

EXTRA-CURRICULAR
STUDENT TRAVEL APPROVAL FORM

Student travel must be approved based on the direct benefits for the students. The trip must have approval of Superintendent or designee before any travel arrangements and reservations are made or students and parents become involved with any facet of the trip. Out-of-state travel must have Board approval.

Name of Group: ESL Immigrant Students Campus: Bilingual/ESL DEPT (Permian/Ector)

Date of trip: June 2-13, 2015 Grade levels involved: 9-12 Number of students: 20
Number of instructional days: 0 Location: Washington D.C.
(Please attach an itinerary)

Funding source: TITLE III District Budget Campus Budget Department Budget Activity fund Personal

Instructional days out of the classroom: The sponsors/coaches/directors have checked the accrued number of days for each participant? Yes No After school is out

Trip function: Cocurricular Extracurricular Competition (Non-athletic)

Trip profile: In-state Out-of-state Overseas Tour Field trip Invitational
 Annual Biennial Post-district Competition associated with a tour or attraction

Transportation mode: School bus School suburban Charter bus plane

How does the trip relate to and benefit the Campus Improvement Plan, District Improvement Plan and/or the TEKS? See attachment

Does the trip require fund-raisers? Yes No

Are deadlines established to guide the sponsors/directors if the trip has to be canceled due to lack of funding?
 Yes No NTA Funding through Title III grant established

How many sponsors will accompany the students? 5
What is the ratio of sponsors to students? Sponsors 1 / Students 4 (gender appropriate)

Student orientation - Date: April 20 Time: 6-8pm Location: Admin Dining Room
Parent orientation - Date: April 20 Time: 6-8pm Location: " " "
Sponsor orientation - Date: April 7nd Time: 4-5pm Location: ESL Conference Room
Sponsor criminal background check - Date: E EISD employees

Attached Will any kind of insurance be required? Yes No Included in trip program
Will room and baggage searches be required? Yes No Security included in trip program

Medical and travel releases will be required.

Coach/Sponsor: Sandra B. Rodriguez 3/20/2015
Coordinator (Signature) (Date)

Principal approval: Gloria Phillips 3/20/15
Director (Signature) (Date)

Superintendent or designee Approval: [Signature] 3/20/15
(District Sanctioned Competition) (K-8 Field Trips/Excursions) (Signature) (Date)

Board approval: _____ (Out-of-state) _____
(Signature) (Date)

CLOSE UP WASHINGTON HIGH SCHOOL PROGRAM FOR NEW AMERICANS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrive in Washington, D.C.	7:30 Hot Breakfast Buffet	7:30 Hot Breakfast Buffet	7:15 Hot Breakfast Buffet	8:00 Hot Breakfast Buffet	8:00 Hot Breakfast Buffet
Hotel Check-In: Meet With the Close Up Concierge & Explore D.C. With Your School if Time Allows	8:30 Founding Documents Activity & Workshop	8:30 Testing the Bill of Rights Workshop	8:15 Capitol Hill Day: Take Advantage of As Many Activities As You Can!	8:45 Community Action Workshop	Independent Day: Explore D.C. With Your School
6:30 Teacher/Staff Dinner	11:00 National Archives Study Visit	10:30 Immigration Policy Seminar: Hear from a D.C. Insider on Key Immigration Issues	Meet With Your Members of Congress or Their Staffs	10:00 Election Reflection Activity	6:00 Final Workshop
6:45 Welcome Student Dinner	12:00 Smithsonian Natural History Museum Study Visit and Lunch	11:30 Smithsonian Air and Space Museum Study Visit and Lunch	Attend and Observe Key Testimony in Congressional Committee Hearings	10:30 WWII Memorial Study Visit	7:45 Farewell Dinner & Banquet
8:00 Orientation	2:15 Thomas Jefferson Memorial: Study Visit at the Tidal Basin	2:00 Capitol Reflecting Pool Group Photo	Explore the U.S. Capitol Hill Visitor Center & Museum	11:30 Martin Luther King, Jr. Memorial Study Visit	9:00 Dance and Student Lounge
8:30 Introductory Workshop	3:15 George Mason Memorial Study Visit	2:15 Capitol Hill Walking Workshop	House Cafeteria Lunch	12:45 Lunch at National Place	11:00 Room Check
10:00 Student Lounge	4:00 Franklin Delano Roosevelt Memorial Study Visit	3:45 Neighborhood Study Visit on Historic U-Street	Visit the Supreme Court & Library of Congress	2:30 Community Action/Service Onsites	SATURDAY
11:00 Room Check	5:30 US Marine Corps Memorial Study Visit	5:30 Dinner at Union Station	Take Your Seat in the Galleries to See the Senate & House of Representatives in Action	3:30 Korean War Memorial Study Visit	7:30 Breakfast
	7:15 Dinner & Social Activity at the National Zoo	6:45 Return to Hotel	4:00 White House Study Visit: See 1600 Pennsylvania Avenue Up Close	4:00 Vietnam Veterans Memorial Study Visit	Explore D.C. with Your School if Time Allows
	9:30 Return to Hotel	7:30 Legislative Process Prep Workshop	5:00 Return to Hotel	4:45 Lincoln Memorial Study Visit	Depart for Home
	10:00 Student Lounge	8:30 Mock Congress: Debate and Vote on Congressional Issues	6:00 Dinner at Hotel	5:30 Dinner at Pentagon City Mall	
	11:00 Room Check	9:45 Student/Teacher Meetings	7:00 Election Prep Workshop	7:00 Theater Performance: "An American Musical Landscape"	
		10:00 Student Lounge	8:00 Mock Election Activity	10:00 Return to Hotel	
		11:00 Room Check	10:00 Student Lounge	10:00 Student Lounge	
			11:00 Room Check	11:00 Room Check	

