

**HPS Media Department
Materials Discards**

Date: March 22, 2022

School: Hamden High School

Submitted by: Elisa James, Library Media Specialist
Laurie Fasulo, Library Media Specialist

Quantity	Type	Description	Reason for Discard
556	Books	Fiction	Damaged and/or in poor condition AND unpopular titles that have not circulated for more than 5 years AND multiple copies of previously required summer reading

Approved by Board of Education _____

Date _____

**HPS Media Department
Materials Discards**

Date: April 11, 2022

School: Bear Path

Submitted by: Margo Nabors

Quantity	Type	Description	Reason for Discard
400	Book	Nonfiction	Outdated-inaccurate information, low circulation, yellowed pages/damaged
1160	Book	Fiction	Outdated-inaccurate information, low circulation, yellowed pages/damaged
100	Book	Reference	Outdated-inaccurate information, low circulation, yellowed pages/damaged

Approved by Board of Education _____

Date _____

**HPS Media Department
Materials Discards**

Date: 4/11/2022

School: West Woods School

Submitted by: Susan Martinez Sendroff, Library Media Specialist

Quantity	Type	Description	Reason for Discard
553	Books	Various fiction and nonfiction titles	Out of date; or no circulation in at least 6 years
27	Books	Various nonfiction and fiction titles	Books that are slightly aged and are about all people but have no diverse representation
2	Books	Various fiction and nonfiction titles	Books contain stereotypes of Asian, Black, Middle Eastern or Native American people
46	Books	Various fiction and nonfiction titles	Damaged beyond repair
10	Magazines	Various titles	Out of date
31	VHS Videos	Various titles	Obsolete media format.

Approved by Board of Education _____

Date _____

**HPS Media Department
Materials Discards**

Date: 4/13/21

School: Dunbar Hill School

Submitted by: Jacqueline Church

Quantity	Type	Description	Reason for Discard
510	Non-fiction, including biographies Fiction chapter books, Easy picture books,	Poor condition Outdated information and illustrations, inc non-diverse characters.	Pre 2010 copyright, condition, not checked out in past seven years

Approved by Board of Education _____

Date _____



HAMDEN BOARD OF EDUCATION
SCHOOL-SPONSORED FIELD TRIP REQUEST FORM

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 sent to the finance office.

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, Gheshire, 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.

Name of Staff Member Requesting Permission: Melissa Gonzales

Date Request Submitted to Principal: 4/1/22

School: Hamden High Subject: Art

1. Educational Objective for Trip: AP Art students will be visiting the Metropolitan Museum of Art and sketching in Central Park.

2. Type of Trip: Check appropriate box(s)
Field Trip: In-State [] Field Trip: Out-of-State [x] Trips/Exchanges [] Overnight [] Extracurricular [] International []

3. Trip Information:
a) Trip Name: NYC Museum Day Trip
b) Trip Date: May 21, 2022
c) Trip Destination: 1000 5th Avenue New York, New York 10028

d) Organization: (Classroom Grade)
e) Transportation Type: [] Regular Bus [] Wheelchair Bus [] Walking [x] Metro North
f) Name of Carrier: [] First Student [] Other: Do Not enter onto Website

g) Cost of Transportation: Source of Funds: Students pay trainfare
*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, Ghicago, 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: Number of Adults:

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:
Names of others serving as chaperones:

4. Fill in all that apply:
a) Total Cost per Student: What does this cost include?
b) Emergency Contact Name: Cell Phone:
c) Special Medical Requirements:

Signatures required on reverse

SIGNATURES:

Principal: *Nadene Jannum* Date: 4/7/2022

Director: _____ Date: _____

* Is this trip connected to the curriculum? Yes No

Nurse: _____ Date: _____

Assistant Superintendent: _____ Date: _____