

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
BOARD OF EDUCATION BUSINESS MEETING**

**October 25, 2022**

139 Fairbanks Rd., Churchville, NY 14428

**6:00 P.M. – Special Dinner**

Professional Development Room A #3802

**6:30 P.M.– Anticipated Executive Session**

*It is anticipated that the BOE will enter into Executive Session to discuss confidential information regarding a legal issue, the employment history of particular individuals and/or negotiations with collective bargaining units or any other confidential issue considered exempt by the NYS Department of State, Committee on Open Government.*

Professional Development Room A #3802

**7:00 P.M. – Regular Business Meeting**

Administrative Board Room #3808

**AGENDA  
REGULAR BUSINESS MEETING**

- I. Meeting Start-Up**
  - A. Call to Order
  - B. Pledge of Allegiance
  - C. Board President's Remarks
  - D. Approval/Amendment of Agenda
  - E. Approval of October 11, 2022 Minutes
- II. Special Presentations**
  - A. Special BOE Recognition – Various Presentations  
(The BOE will go across the hall to the MS Auditorium for these presentations).
- III. Superintendent Update – Lori Orologio**
- IV. Privilege of the Floor**
- V. Program**
  - A. Action Item**
    - 1. Committees on Special Education and Preschool Special Education Recommendations
    - 2. Overnight Field Trip – Whale Watch
    - 3. Overnight Field Trip – SHS Band and Orchestra
    - 4. Alpine Ski Team of One
    - 5. Overnight Field Trip – Varsity Hockey Team
  - B. Discussion**
    - 1. Student Services Update (related services)
- VI. Personnel**
  - A. Action Items**
    - 1. Classified & Non-Classified Personnel Actions
    - 2. Termination of Probationary Employment

3. MOAs with CCEA (4 Middle School Spanish Teachers)

**B. Discussion**

1. None

**VII. Business**

**A. Action Items**

1. Treasurer's Reports for September 2022
2. Budget Timeline and Guidelines
3. FLASH Donation

**B. Discussion**

1. NYSSBA Annual Membership Fees

**VIII. Committee & Event Reports**

**IX. \*Executive Session**

*\*The BOE may choose to enter into Executive Session to discuss confidential information regarding a legal issue, the employment history of particular individuals and/or negotiations with collective bargaining units or any other confidential issue considered exempt by the NYS Department of State, Committee on Open Government.*

**X. Adjournment**

**Important Dates:**

**Tuesday, November 8:** BOE Meeting, BOE Room #3808, 7:00 pm

**Friday, November 11:** Veteran's Day Observed, (No School for Students or Staff)

**Monday, November 14:** PreK-6 Parent/Teacher Conference, No School for Student in Grades PreK-8, Grades 9-12 in Session

**Monday, November 14:** MS PTO Meeting, 6:00 pm

**Monday, November 14:** Sports Booster Meeting, PD Room A, 7:15 pm

**Friday, November 18 & Saturday, November 19:** MS Grade 6-8 Musical, CCPAC, 7 pm, 2 pm and 7 pm

**Monday, November 21:** National Honor Society Induction, CCPAC, 7:00 pm

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
BOARD OF EDUCATION BUSINESS MEETING**

**October 25, 2022**

139 Fairbanks Rd., Churchville, NY 14428

**6:00 P.M. – Special Dinner**

Professional Development Room A #3802

**6:30 P.M.– Anticipated Executive Session**

*It is anticipated that the BOE will enter into Executive Session to discuss confidential information regarding a legal issue, the employment history of particular individuals and/or negotiations with collective bargaining units or any other confidential issue considered exempt by the NYS Department of State, Committee on Open Government.*

Professional Development Room A #3802

**7:00 P.M. – Regular Business Meeting**

Administrative Board Room #3808

**AGENDA  
REGULAR BUSINESS MEETING**

- I. Meeting Start-Up**
  - A. Call to Order
  - B. Pledge of Allegiance
  - C. Board President's Remarks
  - D. Approval/Amendment of Agenda
  - E. Approval of October 11, 2022 Minutes
- II. Special Presentations**
  - A. Special BOE Recognition – Various Presentations  
(The BOE will go across the hall to the MS Auditorium for these presentations).
- III. Superintendent Update – Lori Orologio**
- IV. Privilege of the Floor**
- V. Program**
  - A. Action Item**
    - 1. Committees on Special Education and Preschool Special Education Recommendations
    - 2. Overnight Field Trip – Whale Watch
    - 3. Overnight Field Trip – SHS Band and Orchestra
    - 4. Alpine Ski Team of One
    - 5. Overnight Field Trip – Varsity Hockey Team
  - B. Discussion**
    - 1. Student Services Update (related services)
- VI. Personnel**
  - A. Action Items**
    - 1. Classified & Non-Classified Personnel Actions
    - 2. Termination of Probationary Employment

3. MOAs with CCEA (4 Middle School Spanish Teachers)

**B. Discussion**

1. None

**VII. Business**

**A. Action Items**

1. Treasurer's Reports for September 2022
2. Budget Timeline and Guidelines
3. FLASH Donation

**B. Discussion**

1. NYSSBA Annual Membership Fees

**VIII. Committee & Event Reports**

**IX. \*Executive Session**

*\*The BOE may choose to enter into Executive Session to discuss confidential information regarding a legal issue, the employment history of particular individuals and/or negotiations with collective bargaining units or any other confidential issue considered exempt by the NYS Department of State, Committee on Open Government.*

**X. Adjournment**

**Important Dates:**

**Tuesday, November 8:** BOE Meeting, BOE Room #3808, 7:00 pm

**Friday, November 11:** Veteran's Day Observed, (No School for Students or Staff)

**Monday, November 14:** PreK-6 Parent/Teacher Conference, No School for Student in Grades PreK-8, Grades 9-12 in Session

**Monday, November 14:** MS PTO Meeting, 6:00 pm

**Monday, November 14:** Sports Booster Meeting, PD Room A, 7:15 pm

**Friday, November 18 & Saturday, November 19:** MS Grade 6-8 Musical, CCPAC, 7 pm, 2 pm and 7 pm

**Monday, November 21:** National Honor Society Induction, CCPAC, 7:00 pm



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
BOARD OF EDUCATION**

**October 11, 2022**

139 Fairbanks Rd, Churchville, NY 14428  
Administrative Board Room

**5:30 PM – AUDIT COMMITTEE**

Administrative Board Room

***MEMBERS PRESENT***

Steve Hogan, Alycia Nagle and Cheryl Repass

***MEMBERS ABSENT***

Kristen Brumbaugh

***OTHERS PRESENT***

Lori Orologio, Matt DeAmaral, Katie Guignon, Tom Zuber

***EXTERNAL AUDIT***

The District's External Auditor, Tom Zuber with the firm of Mengel, Metzger, Barr and Co., reported on the results of the external audit performed on the district's financial statements for the 2021-2022 school year.

**6:00 PM – WORK SESSION**

**Capital Project**

Professional Development Conference Room A Room 3802

***MEMBERS PRESENT***

Tom Albano, Kathleen Dillon, Steve Hogan, Alycia Nagle, Jonathan Payne, Cheryl Repass, and Amy Wilson

***MEMBERS ABSENT***

Kristen Brumbaugh, Mike Iacucci

***OTHERS PRESENT***

Lori Orologio, Becca Tibbitts, Gian-Paul Paine, Melissa Zeh-Gross, Connor Magiera, George Spinaris, Christiana Mehmel, Mark Esposito, Matt DeAmaral, Larry Vito, Giulio Bosco, Nicole Neal

Board of Education President Kathleen Dillon called the work session to order at 6:07 p.m., seconded by C. Repass.

SEI Design/Campus Construction presented an update on the Phase VI Capital Project.

***EXECUTIVE SESSION***

Moved by C. Repass and seconded by S. Hogan to enter into Executive Session at 6:46 p.m. to discuss confidential information regarding a legal issue, the employment history of particular persons and negotiations with collective bargaining units.

YES: All (7) ABSTAINED: None

NO: None Motion carried

***RETURN FROM EXECUTIVE SESSION***

Moved by C. Repass and seconded by S. Hogan to return from Executive Session at 6:58 p.m. and enter back into a public session.

YES: All (7) ABSTAINED: None

NO: None Motion carried

**7:00 PM REGULAR BUSINESS MEETING**

Administrative Board Room

***MEMBERS PRESENT***

Tom Albano, Kathleen Dillon, Steve Hogan, Alycia Nagle, Jonathan Payne, Cheryl Repass, and Amy Wilson

***MEMBERS ABSENT***

Kristen Brumbaugh, Mike Iacucci

***OTHERS PRESENT***

Lori Orologio, Matt DeAmaral, Larry Vito, Giulio Bosco, Nicole Livingston-Neal, Barb Woo, Katie Guignon, Kathy Occhioni, Jason Tolevski, Michelle Penner, Gian-Paul Paine, Melissa Zeh-Gross, George Spinaris, Connor Magiera, Christiana Mehmel, Mark Esposito, Lea Bender, Michael DeBona, Tyler Wong, Khalil Liverpool, Celia Szczepanski, Brenna Chalmers, Mackenzie Coccia, Jenna Dunham, Charlee Keiser, Madison Beyers, Nathan Arlauckas, Regina Arlauckas, Carter D'Ovidio, Ben Vernick, Lindsay Donner, Amanda Booher, Zachary Dick, Derek Koch, Dominic Vietor, Marissa Hogan

***BUSINESS MEETING CALL TO ORDER***

Board of Education President Kathleen Dillon called the business meeting to order at 7:01 p.m. She began with the Pledge of Allegiance.

***PLEDGE OF ALLEGIANCE***

***PRESIDENT'S REMARKS***

President Kathleen Dillon stated that the Board met in a work session prior to the meeting with Campus Construction/SEI Design to get an update on the Phase VI Capital Project. Congratulations go to the following athletes and athletic teams: Amelia Breton for tying our girls soccer school record for most goals in one game with 5 and breaking our record for most points in one game with 11; boys cross country team who won our division of 22 schools at the McQuaid Invitational. The team also remains undefeated on the season thus far; 8th grader Hannah Khuns who won the modified McQuaid invitational. There were almost 200 runners in this race and she took 1<sup>st</sup> place; to Jayden Sanza for being named Monroe county Division 2 boys soccer player of

BOARD OF EDUCATION  
Minutes of October 11, 2022

the week; to 4 of our Saints girls golfers Brooke Collom, Katie Draper, Sydney Goettel, and Kendall Santarossa for qualifying for the Monroe County Tournament of Champions. Only the top 30 golfers in the county qualify for this event. The SH Play, Our Place, opens this Friday evening at 7pm in the CCPAC with additional shows at 2pm and 7pm on Saturday. Tickets are on-sale at Showtix and can be purchased at the door! We will host the Rochester Philharmonic Orchestra for a free Around-the-Town concert on Wednesday, October 26 at 7:30pm in the CCPAC. We hope to see you there! Tickets for the 6-8 musical, Matilda, Jr. are now on-sale at Showtix with performances on November 18 & 19 in the CCPAC. She then informed board members that there is an addendum to the Personnel Actions which needed to be approved at the same time as those in the packet. She also informed the Board of the need for an Executive Session after the business meeting for the purpose of discussing confidential information regarding a legal issue, negotiations with collective bargaining units and the employment history of particular persons. President Dillon then asked for an approval of the agenda as presented.

**AGENDA APPROVAL**

Moved by A. Wilson and seconded by A. Nagle to approve the agenda as presented.

YES: All (7) ABSTAINED: None

NO: None Motion carried

**APPROVAL OF MINUTES**

Moved by C. Repass and seconded by A. Wilson to approve the September 27, 2022 minutes as presented.

YES: 6 ABSTAINED: 1, K. Dillon

NO: None Motion carried

**SPECIAL PRESENTATIONS**

**FAIRBANKS ROAD ELEMENTARY SCHOOL TRIPLE C AWARDS**

Fairbanks Road Elementary School Principal Todd Yunker and Assistant Principal Mark Picardo presented Triple C Awards to the following individuals:

Eileen Johnson	Literacy Volunteer Coordinator
Keane Elnicky	Student
Divea Candileri	Student
Lilliana Speed	Student
Aubrey Barth	Student
Josh Felluca	Student
Mary Kay Osborne	Staff
Rebecca Kast	Staff
Deni Charcholla-Lendway	Community
Linda Abee	Community

### **EXTERNAL AUDIT FOR YEAR-ENDING JUNE 30, 2021**

Tom Zuber, external auditor of the firm Raymond F. Wager, shared with the Board the year-ending June 30, 2022 audit report.

### **PHASE VI CAPITAL PROJECT**

Melissa Zeh-Gross (SEI Design) and Connor Magiera (Campus Construction) presented details on the upcoming Phase VI Capital Project.

### **STUDENT REPRESENTATIVE UPDATE**

Jason Tolevski, senior high school student and student representative to the Board of Education stated Homecoming Week was awesome! A great time was had by all at the Pep Rally. During the week leading up to Homecoming, SHS held their first Spirit Week, with themes for each day. Jason is proposing that seniors have a spirit day every Friday. Senior Class Delta Sonic fundraiser will be kicking off soon. Monies raised will go towards Senior Ball. Athletic teams are doing very well and sectionals begin next week. Senior high play "Our Place" takes place this weekend at the CCPAC. Everyone in the SHS is in good spirits. Thirty-five more weeks until graduation!

### **SUPERINTENDENT UPDATE**

Superintendent Lori Orologio shared with the Board the following update:

I would like to begin by recognizing Wendy Reese, Giulio, Amy, Paula, the FLASH committee for a successful Celebrate! event in late September. The ability for our families to learn more about school and community support services was valued by all who attended. In addition, the Food Trucks were an added bonus!

Many families also attended the Harlem Wizards Basketball game fundraiser for the middle school. Over 700 audience members enjoyed a great opportunity to relax, laugh, and watch volunteer staff members play the Wizards. Overall, it was a very successful event.

This past Friday our staff engaged in a Conference Day which provided a required safety and security session presented by Bill Sanborn and Josh Schultz which focused upon school safety, community awareness and current food/candy products being sold with THC. The second part of the session focused upon online safety, phishing attempts and related tips/strategies, and cybersecurity awareness and preventive actions facilitated by Joe Harmon. Staff then self-selected sessions based upon their interest for the remaining morning portion of the day. The afternoon sessions were coordinated by school level administrators, instructional leaders, and other staff experts.

As mentioned previously, our students had the opportunity to engage in many "traditional" Homecoming activities. I would like to credit our students for their positive, supportive attitude and behavior throughout the week, at athletic events, and during the Pep Rally.

In the next few weeks our staff will participate in the Energage survey in an attempt to assess our school culture, as well as determine whether there are areas of strength and/or need of improvement. Information will be distributed to the staff later this week.

We look forward to our student performance this upcoming weekend, "Our Place"; as well as watching our student athletes as they move through sectionals with their respective teams.

I would like to formally welcome Michelle Penner, assistant to the superintendent, who began last week; and also, Tricia Croce, communication specialist, who will start this week Thursday! Last we did receive COVID-19 test kits and will make them available to families while supplies last.

## ***PRIVILEGE OF THE FLOOR***

None

## ***PROGRAM ACTIONS***

### **COMMITTEE ON SPECIAL EDUCATION RECOMMENDATIONS**

Moved by C. Repass and seconded by J. Payne to approve the CSE recommendations for meetings held on 9/16/2022, 9/21/2022, 9/22/2022, 9/26/2022 and 9/27/2022 and CPSE recommendations for meetings held on 9/9/2022 and 9/15/2022.

YES: All (7) ABSTAINED: None

NO: None Motion carried

### **OVERNIGHT FIELD TRIP – VARSITY WRESTLING TEAM**

Moved by J. Payne and seconded by S. Hogan to approve the overnight field trip to Sweet Home High School, Buffalo, NY for the varsity wrestling team to compete at the 2022 Sweet Home Duals.

YES: All (7) ABSTAINED: None

NO: None Motion carried

### **OVERNIGHT FIELD TRIP – VARSITY CHEERLEADING TEAM**

Moved by A. Nagle and seconded by C. Repass to approve the overnight field trip to Orlando, FL for the varsity cheerleading team to compete in a national cheerleading competition.

YES: All (7) ABSTAINED: None

NO: None Motion carried

## ***PROGRAM DISCUSSION***

### **OVERNIGHT FIELD TRIP – VARSITY HOCKEY TEAM**

The Board participated in a discussion regarding overnight field trip for the varsity hockey team to Plattsburg/Lake Placid, NY. The field trip would give the team an opportunity to play in two non-league games. Discussion was in regards to how the team will be funding the trip.

## ***PERSONNEL ACTIONS***

### **CLASSIFIED AND NON-CLASSIFIED PERSONNEL ACTIONS**

Moved by A. Wilson seconded by S. Hogan to adopt the following resolution:

BE IT RESOLVED, that the Churchville-Chili Central School District Board of Education, upon the recommendation of the Superintendent of Schools, does hereby approve the subsequent classified and non-classified personnel actions.

BOARD OF EDUCATION  
Minutes of October 11, 2022

Upon the recommendation of the Superintendent of Schools, the following personnel actions shall be approved:

I. RESIGNATIONS

A. Certified - none

B. Classified

**James Ryan**, employed by the District as the Assistant Director of Building and Grounds since March 10, 2014, has submitted his resignation effective April 14, 2023.

**Brendon Soehner**, appointed by the District as a Network Administrator on September 27, 2022 to begin employment October 11, 2022, has rescinded his acceptance for the position.

C. Coaches

**Matthew Lapinski**, previously appointed as the 2022-2023 Varsity Bowling Coach, has submitted his resignation effective October 6, 2022.

D. Extraclass Activities

**Allison Chipman**, previously appointed as the 2022-2023 SHS Pep Band Advisor, has submitted her resignation effective September 28, 2022.

E. Instructional Leaders - none

F. Tutors – none

II. TERMINATIONS

A. Certified - none

B. Classified - none

C. Coaches - none

D. Extraclass Activities - none

E. Teacher Leaders – none

F. Tutors – none

III. LEAVE OF ABSENCE

**Shannon Barton**, employed by the District since September 1, 2018, most recently as the District Wide Gr. K-6 Enrichment Specialist, has requested an extension to her unpaid leave of absence effective October 20, 2022 through November 28, 2022.

**Rebecca Kohlman**, employed by the District as an Elementary Grade 2 Teacher at Churchville Elementary School since September 1, 2019, has requested an extension to her unpaid leave of absence effective December 24, 2022 through June 23, 2023.

IV. CHANGE IN EMPLOYMENT STATUS

A. Certified

BOARD OF EDUCATION  
Minutes of October 11, 2022

**Nicholas Riorden**, previously approved by the board on September 27, 2022 to begin his Probationary Special Education Teacher appointment effective October 28, 2022, has submitted a request to change his start date to October 26, 2022.

**Taylor Isselhard**, previously appointed as a Long-term Substitute Business Education Teacher, will now be a Probationary Business Education Teacher. He will be eligible for tenure in Business Education on September 1, 2026 and his salary will remain the same.

**Julia Orlando**, extension of Long-term Substitute Elementary Grade 2 Teacher at Churchville Elementary School, effective December 24, 2022 through June 23, 2023, due to an extended leave of absence.

- B. Classified  
**Karen Wandersleben**, change from a Probationary to a Permanent appointment as a School Nurse, effective October 4, 2022.
- C. Coaching - none
- D. Extraclass Activities - none

V. APPOINTMENTS

- A. Certified  
**Mark Steffenilla** 1.0 FTE Teaching Assistant  
Assignment Chestnut Ridge Elementary School  
Effective October 24, 2022 (Conditional upon New York State Department of Education's notification to the District of clearance for employment after a fingerprinting check)  
Certification Teaching Assistant I – Initial Pending  
Type of Appointment Probationary  
Tenure Area Teaching Assistant  
Tenure Date October 24, 2026

- B. Substitute and Part-time Teachers and Administrators – none

- C. Department Liaisons – none

- D. Classified  
**Karen Johnson** Office Clerk II – Student Records  
Assignment Senior High School  
Effective October 7, 2022 (Previously cleared by a fingerprinting check)  
Type of Appointment Temporary (90 days)

- E. Classified Substitutes and Part-time - none

- F. Interim Administrator – none

- G. Coaches & Athletic Activities

Activity	Name
Modified B Wrestling Coach	Daniel Glover

BOARD OF EDUCATION  
Minutes of October 11, 2022

H. Extra-Curricular Activities & Clubs

Activity	Advisor	Co-Advisor
7-8 Jazz Band Advisor	Brett Chipman	
9-12 Bookstore Advisor	Chelsea Whitney	
Activity	Co-Trainee	Co-Trainee
7-9 National Honor Society Co-Trainee	Daniel Ward	Deanna VanEenwyk

I. Mentors - none

J. Instructional Leaders

**2022-2024 Instructional Leaders**

Name	Building	Position
Laurie Kaczanowski	MS-N	Grade 5 (Green House)
Margaret Assenato	MS-N	Grade 6 (Blue House)
Edward Distaffen	MS	5-8 ELA
Brittany Fitzgerald	MS	5-8 Math

K. CSE / CPSE Chairperson - none

L. Tutors - none

M. Internship – none

N. Student Helpers - none

O. Other

**Per-Diem Substitute Teachers** – After a per-diem substitute teacher works 40 per-diem days within the same school year, they will be eligible to receive retroactive pay of \$20.00/day for the 40 per-diem days they worked. This is effective starting the 2022-2023 school year.

**Continuing Education Staff 2022-2023**  
**Swim Staff**

Last Name	First Name	Title/Course	Fingerprinting
Almahri	Karima	Swim Aide	N/A- CC Student
Caldwell	Trevor	Swim Aide	N/A- CC Student
Dix	Sebastian	Swim Aide	N/A- CC Student
Froman	Kelsey	Swim Aide	N/A- CC Student
Gaffney	Cora	Swim Aide	Pending
Leastman	Malena	Swim Aide	N/A- CC Student
Thurber	Isabella	Swim Aide	N/A- CC Student

YES: All (7) ABSTAINED: None

NO: None Motion carried

**MOA WITH CCEA**

Moved by C. Repass and seconded by J. Payne to adopt the following resolution:



WHEREAS, representatives of the Board of Education of the Churchville-Chili Central School District collectively bargained with representatives of CCEA;

WHEREAS, issues brought forth in these negotiations have been resolved to the mutual satisfaction of both parties;

THEREFORE BE IT RESOLVED, that the Board of Education of the Churchville-Chili Central School District upon the recommendation of Dr. Loretta Orologio, Superintendent, have entered into an agreement with CCEA in regards to three elementary music teachers flexing hours/work day in order to set up for elementary music ensembles for the 2022-2023 school year.

