

HAMDEN BOARD OF EDUCATION SCHOOL-SPONSORED FIELD TRIP REQUEST FORM

Field trip requests will now require you to submit this form to the principal, director, nurse, and assistant principal BEFORE you can enter the trip in www.myschoobuilding.com. You must receive this form back signed before booking the bus. PLEASE BE AWARE OF YOUR TIME FRAME. Trips must still be entered 15 days before the date of trip.

www.myschoolbuilding.com is for use with FIRST STUDENT buses ONLY. If transportation other than First Student is required, this form must be completed, approved, and scanned to Emily Corbett ecorbett@hamden.org to keep on file at the Board of Education.

FREE TRIPS from First Student depart from school at 9AM and are back to school by 1:30PM. FREE LOCATIONS are Hamden, North Haven, Wallingford, Cheshire, and New Haven ONLY. All other trips outside of the above time and locations will be invoiced. Please contact First Student at 203-288-2887 for pricing and quotes.

Na	me o	f Staff Member Requesting Permission: Kithy Swillings	
Dat	te Re	quest Submitted to Principal: 9-1-21	
		Handen High School subject:	
1.	Edu	cational Objective for Trip: HHS Dance Team will be comparing for	
	_	the 17th year in the National Dance Team chimponishes	
	1	which we approved by the perional redegion of	
		High Schools,	
2.	Тур	e of Trip: Check appropriate box(s)	
		Field Trip: In-State Field Trip: Out-of-State Trips/Exchanges Vernight Extracurricular International	
3.	Trip	Information:	
	a)	Trip Name: NATIONAL DINCE TEAM Championships	
	b)	Trip Date: 2/2/22 of 2/3/22 To 2/7/22	
	c)	Trip Destination: Oflando Florida (DISDER World)	
		Address City State	
	d)	Organization: (Classroom Grade) HHS DAGG TEAM	
	e)	Transportation Type: ☐ Regular Bus ☐ Wheelchair Bus ☐ Walking	
	f)	Name of Carrier: First Student	
		☐ Other: Do Not enter onto Website	
	g)	Cost of Transportation: Source of Funds: Food Calsing	
		Name of Carrier Cost of Transportation: Source of Funds: Fod Calsing *Account number trip is being paid from (Department)	
		First Student trips requiring payment must be paid for in advance. Send check to First Student Inc, 22157	
		Network Place, Chicago, IL 60673-1221 with the trip ID number AND/OR quote number you received.	
	h)	Departure/Arrival Time: (FREE within 9am to 1:30pm, Hamden, North Haven, Wallingford, Cheshire, New Haven)	
	•	a. Time Depart from School: Time Return to School:	
	i)	Number of Students: 19 Number of Adults: 6 10 19	
	,	Field Trip 1 teacher plus 1 additional person for every 15 students or part thereof	
		Exchange Programs 1 teacher plus 1 additional person for every 10 students or part thereof	
j) Names of teachers serving as chaperones: Kelley Zaleia Kisiy Geloso, Kithy Su			
	•.	Names of others serving as chaperones:	
4.	Fill	in all that apply:	
		Total Cost per Student: What does this cost include? TONCL Picket	
	b)	Emergency Contact Name: Kith Swillings Cell Phone: 203 175 6237	
	c)	Special Medical Requirements: Evoy Student will have in idut chiquane	



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SIGNATURES:		-/ . /	
Principal: Maline Vanua	Date:	9/28/2021	
Director: * Is this trip connected to the curriculum? Yes No	Date:	9/25/21	-
Nurse:	Date:		_
Accietant Cungrintandant	Date		