Study visits led by our highly-trained instructors give students unique opportunities to learn using historic sites and institutions as living classrooms.

Workshops and seminars reinforce this learning and help students make personal connections to the roles that they, as ordinary citizens, play in democracy.

SAMPLE SCHEDULE SUBJECT TO CHANGE

www.Closeup.org

CLOSE UP
WASHINGTON DC

Georgetown University Hospital

CONSENT FOR TREATMENT, RELEASES,
ACKNOWLEDGEMENTS AND FINANCIAL AGREEMENT FORM

Students, you must bring to Washington:

1. This form (Consent for Treatment) - Completed & Signed
2. Medical Questionnaire Form - Completed & Signed
3. Insurance Card (or copy of front and back)

By my signature on this form, I agree that I:

- 1. General Consent for Treatment.** Voluntarily consent to and authorize such care and treatments, including but not limited to physical or mental examination, diagnostic tests, medical procedures and medications ("Treatments"), by employees and authorized agents of Georgetown University Hospital ("Hospital") as may be considered necessary or advisable in their professional judgment, and may include the drawing and testing for HIV (the virus that causes AIDS) and other blood borne diseases. I further acknowledge that no guarantees have been made regarding the effect such Treatments on any medical condition.
- 2. Right to Refuse Treatments.** Understand that I have the right to make informed decisions regarding all care and Treatments, and that I should ask my health care professional to further clarify or explain anything I do not understand. This right includes the right to refuse any Treatments that I do not want.
- 3. Assignment of Benefits / Financial Responsibility.** Authorize and Assign all claims for and payments of any insurance benefits, workers' compensation benefits, government agency and disability benefits, directly to the Hospital for services rendered. I further assign the proceeds of any settlements, judgments or verdicts from third party liability claims for injuries treated by the Hospital to the Hospital in an amount equal to the outstanding balance of all charges due and owing. I agree that any excess payments may be applied by Hospital to satisfy any outstanding accounts resulting from prior admissions or treatments. As the patient, responsible party, or guarantor of payment for patient, I agree to be responsible for all charges not covered by the patient's insurance coverage or other claims. I further agree that in the event payment is not made in full for all Hospital charges, that to the extent permitted by applicable law, I shall pay all Hospital costs of collection including reasonable attorney's fees and/or collection agency fees.
- 4. Property Release.** Release the Hospital from any responsibility for valuables, money, personal or other possessions which are not properly deposited by me with the Hospital depository and that in any event the Hospital's maximum liability shall be \$500.00.
- 5. Acknowledgment of Receipt of Notice of Privacy Practices.** Acknowledge that I have received or decline the MedStar Health Notice of Privacy Practices and acknowledge that this notice is available for me to keep.

For Georgetown University Hospital Use Only

Patient signature / acknowledgement of receipt of Notice of Privacy Practices not obtained because:

- Emergency patient
- Patient / Patient Representative declined to acknowledge _____ GUH Representative
- Patient / Patient Representative unable / unwilling to acknowledge receipt

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this form and that I am authorized as the patient or the Patient's Representative to sign this document and be bound by its terms.