YES: All (7) ABSTAINED: None

NO: None Motion carried

### ***PERSONNEL DISCUSSION***

#### **MID-YEAR TENURE RECOMMENDATION**

A mid-year tenure recommendation was shared with the Board by Assistant Superintendent for Human Resources, Larry Vito, for a first reading. This tenure recommendation will be moved on at the November 8, 2022 board meeting.

### ***BUSINESS ACTIONS***

#### **TREASURER'S REPORTS FOR AUGUST 2022**

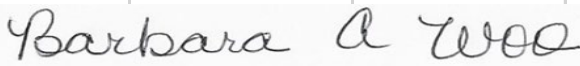
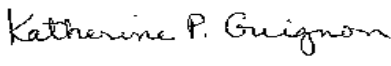
Moved by J. Payne and seconded by S. Hogan to approve the following reports prepared by the District Treasurer for the month ending August 2022:

*Continued on next page*

BOARD OF EDUCATION  
Minutes of October 11, 2022

### Treasurer's Monthly Report

August 2022

GL Acct.	Fund	Bank	Description	Beginning Balance	Monthly Receipts	Monthly Disbursements	Ending Balance
<b>Cash Accounts</b>							
A200-01	General	M & T	Checking	\$2,278,163.35	\$5,541,568.81	\$6,134,387.04	\$1,685,345.12
A200-10	General	Bank of Castile	Checking	\$0.00	\$0.00	\$0.00	\$0.00
A200-12	General	M & T	Checking-ACH Payments	\$29,393.08	\$219,381.05	\$165,930.02	\$82,844.11
A200-20	General	M & T	Checking	\$925,850.26	\$2,691,312.25	\$1,480,576.58	\$2,136,585.93
A200-21	General	M & T	Checking-Payroll	\$9,634.58	\$1,174,378.57	\$812,150.74	\$371,862.41
A201-05	General	M & T	Savings	7,478,073.49	2,346,989.60	5,500,000.00	\$4,325,063.09
A201-10	General	Bank of Castile	Savings	4,787,042.05	15,880.43	5,000.00	\$4,797,922.48
C200-01	School Lunch	Bank of Castile	Checking	14,914.33	6,321.77	6,409.33	\$14,826.77
F200-01	Federal	M & T	Checking	2,198.77	181,067.50	159,014.40	\$24,251.87
H200-01	Capital	M & T	Checking	10,622.21	417,000.00	415,833.95	\$11,788.26
H201-11	Capital	M & T	Money Market	879,755.61	61.73	417,000.00	\$462,817.34
Multifund Checking		Chase	Checking	1,646,467.66	488.97	0.00	\$1,646,956.63
Multifund Savings		Chase	Savings	35,126,906.39	10,431.99	0.00	\$35,137,338.38
<b>Total Cash</b>				<b>53,189,021.78</b>	<b>12,604,882.67</b>	<b>15,096,302.06</b>	<b>50,697,602.39</b>
<b>US Treasury Bills</b>							
A450-00	General	Chase		0.00	0.00	0.00	\$0.00
A452-00	General-Reserve	Chase		0.00	0.00	0.00	\$0.00
H450-00	Capital	Chase		0.00	0.00	0.00	\$0.00
TE450-00	Expendable Trust	Chase		0.00	0.00	0.00	\$0.00
V450-00	Debt Service	Chase		0.00	0.00	0.00	\$0.00
<b>Total US Treasury Bills</b>				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>District Totals</b>				<b>\$53,189,021.78</b>	<b>\$12,604,882.67</b>	<b>\$15,096,302.06</b>	<b>\$50,697,602.39</b>
Received by the Board of Education and entered as a part of the minutes of the board meeting held on 10/11/2022				This is to certify that the above cash balances are in agreement with my bank statements as reconciled			
							
Clerk of the Board of Education				Treasurer of School District			

## Revenue Status Report

As of August 31, 2022

A/C Code	Description	Original Budget	Adjusted Budget	Monthly Actual	Year to Date 8/31/22	Budget Variance	Year to Date 8/31/21	Year to Date Variance
1001	Real Property Tax Items	40,051,206.00	40,051,206.00	35,297,837.32	35,297,837.32	-4,753,368.68	33,905,298.12	1,392,539.20
1081	Oth. Paymts in Lieu of Taxes	373,545.00	373,545.00	0.00	0.00	-373,545.00	0.00	0.00
1085	STAR Reimbursement	0.00	0.00	4,753,368.44	4,753,368.44	4,753,368.44	5,073,798.03	-320,429.59
1090	Int. & Penal. on Real Prop. Tax	5,000.00	5,000.00	0.00	0.00	-5,000.00	0.00	0.00
1120	Nonprop. Tax Distrib. By Co.	3,900,000.00	3,900,000.00	0.00	0.00	-3,900,000.00	0.42	-0.42
1311	Other Day School Tuition	0.00	0.00	0.00	0.00	0.00	997.20	-997.20
1315	Continuing Ed Tuition(Individ)	78,568.00	78,568.00	148.60	3,134.60	-75,433.40	6,268.85	-3,134.25
1315	Swim	31,432.00	31,432.00	580.55	5,848.30	-25,583.70	6,537.40	-689.10
1335	Oth Student Fee/Charges (Indiv	80,000.00	80,000.00	7,012.25	7,196.25	-72,803.75	8,937.00	-1,740.75
1335	Computer Protection Plans	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1410	Admissions	1,500.00	1,500.00	0.00	0.00	-1,500.00	0.00	0.00
2230	Day School Tuit-Oth Dist. NYS	0.00	0.00	0.00	0.00	0.00	-4,285.50	4,285.50
2235	Svs Prov. BOCES-Oth Transport	66,189.00	66,189.00	0.00	0.00	-66,189.00	0.00	0.00
2304	Trans for Oth Dist.-Cont. Bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2308	Trans for BOCES-Shuttle Svs	2,000.00	2,000.00	0.00	0.00	-2,000.00	0.00	0.00
2401	Interest and Earnings	125,000.00	125,000.00	1,087.10	1,481.91	-123,518.09	635.34	846.57
2401	Interest and Earnings-Reserve F	0.00	0.00	8,148.43	9,341.85	9,341.85	574.93	8,766.92
2401	Interest and Earnings-Capital Res	0.00	0.00	233.67	267.89	267.89	719.05	-451.16
2410	Rental of Real Property, Indiv.	25,000.00	25,000.00	2,647.50	2,647.50	-22,352.50	480.00	2,167.50
2413	Rental of Real Property, BOCES	44,990.00	44,990.00	0.00	0.00	-44,990.00	0.00	0.00
2414	Rental of Equip. (Not Bus) Ind	0.00	0.00	40.00	590.00	590.00	80.00	510.00
2440	Rental of Buses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2650	Sale Scrap & Excess Material	2,000.00	2,000.00	0.00	69.00	-1,931.00	551.45	-482.45
2665	Sale of Equipment	2,000.00	2,000.00	618.96	618.96	-1,381.04	5,600.00	-4,981.04
2680	Insurance Recoveries-Trans Rel	5,000.00	5,000.00	0.00	0.00	-5,000.00	0.00	0.00
2690	Other Compensation for Loss	2,500.00	2,500.00	182.50	182.50	-2,317.50	321.70	-139.20
2701	Refund of P/Y Exp.- BOCES	525,000.00	525,000.00	0.00	0.00	-525,000.00	0.00	0.00
2703	Refund of P/Y Exp.-Other	70,000.00	70,000.00	33,841.95	41,584.11	-28,415.89	508.45	41,075.66
2705	Gifts and Donations	0.00	0.00	96.00	96.00	96.00	0.00	96.00
2770	Other Unclassified Rev.(Spec)	100,000.00	100,000.00	3,131.50	15,132.98	-84,867.02	991.52	14,141.46
2801	Interfund Revenues	20,000.00	20,000.00	0.00	0.00	-20,000.00	0.00	0.00
3101	Basic Formula Aid-Gen Aids (Ex	35,041,477.00	35,041,477.00	6,494.80	6,494.80	-35,034,982.20	23,905.32	-17,410.52
3102	Lottery Aid (Sect 3609a Ed Law	7,574,085.00	7,574,085.00	0.00	0.00	-7,574,085.00	0.00	0.00
3103	BOCES Aid (Sect 3609a Ed Law)	3,221,693.00	3,221,693.00	0.00	0.00	-3,221,693.00	0.00	0.00
3104	Tuit for Students w/Disabilit.	0.00	0.00	0.00	116.00	116.00	0.00	116.00
3260	Textbook Aid (Incl Txtbk/Lott)	237,427.00	237,427.00	0.00	0.00	-237,427.00	0.00	0.00
3262	Computer Software Aid	57,583.00	57,583.00	0.00	0.00	-57,583.00	0.00	0.00
3263	Library Aid	24,025.00	24,025.00	0.00	0.00	-24,025.00	0.00	0.00
3289	Other State Aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4601	Medic.Ass't-Sch Age-Sch Yr Pro	55,000.00	55,000.00	5,236.81	5,236.81	-49,763.19	5,440.32	-203.51
5031	Interfund Transfers	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Revenue</b>		<b>91,722,220.00</b>	<b>91,722,220.00</b>	<b>40,120,706.38</b>	<b>40,151,245.22</b>	<b>-51,570,974.78</b>	<b>39,037,359.60</b>	<b>1,113,885.62</b>

Appropriated Fund Balance	1,662,181.00	1,662,181.00
Appropriated Reserves	1,376,382.00	1,376,382.00
Carryover Encumbrances	-	1,488,632.45
<b>Total Budget</b>	<b>94,760,783.00</b>	<b>96,249,415.45</b>

### Churchville-Chili Central School

Budget Status Report As Of: 8/31/2022

#### Fund: GENERAL

<u>Budget Account</u>	<u>Description</u>	<u>Initial Budget</u>	<u>Adjusted Budget</u>	<u>Year-to-date Expenditures</u>	<u>Prior YTD Exp</u>	<u>Variance Prior / Current</u>	<u>Encumbrance Outstanding</u>	<u>Unencumbered Balance</u>
10	Board of Education	62,910.00	62,211.91	1,581.47	15,706.79	-14,125.32	14,851.07	45,779.37
12	Central Administration	404,125.00	409,389.21	86,775.45	80,265.71	6,509.74	254,247.66	68,366.10
13	Finance	786,528.00	793,330.03	146,035.75	112,122.71	33,913.04	457,490.65	189,803.63
14	Staff	664,153.00	664,153.00	101,711.51	103,197.88	-1,486.37	442,732.08	119,709.41
16	Central Services	6,307,366.00	7,147,871.80	733,742.30	579,544.50	154,197.80	4,744,869.36	1,669,260.14
19	Special Items (Contractual Expense)	1,764,170.00	1,770,525.00	298,642.78	259,830.29	38,812.49	1,444,128.33	27,753.89
20	Administration and Improvement	3,895,813.00	3,898,767.81	479,600.41	481,384.18	-1,783.77	2,619,916.38	799,251.02
21	Teaching	36,014,167.00	36,075,225.15	506,034.23	539,389.53	-33,355.30	10,351,164.21	25,218,026.71
26	Instructional Media	2,690,489.00	3,178,173.43	407,756.05	317,035.06	90,720.99	1,425,980.02	1,344,437.36
28	Pupil Services	4,197,885.00	4,221,497.26	121,749.83	111,304.54	10,445.29	235,695.75	3,864,051.68
55	Pupil Transportation	6,573,158.00	6,628,251.85	346,395.90	304,896.16	41,499.74	2,859,663.62	3,422,192.33
8	Other Community Services	89,711.00	89,711.00	7,876.51	9,528.04	-1,651.53	750.00	81,084.49
90	Employee Benefits	22,944,595.00	22,944,595.00	3,539,697.06	2,277,720.27	1,261,976.79	10,428,898.51	8,975,999.43
99	Interfund Transfers	8,365,713.00	8,365,713.00	8,201,713.00	8,422,575.00	-220,862.00	0.00	164,000.00
<b>Total GENERAL FUND:</b>		<b>94,760,783.00</b>	<b>96,249,415.45</b>	<b>14,979,312.25</b>	<b>13,614,500.66</b>	<b>1,364,811.59</b>	<b>35,280,387.64</b>	<b>45,989,715.56</b>

YES: All (7) ABSTAINED: None

NO: None Motion carried

**JUNE 30, 2022 YEAR END EXTERNAL AUDIT**

Moved by S. Hogan and seconded by C. Repass to accept the external audit report and the management letter for the school year ending June 30, 2022 as submitted by Tom Zuber of the firm of Mendel, Metzger, Barr and Co. (detail on file in the administrative office).

YES: All (7) ABSTAINED: None

NO: None Motion carried

**JUNE 30, 2022 YEAR END EXTERNAL AUDIT CORRECTIVE ACTION PLAN**

Moved by S. Hogan and seconded by A. Nagle to accept the corrective action plan for the June 30, 2022 year end external audit for issues outlined in the management letter.

YES: All (7) ABSTAINED: None

NO: None Motion carried

**FALL FINE PAPER COOPERATIVE BID**

Moved by A. Wilson and seconded by J. Payne to accept the fall cooperative bid for fine paper as shown below:

Expenditure Report

**FALL FINE PAPER  
2022 - 2023 Co-op Bid  
RFB-2013-22**

Bid opened: 09/08/22  
Period Range: 11/01/22 - 04/30/23

Recommend bid be accepted as shown, each bidder being the lowest responsible bidder, meeting all bid specifications, as per BOCES II Bid Coordinator.

	Economy Paper	Building Totals
Administration Office	\$2,321.74	\$2,321.74
CES Office	\$0.00	\$0.00
CRS - Office	\$8,433.00	\$8,433.00
FRS - Office	\$8,433.00	\$8,433.00
MS - Main Office	\$22,488.00	\$22,488.00
SH - Office	\$0.00	\$0.00
Pupil Services	\$0.00	\$0.00
Student Instruction	\$0.00	\$0.00
Transportation	\$66.88	\$66.88
Totals	\$41,742.62	<b>\$41,742.62</b>

BOARD OF EDUCATION  
Minutes of October 11, 2022

Copy paper price: \$56.22

The following did not enter quantities:

Pupil Services, Senior High, Student Instruction, CES office

(Fall copy paper price was \$52.29 per case through Economy)

(Monroe County contract WB Mason copy paper \$37.88 thru 12/31/2022)

09/28/22 dvm.

YES: All (7) ABSTAINED: None

NO: None Motion carried

**SURPLUS EQUIPMENT SALE**

Moved by A. Wilson and seconded by C. Repass to accept the list of surplus equipment sold in compliance with District policy #5250, as shown below.

*Continued on next page*

BOARD OF EDUCATION  
Minutes of October 11, 2022



Closed Auction Report

Aug 01,2022 To Oct 04,2022

Auction #	Title	Inv. Code	Buyer Name	Buyer Address	Qty	# of Bids	End Price	Start Date	End Date	Sold To	Status	Paid	Pickup Location	Main Contact	Notes
3109736	Lot 1 - Student Chairs				1	0	\$ 1.00	08/26/2022	09/05/2022		Not sold	No	Churchville-Chili Central School District	Joe Harmon (jharmon)	
3109738	Lot 2 - Student Chairs				1	0	\$ 1.00	08/26/2022	09/05/2022		Not sold	No	Churchville-Chili Central School District	Joe Harmon (jharmon)	
3109742	Lot 3 - Student Chairs				1	0	\$ 1.00	08/26/2022	09/05/2022		Not sold	No	Churchville-Chili Central School District	Joe Harmon (jharmon)	
3109749	Green Metal Desk				1	0	\$ 1.00	08/26/2022	09/05/2022		Not sold	No	Churchville-Chili Central School District	Joe Harmon (jharmon)	
3109753	Round Tables				2	0	\$ 1.00	08/26/2022	09/05/2022		Not sold	No	Churchville-Chili Central School District	Joe Harmon (jharmon)	
3109755	Food Serving Line		Robert A Bilby	350 E High Street Painted Post NY 14870	1	1	\$ 1.00	08/26/2022	09/05/2022	RABilby - Robert A Bilby	Sold	Yes	Churchville-Chili Central School District	Joe Harmon (jharmon)	
3109757	Metal Wire Mesh Cage Panels and Door				1	0	\$ 1.00	08/26/2022	09/05/2022		Not sold	No	Churchville-Chili Central School District	Joe Harmon (jharmon)	
3109829	EPOKE Spreader Model PM1.4		Frederick Sousa III	65 Bluhm Rd Fairport NY 14450	1	4	\$ 480.00	08/26/2022	09/05/2022	fjsousa3 - Frederick Sousa III	Rnm and sold	Yes	Churchville-Chili Central School District	Joe Harmon (jharmon)	
3109765	Kelly-Creswell Heavy Duty Model C Portable Paint Striper		Robert A Bilby	350 E High Street Painted Post NY 14870	1	84	\$ 730.00	08/26/2022	09/05/2022	RABilby - Robert A Bilby	Sold	Yes	Chestnut Ridge Elementary School	Joe Harmon (jharmon)	
3110523	35Kw Generac 3630860100 - 277/480V (150A) Generator		David D Coronado	555 w 19th st 404 Houston TX 77008	1	4	\$ 530.00	08/26/2022	09/09/2022	DAMDTRUCK - David D Coronado	Rnm and sold	Yes	Churchville-Chili Central School District	Joe Harmon (jharmon)	

YES: All (7) ABSTAINED: None  
NO: None Motion carried

## ***BUSINESS DISCUSSION***

### **LIABILITY LAWSUITS UPDATE**

Matt DeAmaral, Assistant Superintendent for Business Services, updated the Board on the status of our outstanding liability lawsuits (detail on file in the administrative office).

### **BOARD OF EDUCATION VACANCY**

Superintendent Orologio and Board of Education President Kathleen Dillon led further discussion regarding the Board of Education Vacancy in regards to candidates and interview questions. Board was in agreement to reword two interview questions.

## ***COMMITTEE & EVENT REPORTS***

**TOM ALBANO** – attended FRS PTO meeting, MS IL meeting

**STEVE HOGAN** – attended Audit Committee meeting, Homecoming, girls varsity volleyball games, girls varsity soccer games and boys varsity soccer games

**ALYCIA NAGLE** – attended Celebrate event, Harlem Wizards game, Audit Committee meeting

**AMY WILSON** – attended Celebrate event

**JONATHAN PAYNE** – attended JV girls soccer games and cross country meet

**CHERYL REPASS** – attended Audit Committee meeting, Homecoming

**KATHY DILLON** – attended boys varsity soccer game

## ***EXECUTIVE SESSION***

Moved by S. Hogan and seconded by A. Wilson to enter into Executive Session at 7:56 p.m. to discuss confidential information regarding a legal issue, the employment history of particular persons and negotiations with collective bargaining units.

YES: All (7) ABSTAINED: None  
NO: None Motion carried

## ***RETURN FROM EXECUTIVE SESSION***

Moved by J. Payne and seconded by S. Hogan to return from Executive Session at 8:15 p.m. and enter back into a public session.



BOARD OF EDUCATION  
Minutes of October 11, 2022

YES: All (7) ABSTAINED: None

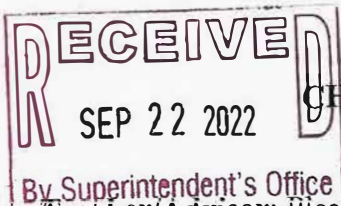
NO: None Motion carried

***ADJOURNMENT***

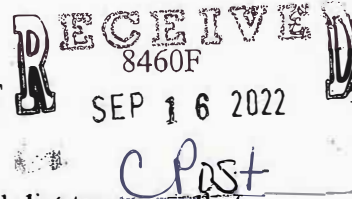
Moved by J. Payne and seconded by S. Hogan to adjourn the meeting at 8:16 p.m.

YES: All (7) ABSTAINED: None

NO: None Motion carried



CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
FIELD TRIP CHECKLIST



Teacher/Advisor: Please fill in all information requested below and utilize the check list to ensure that all required documents are included in your request. Include this form with your submission.

Club/Organization: SHS - SCIENCE DEPARTMENT

Teacher/Advisor: EILEEN HAMMOND Administrator Attending: SCOTT WILSON

Purpose: BOSTON, MA - WHALE WATCH

Day: THU + FRI Date: 4/27/23 + 4/28/23 Time: 6:30 AM From: DOOR #3 @ SHS To: 4/28/23 @ 11:30 pm

Lodging Accommodations (if overnight): \_\_\_\_\_

Chaperones: \* SCOTT WILSON, EILEEN HAMMOND,  
TINA FOWLER, KELLY DUNHAM

Student/Parent/Chaperone Meeting Date(s) WEDNESDAY 4/19/22 - SHS ROOM 1115 @ 5:30 pm

☒ Cost Estimates, including per student (include an attachment showing details)

☒ Itinerary (include an attachment showing details)

\* Refer to Policy 8460 **Field Trips** for restrictions regarding chaperones

**PLEASE SUBMIT THE FOLLOWING** (as applicable): Refer to policy regulation 8460R for detailed instructions.

☒ Field Trip Request form (8460F.1 for day trips or 8460F.2 for overnight or out-of-town)

☒ A copy of Field Trip Permission and Medication and Emergency Medical Treatment

☒ Authorization form (8460F.3)

☒ Overnight/Out of Country Trip Agreement form (8460F.4) (for overnight or out of country field trips)

☒ Field Trip Behavioral Contract (8460F.5)

☒ Only **one** of the three transportation forms listed below is required; submit the appropriate form.

Please note: **The District will not be able to provide busing the last 3 weeks of school.**

District Transportation Request Form (8460F.6)

Charter or Rental Vehicle Trip Information Form (8460F.7)

Insurance Verification Form (8460F.8)

☒ Field Trip Cancellation Contract (for overnight field trips only; refer to 8460R.1)

☒ Parent Letter/Student Responsibilities

FOR BUILDING USE:

☐ Cafeteria Notification (if lunches will be affected)

☐ Attendance Office Notification

☐ Substitute Requests with Funding Source

**For Central Office Use only:** checklist/packet reviewed and all required documents are included

Signature Kathy Weller

Date: 9/23/22

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
DAY FIELD TRIP REQUEST FORM**

Date: 9/16/2022

Club/Organization: SHS - SCIENCE DEPARTMENT

Teacher/Advisor: EILEEN HAMMOND

Curriculum Connection (Explain): EXPOSE STUDENTS TO MARINE ENVIRONMENT  
BY EXPERIENCING A WHALEWATCH COURSE + VISITING BOSTON  
MUSEUM OF SCIENCE

Method of Transportation (complete District Transportation Request Form # 8460F.6, Charter or Rental Vehicle Trip Information Form # 8460F.7, or Verification of Insurance Coverage Form #8460F.8 as applicable) **Please note: District Transportation is not available after the first week of June.**

Day/Date: THU 4/27/2023 - FRI 4/28/2023

Departure Time: 6:30 AM Return Time: 11:30 pm (NEXT DAY)

Point of Departure/Return: CC SENIOR HIGH SCHOOL - DOOR #3

Destination: BOSTON, MA.

