

**HARVEY SCHOOL DISTRICT 152
RILEY EARLY CHILDHOOD CENTER**

16001 Lincoln
Harvey, IL 60426
(708) 210-3960 Fax: (708) 210-2218

TO: Board of Education
FROM: Deborah Watson-Hill
Principal
SUBJECT: Field Trip Request
DATE: February 25, 2014

Birth to Three is requesting board approval to attend Star Plaza in Merriville, Indiana to see “Elmo Makes Music” on Thursday, April 10, 2014. The people in attendance for this trip will include 45 children, 55 parents and 5 staff members.

If you have any questions or concerns, please don't hesitate to contact me.

HARVEY PUBLIC SCHOOLS-DISTRICT #152

CHECK REQUEST

DATE: January 16, 2014

 Accounts Payable Check
(Expense Reimbursement-Travel)

 Imprest Check
(Emergency)

 Payroll Check-District Employee
(Inservice Compensation-Stipends)

 X Please give check to
(Mrs. Hill-Riley School)

Please issue a check for the following:

20FEB 14 15.05

The Birth to 3 Program will be going to The Star Plaza Theater on Friday, April 10, 2014 for Sesame Street LIVE. Total payment due is \$905.00 for 100 tickets at \$9.00 and a \$5.00 convenience fee.

(Attach documentation to support request)

Check Payable to: Star Plaza Theater

Mail Check to: _____

Street Address: 8001 Delaware Place

City & State: Merrillville, IN

ZIP: 46410

Amount of Check Requested: \$905.00

Account Number: _____ Cost Center: _____

(For Payroll Use Only)

Requested by: Tamla Day (Birth to 3)

Approved by: 

Business Manager: 

Superintendent: 



Harvey School District 152 Field Trip Approval Form

School(s): Birth to 3

Date of Request: January 16, 2014

Types of Field Trips: Day Trip Overnight Trip Out-of-Town Trip

Educational rationale for the field trip: Children will experience the excitement of seeing their favorite Sesame Street characters come to life on stage. Sesame Street's "Elmo Makes Music" encourages children to use everyday household items to make beautiful music.

Date(s) of proposed trip:	<u>April 10, 2014</u>	# of Students Participating	<u>45</u>
Staff requesting trip:		# of Chaperones	<u>55</u>
Date/Time of Departure:	<u>April 10, 2014 / 9:15am</u>	Date/Time of Return:	<u>April 10, 2014 / 1:00 pm</u>
Destination(s):	<u>Merriville, IN.</u>	Lunch Arrangements:	<u>n/a</u>
Source(s) of Funding:		Cost per Student:	
Total Cost of Trip:	<u>\$905.00/</u>	Type of Transportation:	<u>School Bus</u>
Number of days of school or instruction missed:		Emergency/Medical Arrangements:	<u>Children remain with parents at all times. Parents will be given emergency numbers.</u>

Names of adult chaperones accompanying group:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Notes:

- Adequate male and female chaperones must be provided at a ratio of 1:10 (1 chaperone to 10 students).
- Chaperones must be approved by Principal and **must have completed a criminal background check.**
- A written evaluation of the trip must be filed in the office of the principal within three days following the field trip.
- Written permission from the parent for his/her child to take trip must be filed with the principal.
- *Field Trip Approval Form* must be submitted to the Office of Special Services:
 - Two (2) weeks for regular day trip
 - One (1) month for overnight and/or out-of-town trips

[Signature] 02/07/14
Signature of Principal /Date

[Signature] 2/20/14
Signature of Superintendent /Date (Overnight and Out of Town)

A detailed itinerary for the proposed trip must be included with the form.

FEB 7 14 2:17



Star Plaza Theatre

8001 Delaware Place
Merrillville, IN 464610

Phone: 219-757-3549 Fax: 219-756-0604

Invoice

Date	Invoice #
1/15/2014	146SSL

Bill To
Riley Early Childhood Tamla Day 16001 Lincoln Ave Harvey, IL 60426

Description	Qty	Rate	Amount
Sesame Street Live Thursday, April 10, 2014 10:30am	100	9.00	900.00
Service Charge		5.00	5.00
Please remit to above address.			Total \$905.00
Pay online at: https://ipn.intuit.com/dcecbg2p6			Payments/Credits \$0.00
			Balance Due \$905.00

1. Theatre tickets will be reserved upon receipt of a 50% deposit.
2. PAYMENT IN FULL is required at least 30 days prior to the show, subject to releasing your ticket location.
3. Inside 30 days, your deposit becomes a non-refundable payment for tickets totalling the deposit value.
4. Once tickets are pulled, no refunds or exchanges are permitted.
5. We will accept one check for deposit and one check for balance.
6. Please sign and date this form. Thank you!

Signature of Responsible Party _____ Date: _____

FOR THEATRE BOX OFFICE USE ONLY

Seating Locations