

DERBY PUBLIC SCHOOLS

School Trip Proposal / Request Form

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

School: Derby High Principal: Mr Pascale
Date(s) of Trip: March 28th to March 30th Trip Organizer(s): Mr Salazar
Destination of Trip: Upstate New York, Boston, Massachusetts, and the State of Rhode Island
Grade level of student participants: 10th + 11th No. of Students: 12 students
Educational Objectives including related classroom activities prior to / following the trip: _____
College and Universities Visits: possible applying to those schools in the future. Plus, a better understanding on how College life is by witnessing in person.
Funding Source(s): Some school fundraising and Parent/Guardian support.
Complete if students are paying for all or part of the trip.
Total fees required from each student: Transportation Cost: 90 Event Fee: _____ Meals free breakfast
Lodging: 55 * Not official
Source(s) of funds for students who qualify for fee waiver: _____
Cost of Nurse (if applicable): N/A Funding source: N/A No students are identified with health concerns
Name of travel agent (if applicable): _____
Name of transportation service vendor: Sixt
No. of buses required: _____ Cost per bus: _____
Date / Time of trip: Departing Derby: 3/28 4:30am Returning to Derby: 3/30 5pm
Number of chaperones on trip: 2

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) * Nurse Carloni has list, and went over list: OK
- List of Chaperone Names and Phone Numbers with MPS employees noted
- Telephone Tree in the event of an emergency

College Trip

March 28 – March 30, 2019

Day 1 – leave DHS at 4:30am to Syracuse University then go to

City of Buffalo to tour Niagara University and Buffalo University

6 pm visit Niagara Falls in the American side

7:30 pm leave Buffalo to go to the Holiday Inn Express in Rochester, NY

Overnight

Day 2 – leave Holiday Inn Express, Rochester at 7:30am to go to a quick stop at Albany University/lunch

Leave Albany at 1:30pm to go to Boston, MA

We will be visiting Emmanuel College, Suffolk University, Boston College

Staying in Boston for the night and having dinner before going to the Holiday Inn Express in Milford, MA.

Day 3 – Leaving Holiday Inn Express, Milford, MA at 7:30 am to go visit Roger Williams University, Salve

Regina and Bryant University.

Arriving back to DHS at approximately 5pm.

College Tour

Financial Responsibility

All parents/guardians will attend two mandatory meetings that will outline and explain the financial aspects of the trip. The fee will include the van rental, gas for the van and the cost for two night stays in a hotel. After the second meeting, any student who is interested in attending the college tour trip will have to pay the fee to reserve their spot. Once they have committed to going on the trip they will be financially obligated even in the event that they cannot attend the trip.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Students Attending the College Tour with Parent/Guardian Contact Information

- 1) Kaitlyn Gerckens – Mom (203) 627-2962
Dad (203)641-3113
- 2) Alexis Enjem – Mom (203) 410-5459
Dad (203)687-3535
- 3) Jamie Santiago – House (203)732-2118
Dad (203)305-6389
- 4) Riley Miller – Dad (217)918-1055 (Randy)
Step-Mom (203)733-9268 (Sara)
- 5) Zoe Donnauro – Mom (203)278-3657
Grandma (203)589-0033
- 6) Claire Douglas – Mom (203)376-7883
Grandpa (203)736-4128
- 7) Natalia Wyszowski – Mom (203)449-8945
Dad (203)545-3267
- 8) Chris Soto – Dad (203)981-8026
Mom (203)981-7372
- 9) Arman Torruellas – Dad (475)439-4615
Mom (475)439-4508
- 10) Julian Delarosa – Mom (203)290-7274
- 11) Javan Guevara-Cragwell – Mom (203)278-0630
(203)278-4280
- 12) Samantha Landona – Dad (203)305-9991
Mom (203)305-9891

Chaperones for the College Trip

Francisco Salazar (203)804-2552

Margaret Salazar (203)988-1488

**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: _____ Trip Organizer(s): _____

Destination of Trip: _____

Educational Objectives: _____

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: _____

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

2/27

Signature, Principal / Assistant Principal

Date

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 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

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Revised: March 2018