Itinerary: VISIT BOSTON MUSEUM OF SCIENCE, WALK  
TO/THROUGH QUINCY MARKET, WHALE WATCH BOAT

Insurance Coverage: INCLUDED IN STUDENT COST TOUR

Estimated Costs: INCLUDED IN STUDENT COST  
(\$5.75 per mile to and from destination per bus; MapQuest or Google map must be attached. Bus capacity is 44 Adults, or 66 Students and the minimum trip charge is \$70).


Funding Sources: STUDENTS # of Students Attending 40 (MAX 46)

Chaperones (staff only): SCOTT WILSON, EILEEN HAMMOND,  
TIM FOWLER, KELLY DUNHAM

Parent Volunteer Help: X

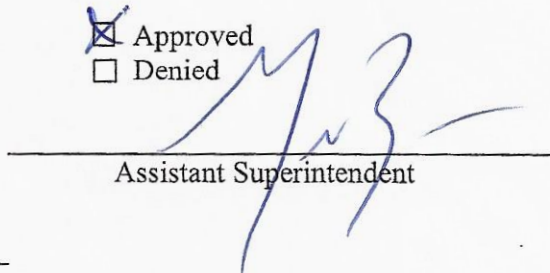
Substitute Needed: ☒ Yes ☐ No If yes, how many? 3

☒ Approved  
☐ Denied



Principal/Director

☒ Approved  
☐ Denied



Assistant Superintendent

☐ Approved

☐ Denied Superintendent/Designee

Copy to: Office of Instruction



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
OVERNIGHT/OUT-OF-COUNTRY FIELD TRIP REQUEST FORM**

Date 9/15/2023

Club/Organization: SHS SCIENCE DEPARTMENT

Teacher/Advisor: EILEEN HAMMOND Administrator Attending SCOTT WILSON

Curriculum Connection - explain: EXPOSE STUDENTS TO MARINE ENVIRONMENT  
BY EXPERIENCING A WHALE WATCH COURSE + VISITING THE BOSTON  
MUSEUM OF SCIENCE.

Method of Transportation: PRIVATE LUXURY COACH BUS  
(Please complete appropriate transportation form 8460F.6, 8460F.7 or 8460F.8)

Date(s): THU 9/27/2023 - FRI 9/28/2023 Day(s) of the week: THURSDAY + FRIDAY

Departure Time: 6:30 AM Return Time: 11:30 PM

Point of Departure/Return: CC SENIOR HIGH SCHOOL - DOOR #3

Destination: BOSTON, MA

Itinerary: ENCLOSED IN PACKET

Insurance Coverage: INCLUDED IN STUDENT COST.

Estimated Cost: INCLUDED IN STUDENT COST  
(\$5.75 per mile to and from destination per bus; MapQuest or Google map must be attached. Bus capacity is 44 Adults, or 66 Students and the minimum trip charge is \$70).

Funding Sources: STUDENTS # of Students Attending 40 (MAX 46)

Chaperones (staff only) EILEEN HAMMOND, KELLY DUNHAM,  
TIM FOWLER, SCOTT WILSON

Parent Volunteer Help: X

Substitute Needed: ☒ Yes ☐ No If yes, how many? 3

☒ Approved  
☐ Denied

[Signature]

Principal/Director

☒ Approved  
☐ Denied

[Signature]

Assistant Superintendent

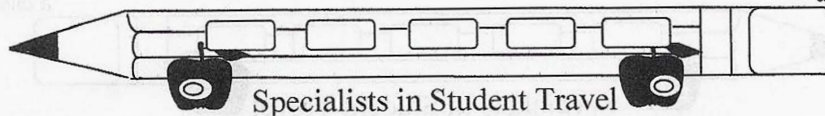
☐ Approved  
☐ Denied Superintendent/Designee

BOE Approval Date \_\_\_\_\_

Copy to: Office of Instruction

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



## CHURCHVILLE-CHILI SHS SCIENCE DEPARTMENT WHALE WATCH-BOSTON, MA TENTATIVE ITINERARY APRIL 27 – 28, 2023

### THURSDAY, APRIL 27<sup>th</sup>

6:30 A.M. 1 – 56 PASSENGER MOTOR COACH ARRIVES FOR INSPECTION AT:  
**CHURCHVILLE-CHILI TRANSPORTATION GARAGE**  
**3461 WESTSIDE DRIVE**  
**CHURCHVILLE, NY 14428**  
PROCEED TO HIGH SCHOOL AFTER INSPECTION  
**CHURCHVILLE-CHILI HIGH SCHOOL**  
**5786 BUFFALO RD**  
**CHURCHVILLE, NY 14428**

7:30 A.M. DEPART FOR BOSTON  
*BRING A BAG LUNCH AND SNACKS FOR THE RIDE*

3:00 P.M. – 5:00 P.M. MUSEUM OF SCIENCE

5:30 P.M. – 7:00 P.M. DINNER AT FIRE & ICE-Included

7:15 P.M. – 8:30 P.M. TIME FOR SHOPPING AT QUINCY MARKET

9:00 P.M. CHECK INTO THE HOTEL: DOUBLE TREE HOTEL/ANDOVER, MA

10:00 P.M. PIZZA AT THE HOTEL

### LATE NIGHT PRIVATE SECURITY PROVIDED AT NIGHT

### FRIDAY, APRIL 28<sup>th</sup>

6:00 A.M. BREAKFAST AT THE HOTEL-Included

7:00 A.M. CHECK OUT AND DEPART THE HOTEL

8:00 A.M. ARRIVE AT BUS FOR BOARDING

8:30 A.M. – 11:30 A.M. WHALE WATCH-SEVEN SEAS-GLOUCESTER, MA

11:45 A.M. DEPART FOR SALEM

12:15 P.M. LUNCH AT ESSEX DELI-Included  
AND FREE TIME IN SALEM

2:00 P.M. DEPART FOR CHURCHVILLE

REST AND PAY ON YOUR OWN MEAL STOPS WILL BE MADE ENROUTE

10:00 P.M. ARRIVE AT CHURCHVILLE-CHILI HIGH SCHOOL

**TRIP INCLUDES:** Round trip motor coach transportation, 1<sup>st</sup> Choice Educational Tour Manager, 1 night hotel accommodations, 1 breakfast, 1 dinner, 1 lunch, all admissions and driver gratuity

### **ESTIMATED TRIP COST:** \$452.77 per person QUAD OCCUPANCY

This quote is based on a minimum of 40 paying students in quad occupancy using one motor coach and 4 complimentary chaperones in single occupancy including cancel for any reason insurance at a cost of \$26.77.

**All quotes are subject to availability at time of booking. Once you receive BOE approval let us know and we will secure reservations and get you out a contract and student registration forms.**

Joanna Ruffino, CITS

### Mailing Address

P. O. Box 950  
Batavia, NY 14021-0950

### Phone Number

585-343-1313

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**  
**FIELD TRIP PERMISSION AND**  
**MEDICATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Part I to be completed by field trip advisor. Parents/guardians are asked to complete Parts II, III, and IV of this permission form including the medication authorization section as necessary.

**PART I - Information for Field Trip:**

Destination: BOSTON WHALE WATCH Date: 4/27/2023 - 4/28/2023

Time: 7:00 AM 4/27/23 to 11:00 PM 4/28/23 Cost to Student: = \$460<sup>00</sup>

Mode(s) of Transportation: ☐ District Bus ☒ Charter or Rental Vehicle ☐ Airplane

Activities of Trip LOTS OF WALKING THROUGH BOSTON'S QUINCY MARKET  
AND 4 HOURS ON AN OCEAN VESSEL (HARBOR TO OCEAN)

**PART II - Parent/Guardian Permission**

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the field trip as outline above as part of his/her school experience. I understand that the District Code of Conduct will be in effect at all times. The student may be removed from the trip for disciplinary, attendance, or grade issues that occur before the departure date as per the District Code of Conduct.

The student agrees to follow all school rules and guidance, including the Code of Conduct, prior to and during the trip. By signing, the student agrees to the rules and expectations, and consequences for any behaviors that violate the Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III - Medical Information**

If you have a student attending this field trip who will need to possess prescription or over the counter medication while on the trip, please complete Part IV of this form along with a duly executed prescription and/or doctor's order, which must be on file prior to the commencement of the field trip in order for the student to take medications with him/her on the trip.

- A. In case of an emergency, I understand that every effort will be made to contact me. If the school is unable to reach me, I hereby give the school permission, through my signature below, to act on my behalf in seeking emergency treatment for my child in the event such treatment is necessary and give my permission to those administering emergency treatment to do so using the measures necessary.



- B. My child is **allergic** to the following medications: \_\_\_\_\_  
 \_\_\_\_\_
- C. My child has a **special medical problem** (if none so state, if yes, specify)  
 \_\_\_\_\_
- D. My child is currently under **medical care**. Please describe nature of illness and treatment.  
 Mark N/A if not applicable.  
 \_\_\_\_\_
- E. Date of last tetanus vaccination \_\_\_\_\_

#### PART IV – Medication Authorization

**NOTE:** A physician's written order and parent/guardian written permission is required for not only prescription medications but over-the-counter medications as well.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication	Dosage	Time/Frequency

*Note: If more lines are required, please attach a form listing medication and dosage information.*

Check one:

- ☐ **Student may self-administer** (i.e. inhalers, epi-pen, and insulin). In the event that the need arises to self-administer Epinephrine or with administration of any injectable, the student must notify their assigned chaperone.
- ☐ **I will personally attend the field trip to administer the medication.**
- ☐ **I have designated** \_\_\_\_\_, my friend, family member, household member or other relationship appropriate in accordance with N.Y. Education Law §6908 (...providers, employees or caregivers acting under the direction and authority of a parent of a child, legal guardian, legal custodian, or an adult in whose care a child has been entrusted and who has been authorized by the parent to consent to any health care for the child...) to administer the above-listed medication(s) to my child at the school-sponsored event listed at the beginning of this form. I acknowledge that Churchville-Chili Central School District will not be liable for any problems that may arise as a result of the administration of such medication by the designee.
- ☐ **Student will require a licensed health professional to administer his/her medication.**

Physician's Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**PART V – Parent/Guardian Contact Information in Event of Emergency**

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Emergency number if unable to reach parent(s) / guardian(s):

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Policy - Provider \_\_\_\_\_

Policy # \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, being the parent/legal guardian of  
 \_\_\_\_\_, understand that trip chaperones will make every effort to  
 contact me, but in the event that emergency treatment is necessary, I hereby authorize medical treatment  
 on behalf of my child. I release the Churchville-Chili Central School District and district personnel from  
 any claims or causes of action arising out of injuries that my child may sustain in connection with the field  
 trip.

 Parent/Guardian Signature \_\_\_\_\_  
 \*\*If notarization is required, please wait to sign until you are in front of a notary public.

Print or type name of person signing: \_\_\_\_\_

Notary Stamp

**\*\*Notarization Required for Out of Country/Overnight Field Trips Only**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public, State of New York \_\_\_\_\_ Expires \_\_\_\_\_

Refer to: N.Y. Education Law § 6098(1)

Revised: 6/13/2017, 9/18/2018



# CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT OVERNIGHT/OUT OF COUNTRY TRIP AGREEMENT

The undersigned individuals hereby acknowledge and agree to the following:

The Churchville-Chili Central School District ("District") is providing the opportunity for the students to participate in a trip sponsored by the District. Since this trip will result in students leaving the District environ and traveling to and visiting places which the District considers to have educational value, there will be certain times when the student will be independent of District's supervision. When students are in their hotel rooms, for example, it is not possible to provide constant supervision. Curfews, however, will be enforced. It is important for the students and parents to acknowledge and accept that this is the type of supervision that will be provided by the District.

Additionally, the type of trip the student is participating in requires travel and overnight accommodations in another city. There are inherent risks involved in any type of overnight travel. These risks include, but are not limited to, accidents of the common carrier, theft of property, and inclement weather forcing a shortening or canceling of the trip. Additionally, the undersigned must understand that when either visiting other cities, especially overseas, that travel in a group or individually may be dangerous. The parents and students must accept such risks before the travel begins. By signing this Agreement, the undersigned parent and/or student agree not to hold the District liable for any dangers associated with travel to other cities and/or overseas.

The Board of Education reserves the right to cancel a field trip **at any time**, particularly if security and safety is in doubt. In the event a field trip is cancelled, the District **will not** be responsible for reimbursing any deposits or expenses incurred by students, parents or staff unless the District receives reimbursement from a third party vendor or supplier. The trip's sponsors and the parent(s)/guardian(s) are responsible for obtaining trip cancellation insurance and this expense must be included as part of the overall cost of the trip. No refund will be made if a participant's involvement is terminated during the trip due to behavioral issues.

Laws and customs of other nations may vary from our own. Regardless of local regulations, students will neither purchase nor use alcohol, tobacco or controlled substances of any kind at the time of, or during the trip. In addition, the student is expected to comply with all of the expectations outlined in the Churchville-Chili CSD Code of Conduct and to comply with the requests of adult chaperones at all times. Failure to do so will result in appropriate discipline action, including the prohibition of any further participation in the trip by a student violating the Code of Conduct. The parent or guardian signing below hereby agrees that he or she will promptly transport the student home after notification of a violation of the Code of Conduct, at the parent or guardian's sole expense.

To the extent that the undersigned student is a minor, it is understood by this Agreement that the parents will assume all risks, and further, the parent will agree to indemnify the District for any claim arising out of the trip or arising based in whole or in part in a failure of adequate supervision brought by or on behalf of the student now and in the future.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(must sign in front of a notary public)

\_\_\_\_\_  
printed name of parent/guardian

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Expires: \_\_\_\_\_

Notary Public, State of New York

Notary Stamp:

## CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT

## FIELD TRIP BEHAVIORAL CONTRACT

*To be completed by the student:*

I, \_\_\_\_\_, a student with the Churchville-Chili Central School District (the  
(printed student name)

"District"), seek to attend a field trip with the District to BOSTON, MA.

on 4/27/23 - 4/28/23 By signing this Contract, I declare that I recognize that the District Code of Conduct applies to all activities on the field trip that I seek to attend. I will comply with all provisions within the District Code of Conduct, and recognize that any violation of the District Code of Conduct may result in my discipline as outlined in the Code of Conduct or my transport away from the trip and prohibition from continuing participation. If, as a result of my behavior, the District decides to preclude my further participation in the trip, I recognize that my parent or guardian will be telephoned and asked to pick me up for transport away from the trip, at their cost.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

*To be completed by the parent or guardian of a participating student:*

I, \_\_\_\_\_, parent or guardian of the above-named student, recognize that I  
(printed name of parent or legal guardian)

will be responsible for transporting the student home from the trip in the event that I am contacted to do so as a result of his or her violation of the District Code of Conduct. I acknowledge that I will be accessible for a telephone call during the course of the trip and will transport the student promptly after receipt of a telephone call, at my own cost.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number



CHURCHVILLE-CHILI CENTRAL SCHOOL  
TRANSPORTATION DEPARTMENT

## CHARTER OR RENTAL VEHICLE TRIP INFORMATION FORM

SCHOOL SHS TEACHER EILEEN HAMMOND  
TRIP TO BOSTON, MA DATE OF TRIP THU 4/27/2023 - FRI 4/28/2023  
CHARTER OR RENTAL COMPANY 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS, LTD.  
ADDRESS P.O. Box 950, BATAVIA, NY 14021-0950  
COMPANY PHONE NUMBER 1-585-343-1313

HOW MANY STUDENTS AND PARENTS GOING ON TRIP?

STUDENTS 40 (maximum of 46)PARENTS 0STAFF/FACULTY 4 (PLUS TOUR MANAGER  
FROM 1<sup>ST</sup> CHOICE  
EDUCATIONAL  
TOURS)IF RENTAL, DESCRIBE VEHICLE \_\_\_\_\_  
\_\_\_\_\_

Please note that 15 passenger vehicles require the driver to have a CDL license.

Any staff driving rental vehicles must complete the Insurance Verification form.

*A copy of this form should be returned to the Transportation Director, at least 4 weeks prior to the trip's initial date.*



# Churchville-Chili Central School District

*Where learning leads to a lifetime of opportunities*

## Churchville-Chili Senior High School

Scott Wilson  
Executive Principal  
Grades 9-12

Mary Leach  
Ninth Grade Academy  
House Administrator

Tracie Swalbach  
Assistant Principal  
(A-F)

Steve Colabufo  
Assistant Principal  
(G-N)

Jason Cline  
Assistant Principal  
(O-Z)

Dear Guardian/Parent:

Wednesday October 26, 2022

The High School Science Department is very pleased to present information on our Boston Whale Watch Trip on April 27-28, 2023. We are looking forward to a great experience that will be both educational and fun for our students! We need a minimum of 40 students, with a maximum of 46.

Attached to this letter you will find:

Page(s)	Document(s)
2-5	Tentative Itinerary
6-7	Travel Guard Student Protection Plan Description
8	Overnight Trip Agreement, which MUST be signed AND NOTARIZED
9-11	Field Trip Permission and Medication and Emergency Medical Treatment Authorization, which MUST be signed
12	Field Trip Behavior Contract, which MUST be signed
13	1 <sup>st</sup> Choice Educational Tours, Ltd Trip Contract and Registration
14	Authorization of Payment Form-Either Credit Card or Check made payable to: 1 <sup>st</sup> Choice Educational Tours

The cost of the trip is approximately \$452.77/student for quad occupancy, as detailed on the Tentative Itinerary (pages 2-3). The payments will be due in four (4) installments:

- 1-\$125.00 Deposit\* due by Tuesday November 8, 2022
- 2-\$125.00 Deposit\* due by Tuesday December 6, 2022
- 3-\$125.00 Deposit\* due by Tuesday January 10, 2023
- 4- Final balance (TBD) is due by Friday February 10, 2023

\*= partial refund may be available/as per 1<sup>st</sup> Choice Educational Tours, Ltd Trip Contract. The NON-REFUNDABLE FINAL PAYMENT is due by Friday February 10, 2023 All documents must be signed, notarized, and handed in to us by Tuesday December 6, 2022.

Please note that even if your child is not bringing any medications on the trip, the Churchville-Chili Field Trip Permission and Medication and Emergency Medical Treatment Authorization still needs to be signed and notarized, along with the Overnight Trip Agreement. If your child will be bringing any sort of medication(s), be they over the counter or prescription, please be certain to have your doctor sign page 9.

We have four staff chaperones, including a SHS Administrator and a Tour Guide lined up for this amazing trip. The District Code of Conduct applies to all participants at all times during this trip. There will be an Informational Meeting on Tuesday November 22, 2022 at 5:30pm in SHS room 1115. Or you can contact me at [ehammond@cccsd.org](mailto:ehammond@cccsd.org). We look forward to working with you and your student(s).

Sincerely,

Eileen Hammond



MEET:

- 1) Drop off your luggage in room 1106A then go to Senior Lounge, near Door #1.
- 2) Once the bus is here, you will pick up your luggage in 1106A, have it checked over, and then get on the bus.



EAT:

- 1) A healthy breakfast before you leave your house, or pick something up in our cafeteria.
- 2) Pack a lunch and some snacks. It is always a good idea to bring a re-fillable water bottle with you.
- 3) We will be stopping at a Thruway rest stop to use the restrooms on Thursday. Students will NOT have the opportunity to buy food from the restaurants. Pack a lunch!!
- 4) Thursday night's dinner at Fire and Ice, in Boston, is included in your ticket price that you already paid. This is a really cool place and it is all you can eat!
- 5) Friday morning's breakfast is at our hotel and is included in your ticket price that you already paid. The hotel offers a buffet style breakfast.
- 6) Late lunch on Friday (after Whale Watch Tour). Lunch is on your own at Quincy Market. You need to pay for lunch.
- 7) A boxed dinner will be provided for the bus ride home. We will be stopping at a Thruway rest stop to use the restrooms on Friday. Students will NOT have the opportunity to buy food from the restaurants.

Please do not bring any food/snacks that need to be heated. Also, do not bring Monster Drinks, Red Bull, etc...They will be confiscated.

PACK:

- 1) You must bring a current, photo ID with you, and have it on you at all times (driver's license, passport, school ID).
- 2) All of our suitcases will be stowed in the luggage compartment underneath the bus. You will not have access to your suitcase until we have arrived at the hotel.
- 3) You may want to consider bringing a small backpack/tote on to the bus.





The bus ride is approximately 6.5 hours (405 miles)



#### WEAR:

1) Reasonably nice, but very comfortable shoes for walking (sneakers). We will be doing a lot of walking! This is not the time to break in a new pair of shoes or to show off your cute little ballerina flats.

Absolutely no flip-flops, sandals, open toed shoes, or high heels!

2) Dress appropriately for the weather. We are going even if it is raining. You want layers for warmth. A foul-weather jacket or raincoat. We will be out, and on the move all day long, both days. You will want comfortable layers

3) Pack gloves, scarf, hat, earmuffs, even your winter coat for the boat ride/whale watch.

. PROHIBITED: any clothing that does not meet the CCCSD Student Code of Conduct Dress Code.

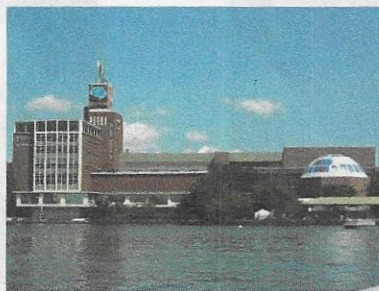
None of your clothing should have any inappropriate diagrams, pictures, sayings, slogans, etc...on them.

#### MONEY:

1) You will need money to pay for 3 (three) of your meals and any other snacks or souvenirs.

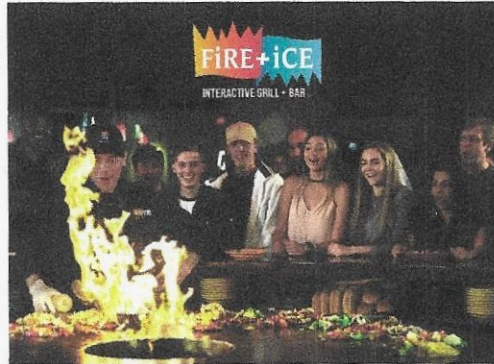
#### THINGS NOT TO BRING:

- 1) Alcohol, cigarettes, drugs, e-cigs, juuls, vapes, wax, etc...
- 2) Monster, Red Bull, or any other type of "energy" drinks.
- 3) Anything is glass: cologne, drinks, food, perfume, etc...
- 4) Flip-flops, high heels, open toed shoes, sandals.
- 5) Weapons of ANY sort.



