrator has a list of those students participating in the activity and a copy of the

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: 2/16 and 2/17/	B Trip Organizer(s): DHS Wrestling
Destination of Trip: V	Vindham High School J
Educational Objectives: Participat	e in the class 5 Wrestlin
State Tourname	nt @ Windham High.
Supe	rvision:
Students will be directly supervised by adults at a	Il times.
☐ Students will be directly supervised by adults w	
☐ A School Nurse will be present on this school tr	ip.
Transportation Provided: School Bus	harter Bus Personal Vehicle - Leased Vehicle
Related Risks: Swimming Pool Amusemen	nt / Theme Park Beach or Ocean Other None
Student A	Agreement:
Student Name:	Grade:
While participating on this school trip, I will accept with the Derby High School Code of Conduct and I chaperones at all times.	responsibility for maintaining conduct in accordance will follow directions of the school trip organizers /
Student Signature:	Date:
Parent / Guar	dian Permission:
the school trip will involve activities of school proj	of the school trip. I also understand that participation in perty; therefore, neither the Board of Education nor its ty 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:	

TO:

Superintendent of Schools

FROM:

Rachael Caggiano, AD

SUBJECT:

State Wrestling Championship Tournament

The Derby High School Wrestling Team has requested that the Coaches and 9 Varsity wrestlers be allowed to stay overnight when they wrestle in the State Championship tournament. The tournament gets over late on a Friday night and rather than come home they stay at a hotel in the area. The Coaches and Parents supervise the athletes. This has been allowed for the past 36 years.

Transportation has been arranged through our bus carrier in the past. The tournament will be held at Windham High School on Friday February 16, 2018 and all day Saturday February 17, 2018. The team would be driven by the bus from Derby High School to the hotel on Friday afternoon. The bus would then take the team to the high school from the hotel. After the tournament on that same night the bus would transport the team back to the hotel. The bus would then pick them up on early Saturday morning at the hotel and transport them to Windham High School. After the tournament on Saturday night the bus would then transport the team home.

The State Open will be held the following weekend at the New Haven Floyd Little Athletic Fieldhouse and the team will not have to stay overnight on that weekend.

Thank you for your time and consideration of this request.

Thank You,

Rachael Caggiano, AD

Hotel: Best Western Storrs 123 Storrs Rd Mansfield Center, CT 06250

Wrestling Location: Windham High School

Chaperones Attending:

Coach Buster and Carol (203-305-4087 or 203-231-3285)

Coach Dave and Tania (203-494-7386)

Kathy and Ron Slowik (203-736-3539)

Kelly and Tom Ferguson (203-223-3491)

Louis Oliwa (203-993-0393)

Jenn Oliwa (203-954-8655)

Mr. & Mrs. Dana (203-308-0237)

Sarah Jadach (203-231-3285)

2018 CLASS 'S' STATE WRESTLING TOURNAMENT

SCHEDULE:

Friday, February 16, 2018

2:30PM—2:45PM Registration & Weight Check

2:45PM Weigh-Ins by weight class—be on time!!

3:45PM Scratch Meeting

4:45PM First Round Estimated approx 80 bouts

6:00PM Round of 16 112 bouts

*8:15PM *1st Round Consi 56 bouts*

9:30 PM Estimated finish time*

Saturday, February 17, 2018

8:00 AM** Weigh-Ins by weight class—be on time!!

9:00AM** Championship Quarterfinals & 56 bouts

9:00AM** First Round Consolations** 56 bouts **

12:00PM Second Round Consolations 56 bouts

1:00PM Championship Semifinals 28 bouts 2 mats

2:15PM Consolation Quarterfinals 28 bouts 2 mats

4:15PM Consolation Semifinals 28 bouts 4 mats

5:30PM Third Place & Fifth Place Finals 28 bouts 4 mats (2 mats 3rd & 2 mats 5th)

6:00PM Introductions of Finalists

8:00 PM Presentation of Awards

Coach Buster's Cell Phone: 203-305-4087 or 203-231-3285

Location: Windham High School Willimantic, CT

Hotel: Best Western Storrs 123 Storrs Rd Mansfield Center, CT 06250

Wrestlers will leave Derby High School on Friday, Feb. 16 and travel to Windham HS. The first day of wrestling will conclude around 10 pm. At the conclusion of wrestling on Friday night the wrestlers and coaches will travel to the Hotel where the parents have prepared food for the entire team. Saturday morning the bus leaves from the hotel at 7:00 am. Wrestling will then take place all day on Saturday. Wrestlers will return to Derby HS at approx. 10:00 pm on Saturday. Wrestlers need to pack their uniform, shoes, clothes, and money. Food will be provided on Friday night and sandwiches on Saturday.

2018 Class 'S' State Tournament

has my permission to attend/participate in the Class 'S' State Championships on Fri. + Sat. Feb. 16 and 17, at Windham High School, Willimantic CT

SIGNATURE OF PARENT/GUARDIAN

PHONE # WHERE PARENTS CAN BE REACHED FRI.+ SAT.



Invoice

Conn. Interscholastic Athletic Conf. 30 Realty Drive Cheshire, CT 06410 (203) 250-1111 Fax: (203) 250-1345

Bill To:

Derby High School Attn: Rachael Caggiano 75 Chatfield Street Derby, CT 06418-1194

ITEM	AMOUNT
Wrestling Tournament Entry Fee	\$150.00
Total Due:	\$150.00

Send payment to:

Connecticut Interscholastic Athletic Conference Attention: Judy Sylvester, 30 Realty Drive, Cheshire, CT 06410

Checks should be made payable to "CIAC"

Please include a copy of this invoice with your payment.