Office of the Superintendent
Madison Public Schools
Madison, CT 06443

School Trip Proposal / Request Form
Student International Travel

School: DHHS Principal: Mr. Salutari

Date(s) of Trip: April 2026 Trip Organizer(s): Mrs. Brako

Destination of Trip: Bermuda

Grade level of student participants: 9-12 No. of Students: 12-18

Educational Objectives including related classroom activities prior to / following the trip:

- Hands-on and authentic scientific reseach opportunities
- Experiential learning in a naturalistic setting

Funding Source(s):

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

Total fees required from each student: Tour Fee = } $3000 (Approx)

Transportation Fee =

Name of Tour Company: BIOS (Bermuda Institute of Ocean Sciences)

Name of transportation service vendor: TBD

No. of buses required: Cost per bus:

Date / Time of trip: Departing Madison: April 11/12, 2026 Returning to Madison April 17/18, 2026

Number of chaperones on trip: 2

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 International 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.

Office of the Superintendent
Madison Public Schools
Madison, CT 06443

School Trip Proposal / Request Form
Student International Travel

I / We certify that this trip proposal is in accordance with Madison Public Schools policies #5100.8 and #6100.16.1 and corresponding regulations:

Elisa Baker
Signature, Trip Organizer(s)

☒ Trip approved

Signature, Principal / Assistant Principal — Date 10/9/25

Signature, Superintendent or Designee — Date 10/9/25

☐ Trip Denied

Reason: _____

Signature, Superintendent or Designee — Date

International Travel Checklist

- ☐ Obtained approval at least six (6) months prior to the trip.
- ☐ Submitted list of participating students to Principal and Health Office at least three (3) months prior to the trip.
- ☐ Submitted an updated list of participating students to Principal and Health Office one (1) month prior to trip.
- ☐ Submitted flight, hotel, charter bus, and airport information one (1) month prior to trip.
- ☐ Arranged appropriate number of chaperones and provided orientation
- ☐ Clearly explained expectations of students
- ☐ Received parent permission forms and emergency medical forms