**Thursday April 27, 2023**

- 7:00am Leave for Boston aboard a deluxe motor coach with a stop, en route, for lunch\*. The bus ride is approximately 6.5 hours (405 miles).
- 3:00pm Arrive at the Boston Museum of Science
- 5:30pm Dinner at Fire and Ice



- 7:15pm Shopping at Quincy Market
- 9:00pm Hotel Check-In. Double Tree Inn, 123 Old River Road, Andover, MA
- 10:00pm Pizza and soda at hotel
- 11:00pm Bed Check and Lights Out with Private Floor Security

**Friday April 28, 2023**

- 6:00am Breakfast at the Hotel
- 7:00am Hotel Check-Out and get on the bus
- 8:30-11:30am 7 Seas Whale Watch Cruise out of Gloucester, MA
- 11:45am Depart for Salem
- 12:15pm Lunch at Essex Deli-included, and free time in Salem
- 2:00pm Depart for Churchville-Chili Senior High School  
Rest Stop and pay for own dinner/meal\* enroute
- 10:00pm Estimated Time of Arrival back at school.

\*=This meal is not included. Bring cash! \$\$\$\$ for dinner on Friday.



# STUDENT TRAVEL PROTECTION PLAN

Travel Insurance & Global Assistance  
926401

## Travel Guard®



## Confidence makes a great traveling companion.

**Because no matter how hard you try, there are some things you just can't plan for.** Make sure you pack a Travel Guard Student Travel Protection Plan which provides valuable coverage, at an affordable price, and to help bring home amazing travel memories, not unexpected expenses due to travel mishaps.

### Travel Smart with Travel Guard.

You can be covered:

- if you incur medical expenses, for an unforeseen injury or sickness, during the course of your trip.
- if you have to return home early due to an unexpected emergency such as an illness or death in the family.
- if your luggage is lost or delayed, forcing you to purchase necessary essentials.
- if you need an emergency medical evacuation due to an accident or sudden illness.

To view a full listing of coverage benefits, please refer to the Policy of Insurance.

### Always there, 24/7.

Virtually anywhere you travel, in the event of a medical emergency or unexpected travel problem, we are never more than a phone call away.

- 24-hour emergency assistance
- Passport or ticket replacement assistance
- Prescription replacement assistance
- And more!

### QUESTIONS?

CALL TOLL-FREE:  
**1.877.254.8922**





## THIS IS A BRIEF DESCRIPTION OF COVERAGE – LIMITATIONS APPLY

Coverage may not be available in all states. Coverage varies by state. For complete coverage information and exclusions, please refer to the Policy of Insurance for your state of residency prior to purchase, by visiting [www.travelguard.com/policy/student](http://www.travelguard.com/policy/student).

### COVERAGE

Per Person	Maximum Limit Up To
Trip Cancellation <sup>1</sup>	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Interruption <sup>1</sup>	150% of Insured Trip Cost (Maximum of \$37,500)
Single Occupancy	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Delay	\$500 (Maximum of \$100 per day, 12 HRS)
Baggage Coverage	\$1,000 (Primary)
Baggage Delay	\$100 (24 HRS)
Travel Medical Expense/ Dental Expense	\$50,000 (Primary) \$500
Emergency Evacuation and Repatriation of Remains	\$500,000
Ancillary Evacuation Benefits (including Baggage Return, Return Transportation and Bedside Visit)	\$2,500
Non-flight Accidental Death & Dismemberment	\$30,000
Assistance Services <sup>2</sup> Travel Medical Assistance Worldwide Travel Assistance	Included

Expenses incurred from third-party vendors for assistance services not part of a filed insurance plan are the responsibility of the traveler.

- 1 Coverage only applicable to prepaid, non-refundable trip costs identified on the enrollment form and if the required plan cost has been paid.
- 2 Non-insurance services are provided by Travel Guard.
- 3 Cancel for Any Reason is available as a service to residents of NY.

### EXTRA COVERAGE

#### Pre-Existing Medical Condition Exclusion Waiver

(Policy must be purchased within 15 days of the Initial Trip Payment. Day one is the date the initial payment is received. If the policy is not purchased within 15 days of the Initial Trip Payment, then a 60-day look-back period applies. For residents of ID, MN and NY, the look-back period is 180-days.)

### OPTIONAL COVERAGE

#### Cancel for Any Reason, up to 50% of Trip Cost<sup>3</sup>

(Must be purchased within 15 days of Initial Trip Payment.)

Coverage available to U.S. residents of the U.S. states and District of Columbia only. This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms and conditions of this policy with those of your existing life, health, home and automobile insurance policies, as well as any coverage which may be available to you through your credit card program(s). If you have any questions about your current coverage, call your insurer or insurance agent or broker. Coverage is offered by Travel Guard Group, Inc (Travel Guard). California lic. no.0B93606, 3300 Business Park Drive, Stevens Point, WI 54482, [www.travelguard.com](http://www.travelguard.com). CA DOI toll free number: 800-927-HELP. This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions and termination provisions. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Avenue of the Americas, 37th FL, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states. Your travel retailer may not be licensed to sell insurance, and cannot answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. The purchase of travel insurance is not required in order to purchase any other product or service from the travel retailer. Travel assistance services provided by Travel Guard.



# CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT FIELD TRIP CHECKLIST

**Teacher/Advisor:** Please fill in all information requested below and utilize the check list to ensure that all required documents are included in your request. Include this form with your submission.

Club/Organization: CCSHS Band & Orchestra

Teacher/Advisor: Chipma Bezon/Wahl Administrator Attending: Jeff Smith(?)

Purpose: Performance Competition

Day: Fri-Sun Date: 4/28-4/30 Time: 3 days From: 8:00am Fri To: 5:00pm Sun

Lodging Accommodations (if overnight): Hotel

Chaperones: \* Allison Chipman, Stephanie Bezon, Andrea Ryan, Jeff Smith, parents TBD

Student/Parent/Chaperone Meeting Date(s) TBD

☒ Cost Estimates, including per student (include an attachment showing details)

☒ Itinerary (include an attachment showing details)

\* Refer to Policy 8460 **Field Trips** for restrictions regarding chaperones

**PLEASE SUBMIT THE FOLLOWING** (as applicable): Refer to policy regulation 8460R for detailed instructions.

☒ Field Trip Request form (8460F.1 for day trips or 8460F.2 for overnight or out-of-town)

☒ A copy of Field Trip Permission and Medication and Emergency Medical Treatment

Authorization form (8460F.3)

☒ Overnight/Out of Country Trip Agreement form (8460F.4) (for overnight or out of country field trips)

☒ Field Trip Behavioral Contract (8460F. 5)

☒ Only one of the three transportation forms listed below is required; submit the appropriate form.

Please note: **The District will not be able to provide busing the last 3 weeks of school.**

District Transportation Request Form (8460F.6)

Charter or Rental Vehicle Trip Information Form (8460F.7)

Insurance Verification Form (8460F.8)

☐ Field Trip Cancellation Contract (for overnight field trips only; refer to 8460R.1)

☐ Parent Letter/Student Responsibilities

## FOR BUILDING USE:

☐ Cafeteria Notification (if lunches will be affected)

☐ Attendance Office Notification

☐ Substitute Requests with Funding Source

**For Central Office Use only:** checklist/packet reviewed and all required documents are included

Signature Kathleen Wahl

Date: 10/7/22

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
OVERNIGHT/OUT-OF-COUNTRY FIELD TRIP REQUEST FORM**

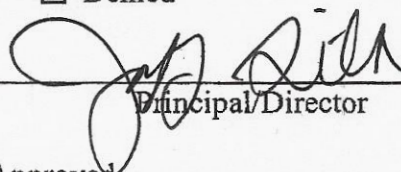
Date 9/14/22Club/Organization: CCSHS Band & OrchestraTeacher/Advisor: Chipman/Bezon/Wahl Administrator Attending Jeff SmithCurriculum Connection - explain: Performance Competition of curriculum/repertoire.Method of Transportation: Charter Bus

(Please complete appropriate transportation form 8460F6, 8460F7 or 8460F8)

Date(s): April 28-30, 2023 Day(s) of the week: Friday - SundayDeparture Time: 8:00am Friday Return Time: ~3:00pm SundayPoint of Departure/Return: Door 60Destination: Hershey, PAItinerary: (see attached)Insurance Coverage: Yes, trip and vehicle insurance.Estimated Cost: \$595.00

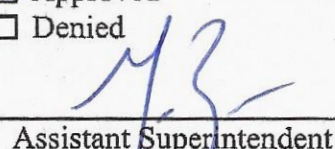
(\$5.75 per mile to and from destination per bus; MapQuest or Google map must be attached. Bus capacity is 44 Adults, or 66 Students and the minimum trip charge is \$70).

Funding Sources: Fundraisers, Band Accounts, students/parents # of Students Attending ~70Chaperones (staff only) Allison Chipman, Stephanie Bezon, Andrea Ryan, Jeff SmithParent Volunteer Help: TBD, ~8-10 parentsSubstitute Needed: ☐ Yes ☒ No If yes, how many? \_\_\_\_\_
☒ Approved  
☐ Denied



Principal/Director

☒ Approved  
☐ Denied



Assistant Superintendent

☐ Approved  
☐ Denied

Superintendent/Designee

BOE Approval Date \_\_\_\_\_

Copy to: Office of Instruction



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**  
**FIELD TRIP PERMISSION AND**  
**MEDICATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Part I to be completed by field trip advisor. Parents/guardians are asked to complete Parts II, III, and IV of this permission form including the medication authorization section as necessary.

**PART I - Information for Field Trip:**

Destination: Hershey, PA Date: April 28-30, 2023

Time: 8:00am to ~3:00pm Cost to Student: \$595.00

Mode(s) of Transportation: ☐ District Bus ☒ Charter or Rental Vehicle ☐ Airplane

Activities of Trip Performance Competition, Awards Ceremony, Hershey Park,  
Tour of Hershey Factory, ZooAmerica

**PART II - Parent/Guardian Permission**

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the field trip as outline above as part of his/her school experience. I understand that the District Code of Conduct will be in effect at all times. The student may be removed from the trip for disciplinary, attendance, or grade issues that occur before the departure date as per the District Code of Conduct.

The student agrees to follow all school rules and guidance, including the Code of Conduct, prior to and during the trip. By signing, the student agrees to the rules and expectations, and consequences for any behaviors that violate the Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III - Medical Information**

If you have a student attending this field trip who will need to possess prescription or over the counter medication while on the trip, please complete Part IV of this form along with a duly executed prescription and/or doctor's order, which must be on file prior to the commencement of the field trip in order for the student to take medications with him/her on the trip.

- A. In case of an emergency, I understand that every effort will be made to contact me. If the school is unable to reach me, I hereby give the school permission, through my signature below, to act on my behalf in seeking emergency treatment for my child in the event such treatment is necessary and give my permission to those administering emergency treatment to do so using the measures necessary.

B. My child is **allergic** to the following medications: \_\_\_\_\_

C. My child has a **special medical problem** (if none so state, if yes, specify) \_\_\_\_\_

D. My child is currently under **medical care**. Please describe nature of illness and treatment. Mark N/A if not applicable. \_\_\_\_\_

E. Date of last tetanus vaccination \_\_\_\_\_

#### PART IV – Medication Authorization

**NOTE:** A physician's written order and parent/guardian written permission is required for not only prescription medications but over-the-counter medications as well.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication	Dosage	Time/Frequency

*Note: If more lines are required, please attach a form listing medication and dosage information.*

Check one:

- ☐ **Student may self-administer** (i.e. inhalers, epi-pen, and insulin). In the event that the need arises to self-administer Epinephrine or with administration of any injectable, the student must notify their assigned chaperone.
- ☐ **I will personally attend the field trip to administer the medication.**
- ☐ **I have designated** \_\_\_\_\_, my friend, family member, household member or other relationship appropriate in accordance with N.Y. Education Law §6908 (...providers, employees or caregivers acting under the direction and authority of a parent of a child, legal guardian, legal custodian, or an adult in whose care a child has been entrusted and who has been authorized by the parent to consent to any health care for the child...) to administer the above-listed medication(s) to my child at the school-sponsored event listed at the beginning of this form. I acknowledge that Churchville-Chili Central School District will not be liable for any problems that may arise as a result of the administration of such medication by the designee.
- ☐ **Student will require a licensed health professional to administer his/her medication.**



Physician's Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**PART V – Parent/Guardian Contact Information in Event of Emergency**

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Emergency number if unable to reach parent(s) / guardian(s):

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Policy - Provider \_\_\_\_\_

Policy # \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, being the parent/legal guardian of \_\_\_\_\_, understand that trip chaperones will make every effort to contact me, but in the event that emergency treatment is necessary, I hereby authorize medical treatment on behalf of my child. I release the Churchville-Chili Central School District and district personnel from any claims or causes of action arising out of injuries that my child may sustain in connection with the field trip.

Parent/Guardian Signature \_\_\_\_\_

*\*\*If notarization is required, please wait to sign until you are in front of a notary public.*

Print or type name of person signing: \_\_\_\_\_

Notary Stamp

**\*\*Notarization Required for Out of Country/Overnight Field Trips Only**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public, State of New York \_\_\_\_\_ Expires \_\_\_\_\_

Created: 6/13/2017

Revised: 9/18/2018, Reviewed: 1/14/2020

Refer to: N.Y. Education Law § 6098(1)

## CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT OVERNIGHT/OUT OF COUNTRY TRIP AGREEMENT

The undersigned individuals hereby acknowledge and agree to the following:

The Churchville-Chili Central School District ("District") is providing the opportunity for the students to participate in a trip sponsored by the District. Since this trip will result in students leaving the District environ and traveling to and visiting places which the District considers to have educational value, there will be certain times when the student will be independent of District's supervision. When students are in their hotel rooms, for example, it is not possible to provide constant supervision. Curfews, however, will be enforced. It is important for the students and parents to acknowledge and accept that this is the type of supervision that will be provided by the District.

Additionally, the type of trip the student is participating in requires travel and overnight accommodations in another city. There are inherent risks involved in any type of overnight travel. These risks include, but are not limited to, accidents of the common carrier, theft of property, and inclement weather forcing a shortening or canceling of the trip. Additionally, the undersigned must understand that when either visiting other cities, especially overseas, that travel in a group or individually may be dangerous. The parents and students must accept such risks before the travel begins. By signing this Agreement, the undersigned parent and/or student agree not to hold the District liable for any dangers associated with travel to other cities and/or overseas.

The Board of Education reserves the right to cancel a field trip **at any time**, particularly if security and safety is in doubt. In the event a field trip is cancelled, the District **will not** be responsible for reimbursing any deposits or expenses incurred by students, parents or staff unless the District receives reimbursement from a third party vendor or supplier. The trip's sponsors and the parent(s)/guardian(s) are responsible for obtaining trip cancellation insurance and this expense must be included as part of the overall cost of the trip. No refund will be made if a participant's involvement is terminated during the trip due to behavioral issues.

Laws and customs of other nations may vary from our own. Regardless of local regulations, students will neither purchase nor use alcohol, tobacco or controlled substances of any kind at the time of, or during the trip. In addition, the student is expected to comply with all of the expectations outlined in the Churchville-Chili CSD Code of Conduct and to comply with the requests of adult chaperones at all times. Failure to do so will result in appropriate discipline action, including the prohibition of any further participation in the trip by a student violating the Code of Conduct. The parent or guardian signing below hereby agrees that he or she will promptly transport the student home after notification of a violation of the Code of Conduct, at the parent or guardian's sole expense.

To the extent that the undersigned student is a minor, it is understood by this Agreement that the parents will assume all risks, and further, the parent will agree to indemnify the District for any claim arising out of the trip or arising based in whole or in part in a failure of adequate supervision brought by or on behalf of the student now and in the future.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(must sign in front of a notary public)

\_\_\_\_\_  
printed name of parent/guardian

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of New York Expires: \_\_\_\_\_

Notary Stamp:



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT****FIELD TRIP BEHAVIORAL CONTRACT*****To be completed by the student:***

I, \_\_\_\_\_, a student with the Churchville-Chili Central School District (the  
(printed student name)

"District"), seek to attend a field trip with the District to Hershey, PA

on April 28-30, 2023. By signing this Contract, I declare that I recognize that the District Code of Conduct applies to all activities on the field trip that I seek to attend. I will comply with all provisions within the District Code of Conduct, and recognize that any violation of the District Code of Conduct may result in my discipline as outlined in the Code of Conduct or my transport away from the trip and prohibition from continuing participation. If, as a result of my behavior, the District decides to preclude my further participation in the trip, I recognize that my parent or guardian will be telephoned and asked to pick me up for transport away from the trip, at their cost.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

***To be completed by the parent or guardian of a participating student:***

I, \_\_\_\_\_, parent or guardian of the above-named student, recognize that I  
(printed name of parent or legal guardian)

will be responsible for transporting the student home from the trip in the event that I am contacted to do so as a result of his or her violation of the District Code of Conduct. I acknowledge that I will be accessible for a telephone call during the course of the trip and will transport the student promptly after receipt of a telephone call, at my own cost.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number



CHURCHVILLE-CHILI CENTRAL SCHOOL  
TRANSPORTATION DEPARTMENT

## CHARTER OR RENTAL VEHICLE TRIP INFORMATION FORM

SCHOOL High School TEACHER/ADVISOR Allison Chipman  
CLASS/ORGANIZATION Music Dept.  
DESTINATION Hershey, Pa  
DATE OF DEPARTURE April 28 DATE OF RETURN April 30  
CHARTER OR RENTAL COMPANY First Choice Educational Tours  
ADDRESS Box 950 Batavia, Ny 14020  
COMPANY PHONE NUMBER 585-343-1313 (Joanna Ruffino)

HOW MANY STUDENTS AND PARENTS GOING ON TRIP?

STUDENTS 65  
PARENTS 8  
STAFF/FACULTY 3

IF RENTAL, DESCRIBE VEHICLE 2-56 passenger motorcoaches from  
Fitz Gerald Brothers-

Please note that 15 passenger vehicles require the driver to have a CDL license.

Any staff driving rental vehicles must complete the Insurance Verification form 8460F8

*19A information will be sent over week before, once  
drivers are assigned. Bus company will set up with  
TRANSPORTATION - DAY of inspection*

*A copy of this form must be turned in to the Director of Transportation at least 4 weeks  
prior to the trip's initial departure date.*

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Specialists in Student Travel



---

## CHURCHVILLE CHILI HIGH SCHOOL HERSHEYPARK PROPOSED ITINERARY APRIL 28-29-30, 2023

### FRIDAY, APRIL 28<sup>TH</sup>

- 6:30 A.M. MOTORCOACHES ARRIVE FOR INSPECTION
- 7:00 A.M. 2 – 56 PASSENGER MOTOR COACHES ARRIVE FOR LOADING AT:  
**CHURCHVILLE-CHILI HIGH SCHOOL  
5786 BUFFALO ROAD  
CHURCHVILLE, NY**
- 8:00 A.M. DEPART FOR HERSHEY, PA  
REST/PAY ON OWN MEAL STOPS WILL BE MADE ENROUTE
- 2:00-3:30 P.M. ARRIVE AT THE HERSHEY ZOO AMERICA
- 4:30 P.M. CHECK INTO THE HOTEL: (IF TIME ALLOWS/PENDING FESTIVAL PERFORMANCE  
TIMES)  
HOLIDAY INN EXPRESS/HARRISBURG, PA
- TBA DEPART THE HOTEL:
- TBA ARRIVE AT \_\_\_\_\_ FOR EVENING MUSIC IN THE PARKS PERFORMANCE
- TBA DINNER VOUCHER AT HERSHEY CHOCOLATE WORLD WITH TIME TO SHOP
- 9:30 P.M. RETURN TO THE HOTEL
- PRIVATE SECURITY WILL BE PROVIDED EACH NIGHT**

### SATURDAY, APRIL 29<sup>TH</sup>

- 8:00 A.M. BREAKFAST AT THE HOTEL
- 9:00 A.M. DEPART FOR HERSHEY PARK
- 10:00 A.M. - MUSIC IN THE PARK ACTIVITIES TO INCLUDE
- TIME TO ENJOY THE PARK
  - AWARDS CEREMONY
  - BUFFET PICNIC PROVIDED FOR LUNCH, DINNER AT YOUR OWN EXPENSE
- 9:00 P.M. DEPART FOR THE HOTEL
- RETURN TO THE HOTEL

---

#### Location & Mailing Address

36 Ellicott Street Suite A  
PO Box 950  
Batavia, NY 14021

#### Phone Number

585-343-1313

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Specialists in Student Travel



---

## **SUNDAY, APRIL 30<sup>TH</sup>**

8:00 A.M. BREAKFAST AT THE HOTEL

9:00 A.M. CHECK OUT AND DEPART THE HOTEL

*LUNCH STOP AT YOUR EXPENSE WILL BE MADE EN ROUTE HOME*

3:00 P.M. RETURN TO CHURCHVILLE CHILI HIGH SCHOOL DOOR 60

Price Per Person: \$595.00 based on quad occupancy  
\$625.00 based on triple occupancy  
\$689.00 based on double occupancy

All rates include Cancel For Any Reason Travel Guard trip insurance coverage, round trip deluxe motorcoach transportation, driver's tip, First Choice Educational Tour Manager and listed inclusions as outlined in the itinerary.

This quote is based on a minimum of 70 paying passengers and 4 comps at double occupancy and one at single occupancy.

This quote is subject to availability at the time of booking. Once you receive BOE approval let us know and we will secure reservations and get you out a contract and student registration forms.

Sincerely,

Joanna Ruffino, CTIS  
First Choice Educational Tours

---

### **Location & Mailing Address**

36 Ellicott Street Suite A  
PO Box 950  
Batavia, NY 14021

### **Phone Number**

585-343-1313

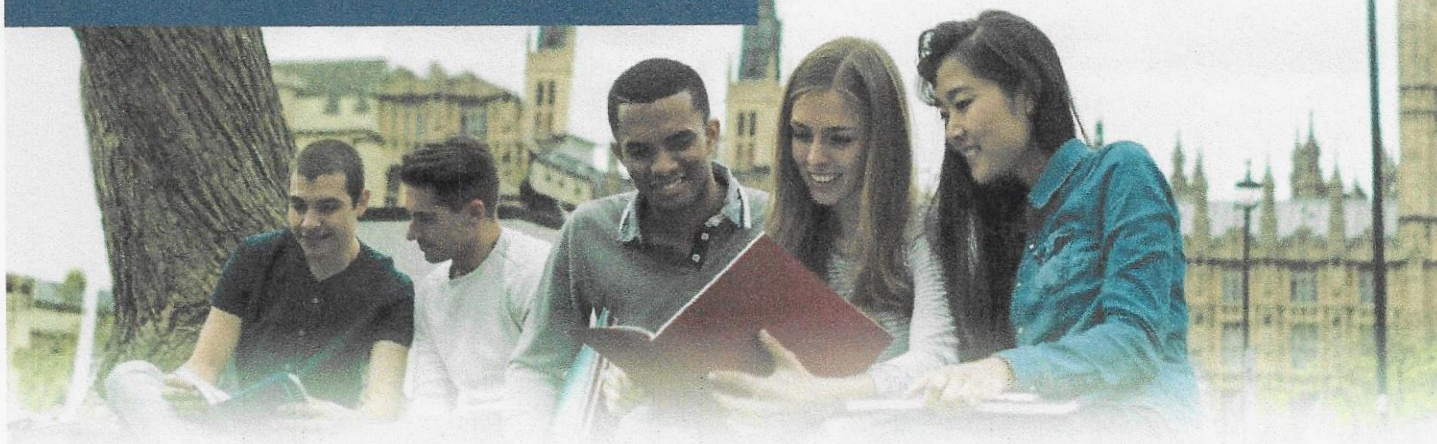


# STUDENT TRAVEL PROTECTION PLAN

Travel Insurance & Global Assistance

926401

## Travel Guard®



## Confidence makes a great traveling companion.

**Because no matter how hard you try, there are some things you just can't plan for.** Make sure you pack a Travel Guard Student Travel Protection Plan which provides valuable coverage, at an affordable price, and to help bring home amazing travel memories, not unexpected expenses due to travel mishaps.

