



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.myschoobuilding.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.

Name of Staff Member Requesting Permission: Stefani McClure

Date Request Submitted to Principal: 2/2/23

School: Hamden High School Subject: DECA

1. Educational Objective for Trip: Attend the DECA international conference in Orlando Florida. Will be competing on a national level and attending leadership conferences.

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

3. Trip Information:

a) Trip Name: DECA - ICDC

b) Trip Date: April 21-26, 2023

c) Trip Destination: Orlando Florida
Address City State

d) Organization: (Classroom Grade) 10-12

e) Transportation Type: [] Regular Bus [] Wheelchair Bus [] Walking [] Plane [x]

f) Name of Carrier: [] First Student [] Other: TBD Do Not enter onto Website

g) Cost of Transportation: \$1000 per student Source of Funds: Student

*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: TBD Number of Adults: TBD
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: Stefani McClure
Names of others serving as chaperones:

4. Fill in all that apply:
a) Total Cost per Student: \$1000 What does this cost include? Flight hotel registration
b) Emergency Contact Name: Stefani McClure Cell Phone: 203-213-3632
c) Special Medical Requirements:

Signatures Required on Reverse



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SIGNATURES:

Principal: Nadine Janus Date: 2/24/2023

Director: _____ Date: _____

* Is this trip connected to the curriculum? Yes No

Nurse: Jane Allen Date: 2/7/23

Assistant Superintendent: _____ Date: _____