Signature of Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Relationship to Student

Address

City

State

Zip

Georgetown University Hospital

MEDICAL QUESTIONNAIRE FORM

Students, you must bring to Washington:

1. This form (Medical Questionnaire) - Completed & Signed
2. Consent for Treatment Form - Completed & Signed
3. Insurance Card (or copy of front and back)

Last Name _____ First Name _____ DOB _____

Height ft _____ in. _____ Weight _____ lbs. Date of last tetanus booster _____

Yes No

- Do you have difficulty with mobility and/or require assistance to walk such as a wheelchair, crutches, or cane?
Describe _____
- Do you take any prescription or nonprescription medications regularly? Specify _____
Do you have or have you had in the past any of the following?
- A. Any orthopedic problems (acute or chronic sprains, casts)? Date Describe _____
- B. Cerebral palsy or other physically debilitating ailment such as MS, JRS, SLE, MD?
Describe _____
- C. Any allergies severe enough to cause a reaction, such as hay fever or allergies to cigarette smoke, food, bee stings, or other insect bites? Any known drug allergies? Date of Reaction, Describe _____
- D. Professional help, evaluation, testing, or hospitalization for a physical or mental condition?
Describe _____
- E. Any history of seizures, epilepsy, or convulsive disorder (controlled or not)? Describe _____
- F. Any gastrointestinal disorders such as nervous stomach, ulcer, or colitis? Describe _____
- G. Impaired hearing or deafness, significant loss of sight, or legal blindness? Describe _____
- H. Recent operations or significant operations in the past? Describe _____
- I. Asthma or any other problem of the respiratory or cardiac system? Describe _____
- J. Diabetes? Date Specify insulin type, dose, frequency, and testing method.
Describe _____
- K. Are you pregnant? Due Date _____
- L. Any other chronic conditions ? Please be specific _____

I hereby certify that to the best of my knowledge the above information is complete and accurate.

Signature of Student

Date

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Relationship to Student

Close Up 2015

How does the trip related to and benefit the Campus Improvement Plan, District Improvement Plan and/or the TEKS?

District Improvement Plan:

- Goal 1 – We will ensure learning experiences that are engaging, challenging, and meaningful.
Reinforces US History TEKS

INVOICE

CLOSE UP
WASHINGTON DC

TO • Ector County ISD
FROM • Close Up Foundation
RE • Close Up Washington Program
DATE • December 17, 2014

School ID#: TX15963
Invoice#: 121714TX15963
Program Start Date: 06/07/15
Program Focus: C
Transportation Package: Odessa

DESCRIPTION: Program Cost for participants to attend the Close Up Civic Education Program in Washington, DC.

<u>Qty</u>	<u>Description</u>	<u>Unit Cost</u>	<u>Total Amt.</u>
16	Student Program Cost	\$ 2,032.00	\$ 32,512.00
5	Adult Program Cost	\$ 2,382.00	\$ 11,910.00
Balance Due:			\$ 44,422.00
(Teacher Fellowship Credits)*			\$ (4,525.80)
(Student Fellowships Credits)			\$ (900.00)
TOTAL AMOUNT OF THIS INVOICE DUE 04/23/15:			<u>\$ 38,996.20</u>

***10% credit for every 1 paying participant (base adult tuition + transportation only).**

For Fast Service: Purchase orders should be faxed to 571-481-2640. Please call in School/District Credit Card payments to 703-706-3416.

Please make checks payable to **Close Up Foundation**, write the **SCHOOL ID#** in the memo portion of the check, **include a copy of the invoice**, and mail payment to the following address:

Close Up Foundation
c/o Burke & Herbert Bank & Trust Co.
P.O. Box 25228
Alexandria, VA 22313

If you have questions or need additional information, please contact us anytime by e-mail at schoolaccounts@closeup.org or by telephone at 703-706-3416 between 9:00 AM and 6:00 PM ET.

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TO • Ector County ISD
FROM • Close Up Foundation
RE • Close Up Washington Program
DATE • December 17, 2014

School ID#: TX15963
Invoice#: 121714TX15963
Program Start Date: 06/07/15
Program Focus: C
Transportation Package: Odessa

DESCRIPTION: Program Cost for participants to attend the Close Up Civic Education Program in Washington, DC.

<u>Qty</u>	<u>Description</u>	<u>Unit Cost</u>	<u>Total Amt.</u>
20	Student Program Cost	\$ 2,032.00	\$ 40,640.00
5	Adult Program Cost	\$ 2,382.00	\$ 11,910.00
Balance Due:			\$ 52,550.00
(Teacher Fellowship Credits)*			\$ (5,240.40)
(Student Fellowships Credits)			\$ (900.00)
TOTAL AMOUNT OF THIS INVOICE DUE 04/23/15:			<u>\$ 46,409.60</u>

***10% credit for every 1 paying participant (base adult tuition + transportation only).**

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c/o Burke & Herbert Bank & Trust Co.
P.O. Box 25228
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