### Travel Smart with Travel Guard.

You can be covered:

- if you incur medical expenses, for an unforeseen injury or sickness, during the course of your trip.
- if you have to return home early due to an unexpected emergency such as an illness or death in the family.
- if your luggage is lost or delayed, forcing you to purchase necessary essentials.
- if you need an emergency medical evacuation due to an accident or sudden illness.

To view a full listing of coverage benefits, please refer to the Policy of Insurance.

### Always there, 24/7.

Virtually anywhere you travel, in the event of a medical emergency or unexpected travel problem, we are never more than a phone call away.

- 24-hour emergency assistance
- Passport or ticket replacement assistance
- Prescription replacement assistance
- And more!

### QUESTIONS?

CALL TOLL-FREE:  
**1.877.254.8922**





## THIS IS A BRIEF DESCRIPTION OF COVERAGE – LIMITATIONS APPLY

Coverage may not be available in all states. Coverage varies by state. For complete coverage information and exclusions, please refer to the Policy of Insurance for your state of residency prior to purchase, by visiting [www.travelguard.com/policy/student](http://www.travelguard.com/policy/student).

### COVERAGE

Per Person	Maximum Limit Up To
Trip Cancellation <sup>1</sup>	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Interruption <sup>1</sup>	150% of Insured Trip Cost (Maximum of \$37,500)
Single Occupancy	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Delay	\$500 (Maximum of \$100 per day, 12 HRS)
Baggage Coverage	\$1,000 (Primary)
Baggage Delay	\$100 (24 HRS)
Travel Medical Expense/ Dental Expense	\$50,000 (Primary) \$500
Emergency Evacuation and Repatriation of Remains	\$500,000
Ancillary Evacuation Benefits (including Baggage Return, Return Transportation and Bedside Visit)	\$2,500
Non-flight Accidental Death & Dismemberment	\$30,000
Assistance Services <sup>2</sup> Travel Medical Assistance Worldwide Travel Assistance	Included

Expenses incurred from third-party vendors for assistance services not part of a filed insurance plan are the responsibility of the traveler.

- 1 Coverage only applicable to prepaid, non-refundable trip costs identified on the enrollment form and if the required plan cost has been paid.
- 2 Non-insurance services are provided by Travel Guard.
- 3 Cancel for Any Reason is available as a service to residents of NY.

### EXTRA COVERAGE

#### Pre-Existing Medical Condition Exclusion Waiver

(Policy must be purchased within 15 days of the Initial Trip Payment. Day one is the date the initial payment is received. If the policy is not purchased within 15 days of the Initial Trip Payment, then a 60-day look-back period applies. For residents of ID, MN and NY, the look-back period is 180-days.)

### OPTIONAL COVERAGE

#### Cancel for Any Reason, up to 50% of Trip Cost<sup>3</sup>

(Must be purchased within 15 days of Initial Trip Payment.)

Coverage available to U.S. residents of the U.S. states and District of Columbia only. This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms and conditions of this policy with those of your existing life, health, home and automobile insurance policies, as well as any coverage which may be available to you through your credit card program(s). If you have any questions about your current coverage, call your insurer or insurance agent or broker. Coverage is offered by Travel Guard Group, Inc (Travel Guard). California lic. no.0B93606, 3300 Business Park Drive, Stevens Point, WI 54482, [www.travelguard.com](http://www.travelguard.com). CA DOI toll free number: 800-927-HELP. This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions and termination provisions. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Avenue of the Americas, 37th FL, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states. Your travel retailer may not be licensed to sell insurance, and cannot answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. The purchase of travel insurance is not required in order to purchase any other product or service from the travel retailer. Travel assistance services provided by Travel Guard.

# **Churchville-Chili Central School District**

**139 Fairbanks Road, Churchville, NY 14428      (585) 293-1800**

To: Loretta Orologio  
From: Michael Murray, Director of PE, Health & Athletics  
Date: October 11, 2022  
Re: Alpine Skiing Incomplete Team Request

I would like to request that our Board of Education approve of allowing one Churchville-Chili student to participate as an incomplete team in the sport of varsity alpine skiing with Fairport for the 2022-23 school year during the winter season. If approved, this will be the 3<sup>rd</sup> consecutive year we have done this and it has worked out very well in the past.

The student's name is Alexandra Percassi who is a 11<sup>th</sup> grade student here. Alexandra would fully participate as a Churchville-Chili student, but attend all practices and meets with the Fairport team. The student and her family will be fully responsible for transportation to and from practices and meets. The students would fully fall under the Churchville-Chili school district insurance plan.

The Fairport Athletic Director has agreed to accept this student and will be seeking approval from their Board of Education as well. The coach from Fairport will be Chris Barker.

Thank you for your consideration of this request.



# Churchville-Chili Central School District

*Where learning leads to a lifetime of opportunities*

**Michael Murray**

*Director of Health, PE &  
Athletics, x3110*

*mmurray@cccsd.org*

**To: Giulio Bosco, Assistant Superintendent for Instruction**

**From: Michael Murray** *M.M.*

**Re: Overnight Hockey Trip**

**Date: September 13, 2022**

The varsity hockey team has submitted a request for an overnight trip to the Plattsburgh/Lake Placid area to participate in two hockey games. The preliminary information is attached.

I would like to recommend that the Board of Education please approve of this trip. Once the trip is fully booked, the coach will definitely secure all other necessary paperwork prior to departing.

Thank you for your consideration of this request.



## CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT FIELD TRIP CHECKLIST

**Teacher/Advisor:** Please fill in all information requested below and utilize the check list to ensure that all required documents are included in your request. Include this form with your submission.

Club/Organization: Varsity Hockey Team \_\_\_\_\_

Teacher/Advisor: Coach Young Administrator Attending: N/A

Purpose: Varsity Hockey Games \_\_\_\_\_

Day: Fri-Sun \_\_\_ Date: 01/13-15/23 \_\_\_ Time: TBD \_\_\_ From: Fri 8am \_\_\_ To: Sun 6pm \_\_\_

Lodging Accommodations (*if overnight*): Fairfield Inn & Suites 579 Route 3 Plattsburgh NY 12901 \_\_\_

Chaperones: \* Coach Young, Coach Kuntz, Coach Nau (anticipated volunteer assistant coach) \_\_\_\_\_

Student/Parent/Chaperone Meeting Date(s) Parent Meeting- Nov 2022. After team is chosen

\_\_\_ \$12,300, \$512/ps \_\_\_ Cost Estimates, including per student (include an attachment showing details)

\_\_\_ See attached \_\_\_ Itinerary (include an attachment showing details)

\* Refer to Policy 8460 **Field Trips** for restrictions regarding chaperones

**PLEASE SUBMIT THE FOLLOWING** (as applicable): Refer to policy regulation 8460R for detailed instructions.

☒ Field Trip Request form (8460F.1 for day trips **or** 8460F.2 for overnight or out-of-town)

☒ A copy of Field Trip Permission and Medication and Emergency Medical Treatment Authorization form (8460F.3)

☒ Overnight/Out of Country Trip Agreement form (8460F.4) (*for overnight or out of country field trips*)

☒ Field Trip Behavioral Contract (8460F. 5)

☒ Only **one** of the three transportation forms listed below is required; submit the appropriate form.

Please note: **The District will not be able to provide busing the last 3 weeks of school.**

District Transportation Request Form (8460F.6)

☒ Charter or Rental Vehicle Trip Information Form (8460F.7)

Insurance Verification Form (8460F.8)

In progress ☐ Field Trip Cancellation Contract (for overnight field trips only; refer to 8460R.1)

☒ Parent Letter/Student Responsibilities

FOR BUILDING USE:

\_\_\_ Cafeteria Notification (if lunches will be affected)

\_\_\_ Attendance Office Notification \_\_\_ Substitute Requests with Funding Source

**For Central Office Use only:** checklist/packet reviewed and all required documents are included

Signature Kathy W...

Date: 9/14/22

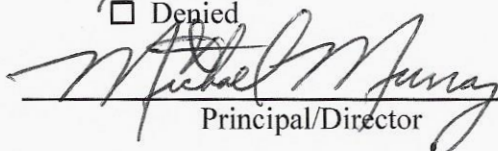


**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
OVERNIGHT/OUT-OF-COUNTRY FIELD TRIP REQUEST FORM**

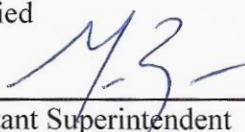
Date 09.10.22Club/Organization: Churchville Chili Varsity Hockey TeamTeacher/Advisor: Coach Young Administrator Attending NACurriculum Connection - explain: Varsity Hockey GamesMethod of Transportation: Charter Bus*(Please complete appropriate transportation form 8460F.6, 8460F.7 or 8460F.8)*Date(s): 01/13-15/2023 Day(s) of the week: Friday-SundayDeparture Time: Friday 01/13/23 8am Return Time: 01/15/23 6pmPoint of Departure/Return: Exit 44 of the MST buildingDestination: Plattsburgh and Lake Placid NYItinerary: See attached

Insurance Coverage: \_\_\_\_\_

Estimated Cost: \$3,800 for hotel (15 rooms, two nights) \$8,500 for Trailways bus (three days)*(\$5.75 per mile to **and from destination per bus**; MapQuest or Google map must be attached. Bus capacity is 44 Adults, or 66 Students and the minimum trip charge is \$70).*Funding Sources: District to pay up front, Booster Club to reimburse. # of Students Attending Hockey TeamChaperones (staff only) Coach Young, Coach KuntzParent Volunteer Help: Coach Nau (anticipated volunteer coach), Deb Carr (Parent Rep)Substitute Needed: ☒ Yes ☐ No If yes, how many? 1
☒ Approved  
☐ Denied

  
 Principal/Director

☒ Approved  
☐ Denied

  
 Assistant Superintendent
☐ Approved☐ Denied Superintendent/Designee

BOE Approval Date \_\_\_\_\_

Copy to: *Office of Instruction*

October 12, 2022

To Whom it May Concern:

Dear Churchville-Chili Administration

This letter is to advise that the Friends of Churchville Hockey (alumni) will be donating funds for the bus transportation for the trip to Plattsburgh & Lake Placid for the 2022-2023 varsity hockey team.

Sincerely,

Kevin Clar

Digitally signed by  
Kevin Clar  
Date: 2022.10.12  
20:07:12 -04'00'

Kevin Clar

Friends of Churchville Hockey



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**  
**FIELD TRIP PERMISSION AND**  
**MEDICATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Part I to be completed by field trip advisor. Parents/guardians are asked to complete Parts II, III, and IV of this permission form including the medication authorization section as necessary.

**PART I - Information for Field Trip:**

Destination: Plattsburgh/Lake Placid - Hockey Trip Date: 01/13-15/2023

Time: 8am Friday to 6pm Sunday Cost to Student: \$0.00

Mode(s) of Transportation: ☐ District Bus ☒ Charter or Rental Vehicle ☐ Airplane

Activities of Trip Hockey Games

**PART II – Parent/Guardian Permission**

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the field trip as outline above as part of his/her school experience. I understand that the District Code of Conduct will be in effect at all times. The student may be removed from the trip for disciplinary, attendance, or grade issues that occur before the departure date as per the District Code of Conduct.

The student agrees to follow all school rules and guidance, including the Code of Conduct, prior to and during the trip. By signing, the student agrees to the rules and expectations, and consequences for any behaviors that violate the Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III – Medical Information**

If you have a student attending this field trip who will need to possess prescription or over the counter medication while on the trip, please complete Part IV of this form along with a duly executed prescription and/or doctor's order, which must be on file prior to the commencement of the field trip in order for the student to take medications with him/her on the trip.

- A. In case of an emergency, I understand that every effort will be made to contact me. If the school is unable to reach me, I hereby give the school permission, through my signature below, to act on my behalf in seeking emergency treatment for my child in the event such treatment is necessary and give my permission to those administering emergency treatment to do so using the measures necessary.

- B. My child is **allergic** to the following medications: \_\_\_\_\_
- \_\_\_\_\_
- C. My child has a **special medical problem** (if none so state, if yes, specify)
- \_\_\_\_\_
- D. My child is currently under **medical care**. Please describe nature of illness and treatment. Mark N/A if not applicable.
- \_\_\_\_\_
- E. Date of last tetanus vaccination \_\_\_\_\_

#### PART IV – Medication Authorization

**NOTE:** A physician's written order and parent/guardian written permission is required for not only prescription medications but over-the-counter medications as well.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication	Dosage	Time/Frequency

*Note: If more lines are required, please attach a form listing medication and dosage information.*

Check one:

- ☐ **Student may self-administer** (i.e. inhalers, epi-pen, and insulin). In the event that the need arises to self-administer Epinephrine or with administration of any injectable, the student must notify their assigned chaperone.
- ☐ **I will personally attend the field trip to administer the medication.**
- ☐ **I have designated** \_\_\_\_\_, my friend, family member, household member or other relationship appropriate in accordance with N.Y. Education Law §6908 (...*providers, employees or caregivers acting under the direction and authority of a parent of a child, legal guardian, legal custodian, or an adult in whose care a child has been entrusted and who has been authorized by the parent to consent to any health care for the child...*) to administer the above-listed medication(s) to my child at the school-sponsored event listed at the beginning of this form. I acknowledge that Churchville-Chili Central School District will not be liable for any problems that may arise as a result of the administration of such medication by the designee.
- ☐ **Student will require a licensed health professional to administer his/her medication.**



Physician's Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**PART V – Parent/Guardian Contact Information in Event of Emergency**

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Emergency number if unable to reach parent(s) / guardian(s):

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Policy - Provider \_\_\_\_\_

Policy # \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, being the parent/legal guardian of  
\_\_\_\_\_, understand that trip chaperones will make every effort to  
contact me, but in the event that emergency treatment is necessary, I hereby authorize medical treatment  
on behalf of my child. I release the Churchville-Chili Central School District and district personnel from  
any claims or causes of action arising out of injuries that my child may sustain in connection with the field  
trip.

Parent/Guardian Signature \_\_\_\_\_

*\*\*If notarization is required, please wait to sign until you are in front of a notary public.*

Print or type name of person signing: \_\_\_\_\_

Notary Stamp

***\*\*Notarization Required for Out of Country/Overnight Field Trips Only***

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public, State of New York \_\_\_\_\_ Expires \_\_\_\_\_

Refer to: N.Y. Education Law § 6098(1)

Revised: 6/13/2017, 9/18/2018

## CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT OVERNIGHT/OUT OF COUNTRY TRIP AGREEMENT

The undersigned individuals hereby acknowledge and agree to the following:

The Churchville-Chili Central School District ("District") is providing the opportunity for the students to participate in a trip sponsored by the District. Since this trip will result in students leaving the District environ and traveling to and visiting places which the District considers to have educational value, there will be certain times when the student will be independent of District's supervision. When students are in their hotel rooms, for example, it is not possible to provide constant supervision. Curfews, however, will be enforced. It is important for the students and parents to acknowledge and accept that this is the type of supervision that will be provided by the District.

Additionally, the type of trip the student is participating in requires travel and overnight accommodations in another city. There are inherent risks involved in any type of overnight travel. These risks include, but are not limited to, accidents of the common carrier, theft of property, and inclement weather forcing a shortening or canceling of the trip. Additionally, the undersigned must understand that when either visiting other cities, especially overseas, that travel in a group or individually may be dangerous. The parents and students must accept such risks before the travel begins. By signing this Agreement, the undersigned parent and/or student agree not to hold the District liable for any dangers associated with travel to other cities and/or overseas.

The Board of Education reserves the right to cancel a field trip **at any time**, particularly if security and safety is in doubt. In the event a field trip is cancelled, the District **will not** be responsible for reimbursing any deposits or expenses incurred by students, parents or staff unless the District receives reimbursement from a third party vendor or supplier. The trip's sponsors and the parent(s)/guardian(s) are responsible for obtaining trip cancellation insurance and this expense must be included as part of the overall cost of the trip. No refund will be made if a participant's involvement is terminated during the trip due to behavioral issues.

Laws and customs of other nations may vary from our own. Regardless of local regulations, students will neither purchase nor use alcohol, tobacco or controlled substances of any kind at the time of, or during the trip. In addition, the student is expected to comply with all of the expectations outlined in the Churchville-Chili CSD Code of Conduct and to comply with the requests of adult chaperones at all times. Failure to do so will result in appropriate discipline action, including the prohibition of any further participation in the trip by a student violating the Code of Conduct. The parent or guardian signing below hereby agrees that he or she will promptly transport the student home after notification of a violation of the Code of Conduct, at the parent or guardian's sole expense.

To the extent that the undersigned student is a minor, it is understood by this Agreement that the parents will assume all risks, and further, the parent will agree to indemnify the District for any claim arising out of the trip or arising based in whole or in part in a failure of adequate supervision brought by or on behalf of the student now and in the future.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(must sign in front of a notary public)

\_\_\_\_\_  
*printed name of parent/guardian*

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Expires: \_\_\_\_\_

Notary Public, State of New York

Notary Stamp:



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT****FIELD TRIP BEHAVIORAL CONTRACT*****To be completed by the student:***

I, \_\_\_\_\_, a student with the Churchville-Chili Central School District (the  
(printed student name)

“District”), seek to attend a field trip with the District to \_\_\_\_\_

on \_\_\_\_\_. By signing this Contract, I declare that I recognize that the District Code of Conduct applies to all activities on the field trip that I seek to attend. I will comply with all provisions within the District Code of Conduct, and recognize that any violation of the District Code of Conduct may result in my discipline as outlined in the Code of Conduct or my transport away from the trip and prohibition from continuing participation. If, as a result of my behavior, the District decides to preclude my further participation in the trip, I recognize that my parent or guardian will be telephoned and asked to pick me up for transport away from the trip, at their cost.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

***To be completed by the parent or guardian of a participating student:***

I, \_\_\_\_\_, parent or guardian of the above-named student, recognize that I  
(printed name of parent or legal guardian)

will be responsible for transporting the student home from the trip in the event that I am contacted to do so as a result of his or her violation of the District Code of Conduct. I acknowledge that I will be accessible for a telephone call during the course of the trip and will transport the student promptly after receipt of a telephone call, at my own cost.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number



**CHURCHVILLE-CHILI CENTRAL SCHOOL  
TRANSPORTATION DEPARTMENT**

**CHARTER OR RENTAL VEHICLE TRIP INFORMATION FORM**

SCHOOL Churchville-Chili Varsity Hockey Team TEACHER Coach Young  
TRIP TO Plattsburgh/Lake Placid NY DATE OF TRIP 01/13-15/23  
CHARTER OR RENTAL COMPANY Trailways of New York  
ADDRESS 186 Cumberland Street Rochester, NY 14609  
COMPANY PHONE NUMBER 800.776.7548

HOW MANY STUDENTS AND PARENTS GOING ON TRIP?

STUDENTS 24  
PARENTS 1 (Deb Carr, parent rep)  
STAFF/FACULTY Coach Young, Coach Kuntz, Terry Nau (anticipated volunteer coach)

IF RENTAL, DESCRIBE VEHICLE Charter Bus

---

**Please note that 15 passenger vehicles require the driver to have a CDL license.**

**Any staff driving rental vehicles must complete the Insurance Verification form.**

*A copy of this form should be returned to the Transportation Director, at least 4 weeks prior to the trip's initial date.*



*#Parent Letter*

## **Churchville-Chili Athletics Overnight Trip Behavior Contract**

1. Student-athletes are expected to conduct themselves in a mature and respectful manner during the entire trip.
2. Student-athletes are expected to follow the Churchville-Chili School code of conduct at all times.
3. Student-athletes will adhere to the expectations outlined in the Athlete Parent Athletic handbook under rules and procedures (pages 12-23) in effect but not limited to Bullying, Hazing, Social Media, Cell Phone usage, Drugs, Alcohol and Tobacco use and Personal Conduct.
4. All coaches and chaperones are in a position of authority and their instructions are to be followed/respected.
5. Student-athletes are expected to follow all team meeting times. No tardiness will be tolerated.
6. All team members will follow the team itinerary set by the coaching staff.
7. All portable electronics used for listening must have headphones on the bus.
8. Student-athletes are not allowed to make any room changes once room assignments are established.
9. Student-athletes are not allowed to make any room charges at the hotel or use the hotel phone for any calls.
10. Student-athletes must follow the curfew. There will be no calling other rooms or loud noise after curfew time. Lights out will be 30 minutes after curfew time.
11. Any damage to hotel property will be the responsibility of the student-athlete and individual family. The district, athletic department, and its respective employees and coaches will not be responsible for any damages or expenses caused by the student-athlete.
12. At the conclusion of the trip student-athletes will inform parents of the approximate return time to school.
13. All prescriptions and medications including over the counter must be given to and dispensed by the coach or chaperone, unless special permission has been given for the student-athlete to carry it themselves. Please check the date of your medications- no expired medications will be administered.
14. Any illegal activities will result in immediate dismissal from the trip. Parents will be responsible for immediate pick up of their student athlete in this case.
15. For safety and enjoyment of everyone on the trip, any student-athlete not abiding in or violating any of the above rules is subject to the following:
  - a. Minor infractions such as failure to follow direction, disruptive behavior, breaking curfew, inappropriate behavior will result in limited freedom for the remainder of the trip and is subject to penalties under team rules and/or athletic department conduct rules. In addition, your participation in the tournament and rooming assignments are subject to change.
  - b. Major infractions such as possession and/or use of alcohol or any non-prescription drugs, smoking, vaping, destruction of property, or any unlawful actions will result in parents receiving a call from the coach. Parents may be asked to come pick up their student-athlete if it is determined to be in the best interest of the group and/or the safety of the student-athlete. Upon return from the trip to Churchville-Chili student-athletes will be subject to disciplinary actions based on the school and athletics code of conduct policy as well as any final settlements needed to resolve any infractions.

## Itinerary for Varsity hockey trip to Plattsburg NY 1/13/2023 – 1/15/2023

---

### **1/13/23:**

8:00am - Depart from exit 44

4:00pm arrive at Fairfield inn, Plattsburg NY, Check in and room assignments.

5:00pm depart for:

*AmeriCan North Sports Center*

*90 Sharron Ave.*

*Plattsburgh, NY 12901.*

7:00pm game vs Saranac

9:30pm depart for Fairfield Inn Hotel.

10:30pm curfew and room checks

### **1/14/23:**

9:00am team breakfast at hotel

11:00 depart for

*Rouses Point Civic Center*

*39 Lake St*

*Rouses Point, NY 12979*

1:00pm game vs NE Clinton

3:00pm bus departs for Lake Placid Olympic village for team dinner and sightseeing.

9:00pm Depart for Fairfield Inn Hotel

11:00pm Curfew and room checks

### **1/15/23:**

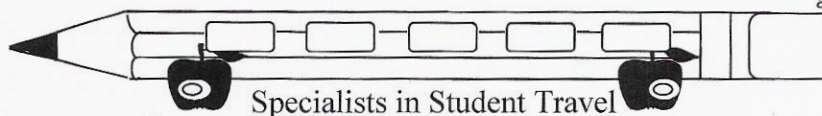
8:00am depart for return to Churchville-Chili High School, Exit 44 MS building.

4:00pm arrive home.



# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



**CHURCHVILLE CHILI HS HOCKEY  
PLATTSBURG, NY  
JANUARY 13-15, 2023**

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RESPONSIBILITY  
RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS - COVID-19  
FOR TRAVELING STUDENT**

I understand that the Center for Disease Control and Prevention (CDC) has issued safety guidelines. I certify that I have reviewed these guidelines (available on their [www.CDC.gov](http://www.CDC.gov)).

My child/dependent's participation on this trip is contingent upon the following being true the day of departure:

- They are not currently experiencing any symptoms of COVID-19 and are not currently undergoing treatment for COVID-19 or have been directed to self-quarantine.
- During the 14 days prior to trip participation, they have not come into close contact with anyone I know who is currently infected with COVID-19, undergoing treatment for COVID-19, who has been directed to self-quarantine or who has symptoms of COVID-19 and is awaiting a test or a test result.
- They will wear a face mask if required.

**ON THE DEPARTURE DATE OF THIS TRIP, I WILL CONFIRM THE ABOVE INFORMATION IS TRUE, IF RECONFIRMATION IS NOT AGREED TO, THEY WILL NOT BE ALLOWED TO BOARD THE MOTORCOACH.**

By signing this waiver, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that my child/dependent may be exposed to Covid-19 by participating in this group trip and that such exposure may result in contracting Covid-19. I understand and acknowledge that, at times during their participation on this trip (including but not limited to the travel on the motorcoach), they may not be able to maintain the recommended guidelines for social distancing of 6' (six feet) from other people.

Trip participants are responsible for their own safety and must show consideration for the safety of other participants. I agree to take full responsibility for their own actions, safety and welfare. I understand that non-compliance with these measures may result in them not being able to continue on this trip. I understand my child/dependent having symptoms during this trip would result in being removed from the group at my own expense.

I understand that my child's/dependent's participation on this trip is at my own risk and I hereby agree to indemnify, hold harmless, and release First Choice Travel, Inc., 1<sup>st</sup> Choice Educational Tours as well as their present, former and future owners, officers, directors and employees from all actions, suits, claims and demands, including but not limited to the actions for negligence, that my child/dependent or my heirs, executors, agents, administrators or assigns have or may have, either known or unknown, arising out of their participation on this trip.

**I HAVE READ THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RESPONSIBILITY, RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND FULLY UNDERSTAND ITS CONTENTS. I ENTER INTO IT OF MY OWN FREE WILL.**

**THE SIGNING OF THIS DOCUMENT IS A REQUIREMENT FOR MY CHILD'S/DEPENDENT'S PARTICIPATION ON THIS TRIP.**

\_\_\_\_\_  
Name of Traveling Student

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

**Mailing Address**

P. O. Box 950  
Batavia, NY 14021-0950

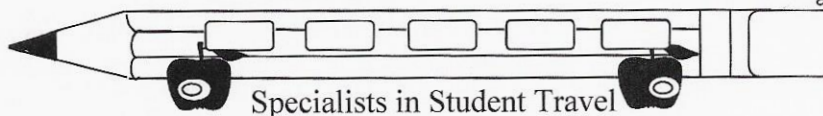
**Phone Number**

585-343-1313



# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Page 1 of 2

## CONTRACT FOR CHURCHVILLE CHILI HS HOCKEY PLATTSBURG, NY JANUARY 13 – 15, 2023

### Your package includes:

Roundtrip transportation aboard one 52 passenger NY Trailways motor coach  
2 night's hotel accommodations – Fairfield Inn & Suites, Plattsburg, NY (14 rooms for team/staff)  
2 Grab N Go breakfasts at the hotel starting at 6:00 a.m.  
Hotel room for 2 nights for the motor coach driver  
Gratuities for motor coach driver  
All taxes and gratuities  
1<sup>st</sup> Choice Educational Tours will provide you with a Two Million Dollar Insurance Liability Coverage showing the school as additional insured  
Complimentary – 5 in single occupancy

### 1<sup>st</sup> Choice Educational Tours Policies & Procedures

**RATE INFORMATION:** All trips are priced based on your estimated number of participants. If the group size falls below the guaranteed number, prices will be adjusted accordingly. Prices reflect current fuel prices. The motor coach company, train, and/or airline company reserves the right to add a fuel surcharge to the final price if over the applicable service date fuel prices have increased significantly from the date of contract agreement. Initials \_\_\_\_\_

**PAYMENT TERMS:** A booking fee is required per person and calculated into the deposit to ensure space on a contracted trip. One day trip - \$25.00 / Two day trip - \$50.00 / Three day trip & over - \$75.00. The booking fee is non-refundable and non-transferable. Final payment is due 45 days prior to the trip departure date. If a trip is booked within 60 days of departure date, one lump sum payment will be required upon booking. Initials \_\_\_\_\_

**REFUNDS:** The booking fee is non-refundable and non-transferable. A person unable to attend the trip is encouraged to find a school approved replacement to avoid the loss of monies paid. Participants who cancel and do not arrange for a replacement will be sent a refund after the return of the trip equal to the value of the refundable unused meals and admissions. Transportation, lodging, prepaid admissions and all administrative booking fees are not refundable. Optional cancellation insurance is available and suggested. Initials \_\_\_\_\_

**RESPONSIBILITY:** 1<sup>st</sup> Choice Educational Tours, a division of First Choice Travel, Inc. acts as an agent for educational and travel related suppliers in all matters relevant to transportation, entertainment, attractions, sightseeing and other tour-related features. As an agent, 1<sup>st</sup> Choice Educational Tours has no control over the personnel, actions, facilities or equipment of such suppliers and accepts no responsibility or liability for loss, damage, personal injury, accident, inconvenience, delay or irregularity, regardless of the cause related to or during a trip. 1<sup>st</sup> Choice Educational Tours retains the right to substitute any tour component with another of comparable or better value. 1<sup>st</sup> Choice Educational Tours recommends cancellation insurance. Initials \_\_\_\_\_

### **TRIP COST PER PERSON:**

\$526.63 based on a minimum of 22 paying persons in quad occupancy using 1 motor coach including cancel for any reason insurance at a cost of \$31.63.  
Initials \_\_\_\_\_

### **PAYMENT SCHEDULE:**

Full payment of \$526.63 per paying person is due at 1<sup>st</sup> Choice Educational Tours on December 1, 2022 along with a registration form and Covid-19 release form  
Initials \_\_\_\_\_

### Mailing Address

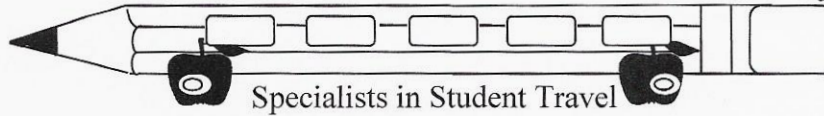
P. O. Box 950  
Batavia, NY 14021-0950

### Phone Number

585-343-1313

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Any check returned by the bank for any reason will result in a \$20.00 service charge. Initials \_\_\_\_\_

Page 2 of 2

## CHURCHVILLE CHILI HS HOCKEY

Your rooming list with all travelers is due at 1<sup>st</sup> Choice Educational Tours on December 1, 2022.  
Initials \_\_\_\_\_

This contract must be signed and returned to 1<sup>st</sup> Choice Educational Tours prior to the payment of the deposit.

Your signature and initials indicate that you have read, fully understand and are in agreement with the terms and conditions. Initials \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Authorized Signature for **School District Name**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature for 1<sup>st</sup> Choice Educational Tours

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joanna Ruffino, Educational Group Sales

\_\_\_\_\_  
Date

### Mailing Address

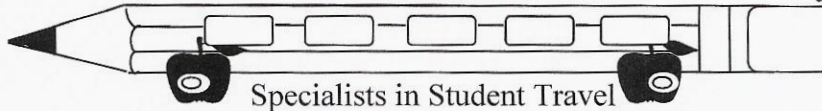
P. O. Box 950  
Batavia, NY 14021-0950

### Phone Number

585-343-1313

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Page 1 of 2

**CHURCHVILLE CHILI HS HOCKEY  
TRIP REGISTRATION FORM FOR TRAVELING STUDENT  
PLATTSBURG, NY  
JANUARY 13 – 15, 2023**

**PRINT STUDENT'S LEGAL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**PARENT'S CELL PHONE:** \_\_\_\_\_

**PARENT'S EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**PRINT PARENT'S NAME:** \_\_\_\_\_

**VEGETARIAN:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**DIETARY RESTRICTIONS:** \_\_\_\_\_

## **1<sup>st</sup> Choice Educational Tours Policies & Procedures**

**RATE INFORMATION:** All trips are priced based on your estimated number of participants. If the group size falls below the guaranteed number, prices will be adjusted accordingly. Prices reflect current fuel prices. The motor coach company, train and/or airline company reserves the right to add a fuel surcharge to the final price if over the applicable service date fuel prices have increased significantly from the date of contract agreement. Initials \_\_\_\_\_

**PAYMENT TERMS:** A booking fee is required per person and calculated into the deposit to ensure space on a contracted trip. One day trip - \$25.00 / Two day trip - \$50.00 / Three day trip & over - \$75.00. The booking fee is non-refundable and non-transferable. Final payment is due at 1<sup>st</sup> Choice Educational Tours 60 days prior to the trip departure date. If a trip is booked within 60 days of the departure date, one lump sum payment will be required upon booking. Initials \_\_\_\_\_

### **Mailing Address**

P. O. Box 950  
Batavia, NY 14021-0950

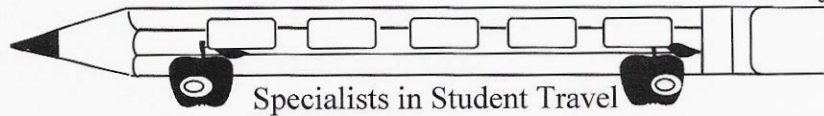
### **Phone Number**

585-343-1313



# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Page 2 of 2

**REFUNDS:** The \$25.00 booking fee is non-refundable and non-transferable. A person unable to attend the trip is encouraged to find a school approved replacement to avoid the loss of monies paid. Participants who cancel and do not arrange for a replacement will be sent a refund after the return of the trip equal to the value of the refundable unused meals and admissions. Transportation, lodging, prepaid admissions, and all administrative booking fees are not refundable. Optional cancellation insurance is available and suggested. Initials \_\_\_\_\_

**RESPONSIBILITY:** 1<sup>st</sup> Choice Educational Tours, a division of First Choice Travel, Inc. acts as an agent for educational and travel related suppliers in all matters relevant to transportation, entertainment, attractions, sightseeing, and other tour-related features. As an agent, 1<sup>st</sup> Choice Educational Tours has no control over the personnel, facilities or equipment of such suppliers and accepts no responsibility or liability for loss, damage, personal injury, accident, inconvenience, delay or irregularity, regardless of the cause, related to or during a trip. 1<sup>st</sup> Choice Educational Tours retains the right to substitute any tour component with another of comparable or better value. 1<sup>st</sup> Choice Educational Tours recommends cancellation insurance. Initials \_\_\_\_\_

Any check returned by the bank for any reason will result in a \$20.00 service charge. Initials \_\_\_\_\_

Your signature and initials indicate that you have read, fully understand and are in agreement with the terms and conditions.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **IMPORTANT:**

**MAKE SURE TO INITIAL IN FIVE PLACES THEN SIGN. INCOMPLETE FORMS WILL NOT BE ACCEPTABLE.**

**NO STUDENT WILL BE REGISTERED FOR A TRIP WITHOUT THE COMPLETED AND SIGNED REGISTRATION FORM.**

### **Mailing Address**

P. O. Box 950  
Batavia, NY 14021-0950

### **Phone Number**

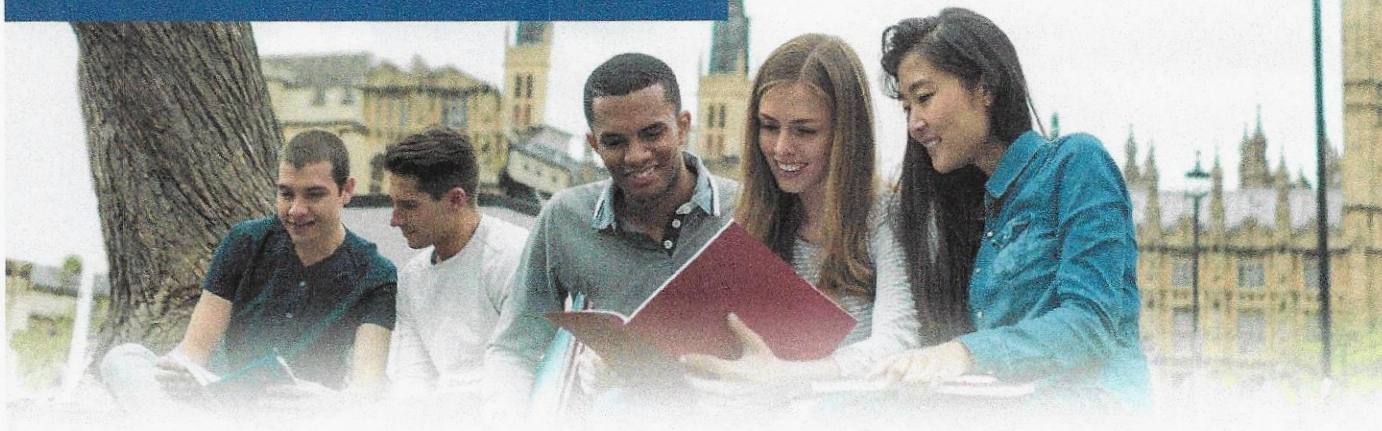
585-343-1313



# STUDENT TRAVEL PROTECTION PLAN

Travel Insurance & Global Assistance  
926401

## Travel Guard®



## Confidence makes a great traveling companion.

**Because no matter how hard you try, there are some things you just can't plan for.** Make sure you pack a Travel Guard Student Travel Protection Plan which provides valuable coverage, at an affordable price, and to help bring home amazing travel memories, not unexpected expenses due to travel mishaps.

### Travel Smart with Travel Guard.

You can be covered:

- if you incur medical expenses, for an unforeseen injury or sickness, during the course of your trip.
- if you have to return home early due to an unexpected emergency such as an illness or death in the family.
- if your luggage is lost or delayed, forcing you to purchase necessary essentials.
- if you need an emergency medical evacuation due to an accident or sudden illness.

To view a full listing of coverage benefits, please refer to the Policy of Insurance.

### Always there, 24/7.

Virtually anywhere you travel, in the event of a medical emergency or unexpected travel problem, we are never more than a phone call away.

- 24-hour emergency assistance
- Passport or ticket replacement assistance
- Prescription replacement assistance
- And more!

### QUESTIONS?

CALL TOLL-FREE:  
**1.877.254.8922**





## THIS IS A BRIEF DESCRIPTION OF COVERAGE – LIMITATIONS APPLY

Coverage may not be available in all states. Coverage varies by state. For complete coverage information and exclusions, please refer to the Policy of Insurance for your state of residency prior to purchase, by visiting [www.travelguard.com/policy/student](http://www.travelguard.com/policy/student).

### COVERAGE

Per Person	Maximum Limit Up To
Trip Cancellation <sup>1</sup>	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Interruption <sup>1</sup>	150% of Insured Trip Cost (Maximum of \$37,500)
Single Occupancy	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Delay	\$500 (Maximum of \$100 per day, 12 HRS)
Baggage Coverage	\$1,000 (Primary)
Baggage Delay	\$100 (24 HRS)
Travel Medical Expense/ Dental Expense	\$50,000 (Primary) \$500
Emergency Evacuation and Repatriation of Remains	\$500,000
Ancillary Evacuation Benefits (including Baggage Return, Return Transportation and Bedside Visit)	\$2,500
Non-flight Accidental Death & Dismemberment	\$30,000
Assistance Services <sup>2</sup> Travel Medical Assistance Worldwide Travel Assistance	Included

Expenses incurred from third-party vendors for assistance services not part of a filed insurance plan are the responsibility of the traveler.

- 1 Coverage only applicable to prepaid, non-refundable trip costs identified on the enrollment form and if the required plan cost has been paid.
- 2 Non-insurance services are provided by Travel Guard.
- 3 Cancel for Any Reason is available as a service to residents of NY.

### EXTRA COVERAGE

#### Pre-Existing Medical Condition Exclusion Waiver

(Policy must be purchased within 15 days of the Initial Trip Payment. Day one is the date the initial payment is received. If the policy is not purchased within 15 days of the Initial Trip Payment, then a 60-day look-back period applies. For residents of ID, MN and NY, the look-back period is 180-days.)

### OPTIONAL COVERAGE

#### Cancel for Any Reason, up to 50% of Trip Cost<sup>3</sup>

(Must be purchased within 15 days of Initial Trip Payment.)

Coverage available to U.S. residents of the U.S. states and District of Columbia only. This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms and conditions of this policy with those of your existing life, health, home and automobile insurance policies, as well as any coverage which may be available to you through your credit card program(s). If you have any questions about your current coverage, call your insurer or insurance agent or broker. Coverage is offered by Travel Guard Group, Inc (Travel Guard). California lic. no.0B93606, 3300 Business Park Drive, Stevens Point, WI 54482, [www.travelguard.com](http://www.travelguard.com). CA DOI toll free number: 800-927-HELP. This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions and termination provisions. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Avenue of the Americas, 37th FL, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states. Your travel retailer may not be licensed to sell insurance, and cannot answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. The purchase of travel insurance is not required in order to purchase any other product or service from the travel retailer. Travel assistance services provided by Travel Guard.



# Student Services Update

Board of Education

October 25, 2022



## Related Services

- X Speech/Language Therapy (7.0)
- X Occupational Therapy (4.0)
- X Physical Therapy (2.0)
- X Music Therapy (.2)
- X Autism Consultation (.2 & 300 hours)
- X Vision Therapy
- X Orientation & Mobility
- X Audiology



# Speech/Language Services

- X Speech sound production
- X Speech Fluency
- X Receptive Language
- X Expressive Language
- X Pragmatic Language
- X Social Communication
- X Swallowing Disorders
- X Cognitive Delays



# Speech/Language Therapy

X Elementary - 104

X CES- 38

X CRS- 38

X FRS- 28

X Middle - 67

X High School - 27

= 198 total



# Occupational Therapy

- X Fine Motor Skills
- X Sensory Processing
- X Daily Living Skills
- X Impulsivity
- X Work Skills

# Occupational Therapy

- X Elementary - 82
  - X CES- 32
  - X CRS- 27
  - X FRS- 23
- X Middle School - 17
- X High School - 8

= 107



# Physical Therapy

- X Movement Dysfunction
- X Gross Motor Skills
- X Consult with Physical Education
- X Adaptations for movement across building
- X Ball Skills/Walking/Jumping

# Physical Therapy

X Elementary - 35

X CES- 15

X CRS- 10

X FRS- 10

X Middle School - 5

X High School - 2

= 42



## Other

- X Music Therapy - 2
- X Audiology - 15
- X Vision Services - 2
- X Teacher of the Deaf - 2
- X Autism Consult - 33
- X Orientation & Mobility - 4





Questions?

# Treasurer's Monthly Report

September 2022

<u>GL Acct.</u>	<u>Fund</u>	<u>Bank</u>	<u>Description</u>	<u>Beginning Balance</u>	<u>Monthly Receipts</u>	<u>Monthly Disbursements</u>	<u>Ending Balance</u>
<b>Cash Accounts</b>							
A200-01	General	M & T	Checking	\$1,685,345.12	\$10,787,440.26	\$8,067,797.35	\$4,404,988.03
A200-10	General	Bank of Castile	Checking	\$0.00	\$3,262,598.12	\$0.00	\$3,262,598.12
A200-12	General	M & T	Checking-ACH Payments	\$82,844.11	\$203,993.32	\$248,663.50	\$38,173.93
A200-20	General	M & T	Checking	\$2,136,585.93	\$2,112,786.83	\$3,338,629.72	\$910,743.04
A200-21	General	M & T	Checking-Payroll	\$371,862.41	\$2,190,192.14	\$2,552,560.61	\$9,493.94
A201-05	General	M & T	Savings	4,325,063.09	12,041,557.43	2,750,000.00	\$13,616,620.52
A201-10	General	Bank of Castile	Savings	4,797,922.48	36,424.61	4,543,015.00	\$291,332.09
C200-01	School Lunch	Bank of Castile	Checking	14,826.77	127,688.04	44,530.42	\$97,984.39
F200-01	Federal	M & T	Checking	24,251.87	83,500.00	83,351.40	\$24,400.47
H200-01	Capital	M & T	Checking	11,788.26	218,500.00	218,137.60	\$12,150.66
H201-11	Capital	M & T	Money Market	462,817.34	72.82	218,500.00	\$244,390.16
Multifund Checking		Chase	Checking	1,646,956.63	908.79	0.00	\$1,647,865.42
Multifund Savings		Chase	Savings	35,137,338.38	19,388.78	0.00	\$35,156,727.16
<b>Total Cash</b>				<b>50,697,602.39</b>	<b>31,085,051.14</b>	<b>22,065,185.60</b>	<b>59,717,467.93</b>
<b>US Treasury Bills</b>							
A450-00	General	Chase		0.00	0.00	0.00	\$0.00
A452-00	General-Reserve	Chase		0.00	0.00	0.00	\$0.00
H450-00	Capital	Chase		0.00	0.00	0.00	\$0.00
TE450-00	Expendable Trust	Chase		0.00	0.00	0.00	\$0.00
V450-00	Debt Service	Chase		0.00	0.00	0.00	\$0.00
<b>Total US Treasury Bills</b>				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>District Totals</b>				<b>\$50,697,602.39</b>	<b>\$31,085,051.14</b>	<b>\$22,065,185.60</b>	<b>\$59,717,467.93</b>

Received by the Board of Education and entered as a part of the minutes of the board meeting held 10/25/2022

*Barbara A Woo*

Clerk of the Board of Education

This is to certify that the above cash balances are in agreement with my bank statements as reconciled

*Katherine P. Guignon*

Treasurer of School District

# Revenue Status Report

## As of September 30, 2022

A/C Code	Description	Original Budget	Adjusted Budget	Monthly Actual	Year to Date 9/30/22	Budget Variance	Year to Date 9/30/21	Year to Date Variance
1001	Real Property Tax Items	40,051,206.00	40,051,206.00	-1,043.89	35,296,793.43	-4,754,412.57	33,905,298.12	1,391,495.31
1081	Oth. Paymts in Lieu of Taxes	373,545.00	373,545.00	236,384.03	236,384.03	-137,160.97	210,102.76	26,281.27
1085	STAR Reimbursement	0.00	0.00	0.00	4,753,368.44	4,753,368.44	5,073,798.03	-320,429.59
1090	Int. & Penal. on Real Prop.Tax	5,000.00	5,000.00	0.00	0.00	-5,000.00	0.03	-0.03
1120	Nonprop. Tax Distrib. By Co.	3,900,000.00	3,900,000.00	0.00	0.00	-3,900,000.00	0.42	-0.42
1311	Other Day School Tuition	0.00	0.00	0.00	0.00	0.00	997.20	-997.20
1315	Continuing Ed Tuition(Individ)	78,568.00	78,568.00	1,946.55	5,081.15	-73,486.85	6,318.50	-1,237.35
1315	Swim	31,432.00	31,432.00	5,874.50	11,722.80	-19,709.20	11,293.40	429.40
1335	Oth Student Fee/Charges (Indiv	80,000.00	80,000.00	1,839.00	9,035.25	-70,964.75	16,025.00	-6,989.75
1335	Computer Protection Plans	0.00	0.00	3,236.00	3,236.00	3,236.00	847.00	2,389.00
1410	Admissions	1,500.00	1,500.00	200.00	200.00	-1,300.00	0.00	200.00
2230	Day School Tuit-Oth Dist. NYS	0.00	0.00	0.00	0.00	0.00	-4,285.50	4,285.50
2235	Svs Prov. BOCES-Oth Transport	66,189.00	66,189.00	0.00	0.00	-66,189.00	0.00	0.00
2304	Trans for Oth Dist.-Cont. Bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2308	Trans for BOCES-Shuttle Svs	2,000.00	2,000.00	0.00	0.00	-2,000.00	0.00	0.00
2401	Interest and Earnings	125,000.00	125,000.00	1,846.87	3,328.78	-121,671.22	905.48	2,423.30
2401	Interest and Earnings-Reserve F	0.00	0.00	15,144.56	24,486.41	24,486.41	857.72	23,628.69
2401	Interest and Earnings-Capital Res	0.00	0.00	434.30	702.19	702.19	1,072.73	-370.54
2410	Rental of Real Property,Indiv.	25,000.00	25,000.00	1,555.10	4,202.60	-20,797.40	995.00	3,207.60
2413	Rental of Real Property, BOCES	44,990.00	44,990.00	0.00	0.00	-44,990.00	0.00	0.00
2414	Rental of Equip. (Not Bus) Ind	0.00	0.00	590.00	1,180.00	1,180.00	170.00	1,010.00
2440	Rental of Buses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2650	Sale Scrap & Excess Material	2,000.00	2,000.00	0.00	69.00	-1,931.00	551.45	-482.45
2665	Sale of Equipment	2,000.00	2,000.00	1,746.08	2,365.04	365.04	5,600.00	-3,234.96
2680	Insurance Recoveries-Trans Rel	5,000.00	5,000.00	4,516.18	4,516.18	-483.82	0.00	4,516.18
2690	Other Compensation for Loss	2,500.00	2,500.00	590.00	772.50	-1,727.50	610.33	162.17
2701	Refund of P/Y Exp.- BOCES	525,000.00	525,000.00	0.00	0.00	-525,000.00	0.00	0.00
2703	Refund of P/Y Exp.-Other	70,000.00	70,000.00	177.20	41,761.31	-28,238.69	6,213.10	35,548.21
2705	Gifts and Donations	0.00	0.00	0.00	96.00	96.00	0.00	96.00
2770	Other Unclassified Rev.(Spec)	100,000.00	100,000.00	21,524.80	36,657.78	-63,342.22	6,824.39	29,833.39
2801	Interfund Revenues	20,000.00	20,000.00	2,535.00	2,535.00	-17,465.00	2,406.00	129.00
3101	Basic Formula Aid-Gen Aids (Ex	35,041,477.00	35,041,477.00	962,978.43	969,473.23	-34,072,003.77	2,494,632.36	-1,525,159.13
3102	Lottery Aid (Sect 3609a Ed Law	7,574,085.00	7,574,085.00	6,563,965.02	6,563,965.02	-1,010,119.98	5,183,118.78	1,380,846.24
3103	BOCES Aid (Sect 3609a Ed Law)	3,221,693.00	3,221,693.00	0.00	0.00	-3,221,693.00	0.00	0.00
3104	Tuit for Students w/Disabilit.	0.00	0.00	0.00	116.00	116.00	0.00	116.00
3260	Textbook Aid (Incl Txtbk/Lott)	237,427.00	237,427.00	0.00	0.00	-237,427.00	0.00	0.00
3262	Computer Software Aid	57,583.00	57,583.00	0.00	0.00	-57,583.00	0.00	0.00
3263	Library Aid	24,025.00	24,025.00	0.00	0.00	-24,025.00	0.00	0.00
3289	Other State Aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4601	Medic.Ass't-Sch Age-Sch Yr Pro	55,000.00	55,000.00	0.00	5,236.81	-49,763.19	5,440.32	-203.51
5031	Interfund Transfers	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Revenue</b>		<b>91,722,220.00</b>	<b>91,722,220.00</b>	<b>7,826,039.73</b>	<b>47,977,284.95</b>	<b>-43,744,935.05</b>	<b>46,929,792.62</b>	<b>1,047,492.33</b>

Appropriated Fund Balance	1,662,181.00	1,662,181.00
Appropriated Reserves	1,376,382.00	1,376,382.00
Carryover Encumbrances	-	1,488,632.45
<b>Total Budget</b>	<b>94,760,783.00</b>	<b>96,249,415.45</b>



# Churchville-Chili Central School

Budget Status Report As Of:

## Fund: GENERAL

<u>Budget Account</u>	<u>Description</u>	<u>Initial Budget</u>	<u>Adjusted Budget</u>	<u>Year-to-date Expenditures</u>	<u>Prior YTD Exp</u>	<u>Variance Prior / Current</u>	<u>Encumbrance Outstanding</u>	<u>Unencumbered Balance</u>
10	Board of Education	62,910.00	62,211.91	11,243.34	18,216.53	-6,973.19	11,030.38	39,938.19
12	Central Administration	404,125.00	409,389.21	124,611.94	121,228.75	3,383.19	271,476.47	13,300.80
13	Finance	786,528.00	793,330.03	240,582.66	208,494.05	32,088.61	384,739.20	168,008.17
14	Staff	664,153.00	664,153.00	187,664.24	179,928.15	7,736.09	382,114.06	94,374.70
16	Central Services	6,307,366.00	7,147,871.80	1,417,171.42	1,278,395.38	138,776.04	4,286,753.97	1,443,946.41
19	Special Items (Contractual Expense)	1,764,170.00	1,770,525.00	628,295.23	619,857.21	8,438.02	1,094,594.88	47,634.89
20	Administration and Improvement	3,895,813.00	3,898,767.81	975,717.13	990,623.54	-14,906.41	2,368,876.36	554,174.32
21	Teaching	36,014,167.00	36,075,225.15	4,835,710.26	4,988,863.67	-153,153.41	26,210,371.72	5,029,143.17
26	Instructional Media	2,690,489.00	3,178,173.43	591,227.68	596,685.17	-5,457.49	1,550,110.84	1,036,834.91
28	Pupil Services	4,197,885.00	4,221,497.26	418,061.99	407,494.93	10,567.06	2,046,198.97	1,757,236.30
55	Pupil Transportation	6,573,158.00	6,628,251.85	639,410.11	626,657.67	12,752.44	3,323,312.91	2,665,528.83
8	Other Community Services	89,711.00	89,711.00	8,281.09	13,097.88	-4,816.79	750.00	80,679.91
90	Employee Benefits	22,944,595.00	22,944,595.00	5,961,361.53	5,417,505.07	543,856.46	9,303,116.65	7,680,116.82
99	Interfund Transfers	8,365,713.00	8,365,713.00	8,201,713.00	8,422,575.00	-220,862.00	0.00	164,000.00
<b>Total GENERAL FUND:</b>		<b>94,760,783.00</b>	<b>96,249,415.45</b>	<b>24,241,051.62</b>	<b>23,889,623.00</b>	<b>351,428.62</b>	<b>51,233,446.41</b>	<b>20,774,917.42</b>



# Churchville-Chili Central School District

*Where learning leads to a lifetime of opportunities*

**Loretta J. Orologio, Ed.D.**

*Superintendent of Schools*  
x2300

**Superintendent's  
Executive Cabinet**

Mr. Matthew DeAmaral, CPA  
*Assistant Superintendent for Business  
Services*  
x2330

Mr. Giulio Bosco, Jr.  
*Assistant Superintendent for  
Instruction*  
x2310

Mr. Lawrence M. Vito  
*Assistant Superintendent for Human  
Resources*  
x2320

Ms. Nicole A. Livingston-Neal  
*Assistant Superintendent for Student  
Services*  
x2460

## MEMO

**To: Board of Education  
Ms. Loretta Orologio, Superintendent**

**From: Matthew J. DeAmaral  
Assistant Superintendent for Business Services**

**Re: 2023-2024 Budget Calendar and Guidelines**

**Date: October 21, 2022**

**Attached is the recommended 2023-2024 budget calendar and guidelines. I would like to discuss these documents at our meeting on Tuesday, October 25, 2022. If these documents are acceptable by the Board, they will need to be approved in order to start the budget process.**

**If you have any questions, please give me a call me.**

**MJD/br  
attachment**

## **DRAFT FOR DISCUSSION**

### **CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT 2023-2024 BUDGET DEVELOPMENT CALENDAR**

<b>DATE</b>	<b>ACTIVITY</b>
<b>October 25, 2022</b>	Review Board of Education <i>Guidelines and Calendar</i>
<b>October 25, 2022</b>	Adopt Budget <i>Guidelines and Calendar</i>
<b>November 1, 2022</b>	Budget materials distributed to building and program leaders
<b>December 1, 2022</b>	Preliminary 2022-23 <i>BOCES Service Request</i> returned to BOCES #2
<b>December 5, 2022</b>	Preliminary budget proposal and personnel staffing requests returned to Asst. Superintendent for Business Services
<b>February 14, 2023</b>	BOE review of Budget Draft – Buildings and Grounds, Security, Debt Service, Transportation, Interscholastic Athletics, Interfund Transfers
<b>February 28, 2023</b>	BOE review of Budget Draft – BOCES, Curriculum and Instruction, Central Services
<b>March 14, 2023</b>	BOE review of Budget Draft – Personnel, Special Items
<b>March 28, 2023</b>	BOE review of Budget Draft – Revenue Estimates, Budget Draft
<b>April 1, 2023</b>	Final 2023-2024 <i>BOCES Service Request</i> submitted
<b>April 11, 2023</b>	Budget approved and adopted by Board of Education
<b>April 21, 2023</b>	Final Date for Board of Education to adopt 2023-2024-budget (information only)
<b>April 21, 2023</b>	Final Date to submit Property Tax Report Card to State Education Department (information only)
<b>April 25, 2023</b>	Budget Statement available in each school building (at least seven days before budget hearing)
<b>May 2, 2023</b>	Budget Hearing and Candidate Night
<b>May 16, 2023</b>	<b>Budget Vote – Noon to 9 p.m. in the MS North Cafeteria</b>
<b>May 23, 2023</b>	Voter approved budget adopted by Board of Education



## **Discussion Draft**

### **CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT PROPOSED BUDGET GUIDELINES**

**2023 – 2024**

- **Meet all applicable mandates, health, safety, and legal requirements.**
- **Fulfill all contractual obligations.**
- **Support educational programs and services vital to successful implementation of the District goals.**
- **Maintain bus purchase practice.**
- **Identify alternative funding sources & cost saving measures.**
- **Prepare the first draft of the 2023-2024 budget taking into consideration student enrollment, academic performance, current programs and services, along with state and federal funding.**
- **Tax levy within property tax cap calculation.**
  - **To Consider:**
    - **Programmatic Needs and Administration Support**
    - **State Fiscal Condition**
    - **Continue funding of Pre-K**
    - **Finance & Utilization of Reserve Fund**
    - **Social, Emotional and Behavioral Needs of**
  - Students**
    - **Wellness Needs of Students and Staff**
    - **Safety of Students, Staff and Families**
      - **SRO/Security Staffing**
    - **Continue Implementation of the Phase VI Capital Project Middle School Renovations & Site Renovations**
    - **Continue Budgeting Skilled Nursing Services**
    - **Maintenance of Facility**

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
ACCEPTING GIFTS FROM THE PUBLIC**

If you wish to have a gift considered for acceptance by the School District, please read Board Policy #5230 -- "Acceptance of Gifts, Grants and Bequests to the School District" and complete this form.

Name: Various Community Business (See #1 below.)

Address: (See attached.)

- 1) Describe the gift. What is it? List its condition, age, size, and other details as applicable.

<u>Vendor</u>	<u>2022 \$\$</u>	<u>Item</u>	<u>Value</u>	<u>Contact</u>
CESPA	\$100.00			Lily Maira
Cinemark Tinseltown		4 – Movie Passes	\$60.00	Spencer Wren
Main Street Deli		1 - \$25 Gift Certificate	\$25.00	Janice Armstrong
Rochester Americans / Knighthawks		1 – set of 4 Amerks Tickets 1 – set of 4 Knighthawk Tickets	\$200	Ryan Harr
4Imprint OnebyOne		\$500 Grant for Promotional Products	\$500	Mary Hille
Immediate Mailing Services		Calendar Magnets	\$375	Stephen Schiano

- 2) Describe the terms, if any, of the gift as follows:

a) What is the purpose of the gift? To support the FLASH Network Annual Celebrate! Churchville-Chili event welcoming back families for the 2022-23 school year.

b) Describe any conditions or restrictions for its use. none

- 3) If the gift is in trust, describe specifically your intentions for the use of the principal and for investment. (You may contact the District Treasurer to agree on a method for treating the principal.)

not applicable

(Continued)

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
ACCEPTING GIFTS FROM THE PUBLIC (Cont'd.)**

4) Which of the following conditions does the gift fulfill?

☒ Is it in support of and a benefit to all District schools or to a particular District school?

☐ Is it for a purpose for which the District could legally expend its own funds?

☐ Is it for the purpose of awarding scholarships to students graduating from the District?

Thank you for your consideration of the District as a recipient of a gift. We will consider your donation and respond to you about our ability to accept your gift as soon as possible.

**PLEASE NOTE:**

All donations require an approval from an administrator in the department which will be receiving the gift.

Signature Wendy J Reese Date 10/6/2022

Signature \_\_\_\_\_ Date \_\_\_\_\_



ACCOUNTS PAYABLE

OCT OCT 17 2022



New York State  
School Boards  
Association

## MEMBERSHIP DUES INVOICE

DUES PERIOD	1/1/2023 - 12/31/2023		
INVOICE DATE	INVOICE NO.	PREVIOUS DUES PAID	DUES AMOUNT
10/14/2022	7065	\$11,252	\$11,252

Churchville-Chili Central School District  
139 Fairbanks Rd  
Churchville, NY 14428-9782

The annual dues shall be based upon the amount the member board paid in the previous year plus an adjustment limited to 2 percent or the Annual Consumer Price Index (CPI), whichever is less.

In appreciation of your membership, the NYSSBA Board of Directors has instituted the third consecutive annual rate freeze on dues.

Your membership dues includes services such as:

- Access to a team of advocates and lawyers
- Expert assistance in areas of data analysis, policy development, public relations and school board governance
- E-Clips – a daily summary of local, state and national education news coverage
- Executive Director weekly messages
- Complimentary webinars with educational leaders
- Videos and podcasts featuring important school board and school district matters
- On Board Newspaper – a one year subscription for school board members and administrators
- On Board Extra – late breaking educational news via email
- Critical leadership development opportunities, including retreats, workshops and our annual convention at special member rates

## LEGAL AUTHORITY FOR EXPENSES

The expenditure of public funds in payment of annual membership dues to the Association has legal basis in Section 1618 of the Education Law. Expenses of school board members and school officials incurred in attending conventions and conferences are authorized under Section 77-b of the General Municipal Law.

The counsel to the New York State Education Department has ruled in Formal Opinion 213 that expenses in connection with membership in the New York State School Boards Association are ordinary contingent expenses and may be paid even though a budget has been defeated by the voters.

Please detach here and keep the top portion for your records.

## REMITTANCE COPY



New York State  
School Boards  
Association

Churchville-Chili Central School District

INVOICE DATE	INVOICE NO.	PREVIOUS DUES PAID	DUES AMOUNT
10/14/2022	7065	\$11,252	\$11,252



Please pay this amount

Send payment to:

New York State School Boards Association  
P.O. Box 305  
Canajoharie, NY 13317-0305

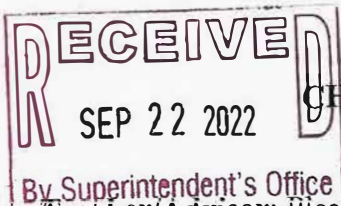
Thank you for your membership!

PO # \_\_\_\_\_

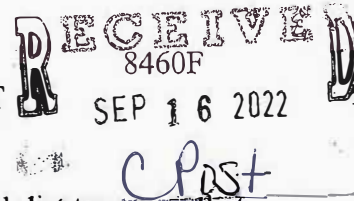
Budget Code \_\_\_\_\_

Approved by \_\_\_\_\_

Date Approved \_\_\_\_\_



CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
FIELD TRIP CHECKLIST



Teacher/Advisor: Please fill in all information requested below and utilize the check list to ensure that all required documents are included in your request. Include this form with your submission.

Club/Organization: SHS - SCIENCE DEPARTMENT

Teacher/Advisor: EILEEN HAMMOND Administrator Attending: SCOTT WILSON

Purpose: BOSTON, MA - WHALE WATCH

Day: THU + FRI Date: 4/27/23 + 4/28/23 Time: 6:30 AM From: DOOR #3 @ SHS To: 4/28/23 @ 11:30 pm

Lodging Accommodations (if overnight): \_\_\_\_\_

Chaperones: \* SCOTT WILSON, EILEEN HAMMOND,  
TINA FOWLER, KELLY DUNHAM

Student/Parent/Chaperone Meeting Date(s) WEDNESDAY 4/19/22 - SHS ROOM 1115 @ 5:30 pm

- ☒ Cost Estimates, including per student (include an attachment showing details)  
☒ Itinerary (include an attachment showing details)

\* Refer to Policy 8460 **Field Trips** for restrictions regarding chaperones

**PLEASE SUBMIT THE FOLLOWING** (as applicable): Refer to policy regulation 8460R for detailed instructions.

- ☒ Field Trip Request form (8460F.1 for day trips or 8460F.2 for overnight or out-of-town)  
☒ A copy of Field Trip Permission and Medication and Emergency Medical Treatment Authorization form (8460F.3)  
☒ Overnight/Out of Country Trip Agreement form (8460F.4) (for overnight or out of country field trips)  
☒ Field Trip Behavioral Contract (8460F.5)  
☒ Only **one** of the three transportation forms listed below is required; submit the appropriate form.

Please note: **The District will not be able to provide busing the last 3 weeks of school.**

District Transportation Request Form (8460F.6)

Charter or Rental Vehicle Trip Information Form (8460F.7)

Insurance Verification Form (8460F.8)

- ☒ Field Trip Cancellation Contract (for overnight field trips only; refer to 8460R.1)  
☒ Parent Letter/Student Responsibilities

FOR BUILDING USE:

- ☐ Cafeteria Notification (if lunches will be affected)  
☐ Attendance Office Notification ☐ Substitute Requests with Funding Source

**For Central Office Use only:** checklist/packet reviewed and all required documents are included

Signature Kathy Weller Date: 9/23/22



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
DAY FIELD TRIP REQUEST FORM**

Date: 9/16/2022

Club/Organization: SHS - SCIENCE DEPARTMENT

Teacher/Advisor: EILEEN HAMMOND

Curriculum Connection (Explain): EXPOSE STUDENTS TO MARINE ENVIRONMENT  
BY EXPERIENCING A WHALEWATCH COURSE + VISITING BOSTON  
MUSEUM OF SCIENCE

Method of Transportation (complete District Transportation Request Form # 8460F.6, Charter or Rental Vehicle Trip Information Form # 8460F.7, or Verification of Insurance Coverage Form #8460F.8 as applicable) **Please note: District Transportation is not available after the first week of June.**

Day/Date: THU 4/27/2023 - FRI 4/28/2023

Departure Time: 6:30 AM Return Time: 11:30 pm (NEXT DAY)

Point of Departure/Return: CC SENIOR HIGH SCHOOL - DOOR #3

Destination: BOSTON, MA.

Itinerary: VISIT BOSTON MUSEUM OF SCIENCE, WALK  
TO/THROUGH QUINCY MARKET, WHALE WATCH BOAT

Insurance Coverage: INCLUDED IN STUDENT COST TOUR

Estimated Costs: INCLUDED IN STUDENT COST  
(\$5.75 per mile to and from destination per bus; MapQuest or Google map must be attached. Bus capacity is 44 Adults, or 66 Students and the minimum trip charge is \$70).

Funding Sources: STUDENTS # of Students Attending 40 (MAX 46)

Chaperones (staff only): SCOTT WILSON, EILEEN HAMMOND,  
TIM FOWLER, KELLY DUNHAM

Parent Volunteer Help: X

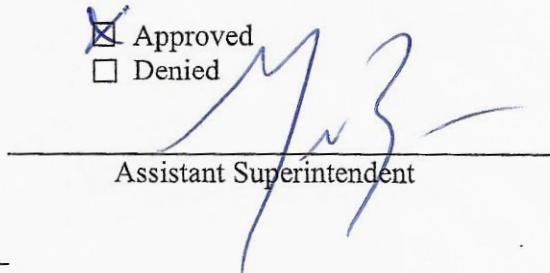
Substitute Needed: ☒ Yes ☐ No If yes, how many? 3

☒ Approved  
☐ Denied



Principal/Director

☒ Approved  
☐ Denied



Assistant Superintendent

☐ Approved

☐ Denied Superintendent/Designee

Copy to: Office of Instruction



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
OVERNIGHT/OUT-OF-COUNTRY FIELD TRIP REQUEST FORM**

Date 9/15/2023

Club/Organization: SHS SCIENCE DEPARTMENT

Teacher/Advisor: EILEEN HAMMOND Administrator Attending SCOTT WILSON

Curriculum Connection - explain: EXPOSE STUDENTS TO MARINE ENVIRONMENT  
BY EXPERIENCING A WHALE WATCH COURSE + VISITING THE BOSTON  
MUSEUM OF SCIENCE.

Method of Transportation: PRIVATE LUXURY COACH BUS  
(Please complete appropriate transportation form 8460F.6, 8460F.7 or 8460F.8)

Date(s): THU 9/27/2023 - FRI 9/28/2023 Day(s) of the week: THURSDAY + FRIDAY

Departure Time: 6:30 AM Return Time: 11:30 PM

Point of Departure/Return: CC SENIOR HIGH SCHOOL - DOOR #3

Destination: BOSTON, MA

Itinerary: ENCLOSED IN PACKET

Insurance Coverage: INCLUDED IN STUDENT COST.

Estimated Cost: INCLUDED IN STUDENT COST  
(\$5.75 per mile to and from destination per bus; MapQuest or Google map must be attached. Bus capacity is 44 Adults, or 66 Students and the minimum trip charge is \$70).

Funding Sources: STUDENTS # of Students Attending 40 (MAX 46)

Chaperones (staff only) EILEEN HAMMOND, KELLY DUNHAM,  
TIM FOWLER, SCOTT WILSON

Parent Volunteer Help: X

Substitute Needed: ☒ Yes ☐ No If yes, how many? 3

☒ Approved  
☐ Denied

[Signature]

Principal/Director

☒ Approved  
☐ Denied

[Signature]

Assistant Superintendent

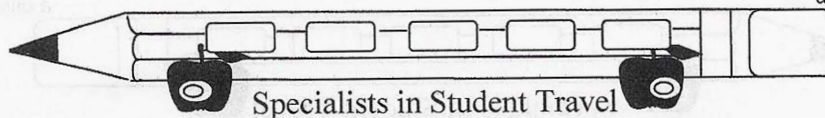
☐ Approved  
☐ Denied Superintendent/Designee

BOE Approval Date \_\_\_\_\_

Copy to: Office of Instruction

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



## CHURCHVILLE-CHILI SHS SCIENCE DEPARTMENT WHALE WATCH-BOSTON, MA TENTATIVE ITINERARY APRIL 27 – 28, 2023

### THURSDAY, APRIL 27<sup>th</sup>

6:30 A.M. 1 – 56 PASSENGER MOTOR COACH ARRIVES FOR INSPECTION AT:  
**CHURCHVILLE-CHILI TRANSPORTATION GARAGE**  
**3461 WESTSIDE DRIVE**  
**CHURCHVILLE, NY 14428**  
PROCEED TO HIGH SCHOOL AFTER INSPECTION  
**CHURCHVILLE-CHILI HIGH SCHOOL**  
**5786 BUFFALO RD**  
**CHURCHVILLE, NY 14428**

7:30 A.M. DEPART FOR BOSTON  
*BRING A BAG LUNCH AND SNACKS FOR THE RIDE*

3:00 P.M. – 5:00 P.M. MUSEUM OF SCIENCE

5:30 P.M. – 7:00 P.M. DINNER AT FIRE & ICE-Included

7:15 P.M. – 8:30 P.M. TIME FOR SHOPPING AT QUINCY MARKET

9:00 P.M. CHECK INTO THE HOTEL: DOUBLE TREE HOTEL/ANDOVER, MA

10:00 P.M. PIZZA AT THE HOTEL

### LATE NIGHT PRIVATE SECURITY PROVIDED AT NIGHT

### FRIDAY, APRIL 28<sup>th</sup>

6:00 A.M. BREAKFAST AT THE HOTEL-Included

7:00 A.M. CHECK OUT AND DEPART THE HOTEL

8:00 A.M. ARRIVE AT BUS FOR BOARDING

8:30 A.M. – 11:30 A.M. WHALE WATCH-SEVEN SEAS-GLOUCESTER, MA

11:45 A.M. DEPART FOR SALEM

12:15 P.M. LUNCH AT ESSEX DELI-Included  
AND FREE TIME IN SALEM

2:00 P.M. DEPART FOR CHURCHVILLE

REST AND PAY ON YOUR OWN MEAL STOPS WILL BE MADE ENROUTE

10:00 P.M. ARRIVE AT CHURCHVILLE-CHILI HIGH SCHOOL

**TRIP INCLUDES:** Round trip motor coach transportation, 1<sup>st</sup> Choice Educational Tour Manager, 1 night hotel accommodations, 1 breakfast, 1 dinner, 1 lunch, all admissions and driver gratuity

### **ESTIMATED TRIP COST:** \$452.77 per person QUAD OCCUPANCY

This quote is based on a minimum of 40 paying students in quad occupancy using one motor coach and 4 complimentary chaperones in single occupancy including cancel for any reason insurance at a cost of \$26.77.

**All quotes are subject to availability at time of booking. Once you receive BOE approval let us know and we will secure reservations and get you out a contract and student registration forms.**

Joanna Ruffino, CITS

### Mailing Address

P. O. Box 950  
Batavia, NY 14021-0950

### Phone Number

585-343-1313

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**  
**FIELD TRIP PERMISSION AND**  
**MEDICATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Part I to be completed by field trip advisor. Parents/guardians are asked to complete Parts II, III, and IV of this permission form including the medication authorization section as necessary.

**PART I - Information for Field Trip:**

Destination: BOSTON WHALE WATCH Date: 4/27/2023 - 4/28/2023

Time: 7:00 AM 4/27/23 to 11:00 PM 4/28/23 Cost to Student: = \$460<sup>00</sup>

Mode(s) of Transportation: ☐ District Bus ☒ Charter or Rental Vehicle ☐ Airplane

Activities of Trip LOTS OF WALKING THROUGH BOSTON'S QUINCY MARKET  
AND 4 HOURS ON AN OCEAN VESSEL (HARBOR TO OCEAN)

**PART II - Parent/Guardian Permission**

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the field trip as outline above as part of his/her school experience. I understand that the District Code of Conduct will be in effect at all times. The student may be removed from the trip for disciplinary, attendance, or grade issues that occur before the departure date as per the District Code of Conduct.

The student agrees to follow all school rules and guidance, including the Code of Conduct, prior to and during the trip. By signing, the student agrees to the rules and expectations, and consequences for any behaviors that violate the Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III - Medical Information**

If you have a student attending this field trip who will need to possess prescription or over the counter medication while on the trip, please complete Part IV of this form along with a duly executed prescription and/or doctor's order, which must be on file prior to the commencement of the field trip in order for the student to take medications with him/her on the trip.

- A. In case of an emergency, I understand that every effort will be made to contact me. If the school is unable to reach me, I hereby give the school permission, through my signature below, to act on my behalf in seeking emergency treatment for my child in the event such treatment is necessary and give my permission to those administering emergency treatment to do so using the measures necessary.



- B. My child is **allergic** to the following medications: \_\_\_\_\_  
 \_\_\_\_\_
- C. My child has a **special medical problem** (if none so state, if yes, specify)  
 \_\_\_\_\_
- D. My child is currently under **medical care**. Please describe nature of illness and treatment.  
 Mark N/A if not applicable.  
 \_\_\_\_\_
- E. Date of last tetanus vaccination \_\_\_\_\_

#### PART IV – Medication Authorization

**NOTE:** A physician's written order and parent/guardian written permission is required for not only prescription medications but over-the-counter medications as well.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication	Dosage	Time/Frequency

*Note: If more lines are required, please attach a form listing medication and dosage information.*

Check one:

- ☐ **Student may self-administer** (i.e. inhalers, epi-pen, and insulin). In the event that the need arises to self-administer Epinephrine or with administration of any injectable, the student must notify their assigned chaperone.
- ☐ **I will personally attend the field trip to administer the medication.**
- ☐ **I have designated** \_\_\_\_\_, my friend, family member, household member or other relationship appropriate in accordance with N.Y. Education Law §6908 (...providers, employees or caregivers acting under the direction and authority of a parent of a child, legal guardian, legal custodian, or an adult in whose care a child has been entrusted and who has been authorized by the parent to consent to any health care for the child...) to administer the above-listed medication(s) to my child at the school-sponsored event listed at the beginning of this form. I acknowledge that Churchville-Chili Central School District will not be liable for any problems that may arise as a result of the administration of such medication by the designee.
- ☐ **Student will require a licensed health professional to administer his/her medication.**

Physician's Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**PART V – Parent/Guardian Contact Information in Event of Emergency**

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Emergency number if unable to reach parent(s) / guardian(s):

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Policy - Provider \_\_\_\_\_

Policy # \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, being the parent/legal guardian of  
 \_\_\_\_\_, understand that trip chaperones will make every effort to  
 contact me, but in the event that emergency treatment is necessary, I hereby authorize medical treatment  
 on behalf of my child. I release the Churchville-Chili Central School District and district personnel from  
 any claims or causes of action arising out of injuries that my child may sustain in connection with the field  
 trip.

 Parent/Guardian Signature \_\_\_\_\_  
 \*\*If notarization is required, please wait to sign until you are in front of a notary public.

Print or type name of person signing: \_\_\_\_\_

Notary Stamp

**\*\*Notarization Required for Out of Country/Overnight Field Trips Only**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public, State of New York \_\_\_\_\_ Expires \_\_\_\_\_

Refer to: N.Y. Education Law § 6098(1)

Revised: 6/13/2017, 9/18/2018



# CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT OVERNIGHT/OUT OF COUNTRY TRIP AGREEMENT

The undersigned individuals hereby acknowledge and agree to the following:

The Churchville-Chili Central School District ("District") is providing the opportunity for the students to participate in a trip sponsored by the District. Since this trip will result in students leaving the District environ and traveling to and visiting places which the District considers to have educational value, there will be certain times when the student will be independent of District's supervision. When students are in their hotel rooms, for example, it is not possible to provide constant supervision. Curfews, however, will be enforced. It is important for the students and parents to acknowledge and accept that this is the type of supervision that will be provided by the District.

Additionally, the type of trip the student is participating in requires travel and overnight accommodations in another city. There are inherent risks involved in any type of overnight travel. These risks include, but are not limited to, accidents of the common carrier, theft of property, and inclement weather forcing a shortening or canceling of the trip. Additionally, the undersigned must understand that when either visiting other cities, especially overseas, that travel in a group or individually may be dangerous. The parents and students must accept such risks before the travel begins. By signing this Agreement, the undersigned parent and/or student agree not to hold the District liable for any dangers associated with travel to other cities and/or overseas.

The Board of Education reserves the right to cancel a field trip **at any time**, particularly if security and safety is in doubt. In the event a field trip is cancelled, the District **will not** be responsible for reimbursing any deposits or expenses incurred by students, parents or staff unless the District receives reimbursement from a third party vendor or supplier. The trip's sponsors and the parent(s)/guardian(s) are responsible for obtaining trip cancellation insurance and this expense must be included as part of the overall cost of the trip. No refund will be made if a participant's involvement is terminated during the trip due to behavioral issues.

Laws and customs of other nations may vary from our own. Regardless of local regulations, students will neither purchase nor use alcohol, tobacco or controlled substances of any kind at the time of, or during the trip. In addition, the student is expected to comply with all of the expectations outlined in the Churchville-Chili CSD Code of Conduct and to comply with the requests of adult chaperones at all times. Failure to do so will result in appropriate discipline action, including the prohibition of any further participation in the trip by a student violating the Code of Conduct. The parent or guardian signing below hereby agrees that he or she will promptly transport the student home after notification of a violation of the Code of Conduct, at the parent or guardian's sole expense.

To the extent that the undersigned student is a minor, it is understood by this Agreement that the parents will assume all risks, and further, the parent will agree to indemnify the District for any claim arising out of the trip or arising based in whole or in part in a failure of adequate supervision brought by or on behalf of the student now and in the future.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(must sign in front of a notary public)

\_\_\_\_\_  
printed name of parent/guardian

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Expires: \_\_\_\_\_

Notary Public, State of New York

Notary Stamp:



## CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT

## FIELD TRIP BEHAVIORAL CONTRACT

*To be completed by the student:*

I, \_\_\_\_\_, a student with the Churchville-Chili Central School District (the  
(printed student name)

"District"), seek to attend a field trip with the District to BOSTON, MA.

on 4/27/23 - 4/28/23 By signing this Contract, I declare that I recognize that the District Code of Conduct applies to all activities on the field trip that I seek to attend. I will comply with all provisions within the District Code of Conduct, and recognize that any violation of the District Code of Conduct may result in my discipline as outlined in the Code of Conduct or my transport away from the trip and prohibition from continuing participation. If, as a result of my behavior, the District decides to preclude my further participation in the trip, I recognize that my parent or guardian will be telephoned and asked to pick me up for transport away from the trip, at their cost.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

*To be completed by the parent or guardian of a participating student:*

I, \_\_\_\_\_, parent or guardian of the above-named student, recognize that I  
(printed name of parent or legal guardian)

will be responsible for transporting the student home from the trip in the event that I am contacted to do so as a result of his or her violation of the District Code of Conduct. I acknowledge that I will be accessible for a telephone call during the course of the trip and will transport the student promptly after receipt of a telephone call, at my own cost.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number

CHURCHVILLE-CHILI CENTRAL SCHOOL  
TRANSPORTATION DEPARTMENT

## CHARTER OR RENTAL VEHICLE TRIP INFORMATION FORM

SCHOOL SHS TEACHER EILEEN HAMMOND  
TRIP TO BOSTON, MA DATE OF TRIP THU 4/27/2023 - FRI 4/28/2023  
CHARTER OR RENTAL COMPANY 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS, LTD.  
ADDRESS P.O. Box 950, BATAVIA, NY 14021-0950  
COMPANY PHONE NUMBER 1-585-343-1313

HOW MANY STUDENTS AND PARENTS GOING ON TRIP?

STUDENTS 40 (maximum of 46)PARENTS 0STAFF/FACULTY 4 (PLUS TOUR MANAGER  
FROM 1<sup>ST</sup> CHOICE  
EDUCATIONAL  
TOURS)IF RENTAL, DESCRIBE VEHICLE \_\_\_\_\_  
\_\_\_\_\_

Please note that 15 passenger vehicles require the driver to have a CDL license.

Any staff driving rental vehicles must complete the Insurance Verification form.

*A copy of this form should be returned to the Transportation Director, at least 4 weeks prior to the trip's initial date.*





# Churchville-Chili Central School District

*Where learning leads to a lifetime of opportunities*

## Churchville-Chili Senior High School

Scott Wilson  
Executive Principal  
Grades 9-12

Mary Leach  
Ninth Grade Academy  
House Administrator

Tracie Swalbach  
Assistant Principal  
(A-F)

Steve Colabufo  
Assistant Principal  
(G-N)

Jason Cline  
Assistant Principal  
(O-Z)

Dear Guardian/Parent:

Wednesday October 26, 2022

The High School Science Department is very pleased to present information on our Boston Whale Watch Trip on April 27-28, 2023. We are looking forward to a great experience that will be both educational and fun for our students! We need a minimum of 40 students, with a maximum of 46.

Attached to this letter you will find:

Page(s)	Document(s)
2-5	Tentative Itinerary
6-7	Travel Guard Student Protection Plan Description
8	Overnight Trip Agreement, which MUST be signed AND NOTARIZED
9-11	Field Trip Permission and Medication and Emergency Medical Treatment Authorization, which MUST be signed
12	Field Trip Behavior Contract, which MUST be signed
13	1 <sup>st</sup> Choice Educational Tours, Ltd Trip Contract and Registration
14	Authorization of Payment Form-Either Credit Card or Check made payable to: 1 <sup>st</sup> Choice Educational Tours

The cost of the trip is approximately \$452.77/student for quad occupancy, as detailed on the Tentative Itinerary (pages 2-3). The payments will be due in four (4) installments:

- 1-\$125.00 Deposit\* due by Tuesday November 8, 2022
- 2-\$125.00 Deposit\* due by Tuesday December 6, 2022
- 3-\$125.00 Deposit\* due by Tuesday January 10, 2023
- 4- Final balance (TBD) is due by Friday February 10, 2023

\*= partial refund may be available/as per 1<sup>st</sup> Choice Educational Tours, Ltd Trip Contract. The NON-REFUNDABLE FINAL PAYMENT is due by Friday February 10, 2023 All documents must be signed, notarized, and handed in to us by Tuesday December 6, 2022.

Please note that even if your child is not bringing any medications on the trip, the Churchville-Chili Field Trip Permission and Medication and Emergency Medical Treatment Authorization still needs to be signed and notarized, along with the Overnight Trip Agreement. If your child will be bringing any sort of medication(s), be they over the counter or prescription, please be certain to have your doctor sign page 9.

We have four staff chaperones, including a SHS Administrator and a Tour Guide lined up for this amazing trip. The District Code of Conduct applies to all participants at all times during this trip. There will be an Informational Meeting on Tuesday November 22, 2022 at 5:30pm in SHS room 1115. Or you can contact me at [ehammond@cccsd.org](mailto:ehammond@cccsd.org). We look forward to working with you and your student(s).

Sincerely,

Eileen Hammond



MEET:

- 1) Drop off your luggage in room 1106A then go to Senior Lounge, near Door #1.
- 2) Once the bus is here, you will pick up your luggage in 1106A, have it checked over, and then get on the bus.



EAT:

- 1) A healthy breakfast before you leave your house, or pick something up in our cafeteria.
- 2) Pack a lunch and some snacks. It is always a good idea to bring a re-fillable water bottle with you.
- 3) We will be stopping at a Thruway rest stop to use the restrooms on Thursday. Students will NOT have the opportunity to buy food from the restaurants. Pack a lunch!!
- 4) Thursday night's dinner at Fire and Ice, in Boston, is included in your ticket price that you already paid. This is a really cool place and it is all you can eat!
- 5) Friday morning's breakfast is at our hotel and is included in your ticket price that you already paid. The hotel offers a buffet style breakfast.
- 6) Late lunch on Friday (after Whale Watch Tour). Lunch is on your own at Quincy Market. You need to pay for lunch.
- 7) A boxed dinner will be provided for the bus ride home. We will be stopping at a Thruway rest stop to use the restrooms on Friday. Students will NOT have the opportunity to buy food from the restaurants.

Please do not bring any food/snacks that need to be heated. Also, do not bring Monster Drinks, Red Bull, etc...They will be confiscated.

PACK:

- 1) You must bring a current, photo ID with you, and have it on you at all times (driver's license, passport, school ID).
- 2) All of our suitcases will be stowed in the luggage compartment underneath the bus. You will not have access to your suitcase until we have arrived at the hotel.
- 3) You may want to consider bringing a small backpack/tote on to the bus.





The bus ride is approximately 6.5 hours (405 miles)



#### WEAR:

1) Reasonably nice, but very comfortable shoes for walking (sneakers). We will be doing a lot of walking! This is not the time to break in a new pair of shoes or to show off your cute little ballerina flats.

Absolutely no flip-flops, sandals, open toed shoes, or high heels!

2) Dress appropriately for the weather. We are going even if it is raining. You want layers for warmth. A foul-weather jacket or raincoat. We will be out, and on the move all day long, both days. You will want comfortable layers

3) Pack gloves, scarf, hat, earmuffs, even your winter coat for the boat ride/whale watch.

. PROHIBITED: any clothing that does not meet the CCCSD Student Code of Conduct Dress Code.

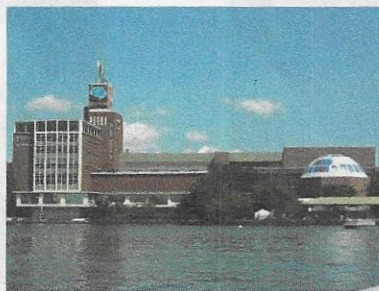
None of your clothing should have any inappropriate diagrams, pictures, sayings, slogans, etc...on them.

#### MONEY:

1) You will need money to pay for 3 (three) of your meals and any other snacks or souvenirs.

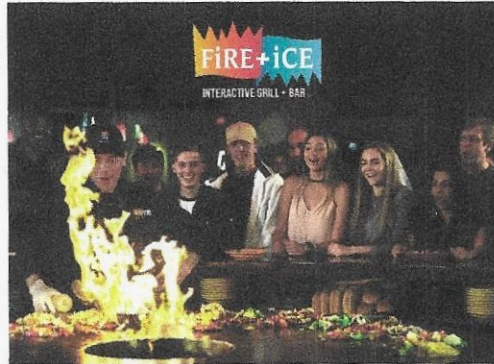
#### THINGS NOT TO BRING:

- 1) Alcohol, cigarettes, drugs, e-cigs, juuls, vapes, wax, etc...
- 2) Monster, Red Bull, or any other type of "energy" drinks.
- 3) Anything is glass: cologne, drinks, food, perfume, etc...
- 4) Flip-flops, high heels, open toed shoes, sandals.
- 5) Weapons of ANY sort.



**Thursday April 27, 2023**

- 7:00am Leave for Boston aboard a deluxe motor coach with a stop, en route, for lunch\*. The bus ride is approximately 6.5 hours (405 miles).
- 3:00pm Arrive at the Boston Museum of Science
- 5:30pm Dinner at Fire and Ice



- 7:15pm Shopping at Quincy Market
- 9:00pm Hotel Check-In. Double Tree Inn, 123 Old River Road, Andover, MA
- 10:00pm Pizza and soda at hotel
- 11:00pm Bed Check and Lights Out with Private Floor Security

**Friday April 28, 2023**

- 6:00am Breakfast at the Hotel
- 7:00am Hotel Check-Out and get on the bus
- 8:30-11:30am 7 Seas Whale Watch Cruise out of Gloucester, MA
- 11:45am Depart for Salem
- 12:15pm Lunch at Essex Deli-included, and free time in Salem
- 2:00pm Depart for Churchville-Chili Senior High School
- Rest Stop and pay for own dinner/meal\* enroute
- 10:00pm Estimated Time of Arrival back at school.

\*=This meal is not included. Bring cash! \$\$\$\$ for dinner on Friday.



# STUDENT TRAVEL PROTECTION PLAN

Travel Insurance & Global Assistance  
926401

## Travel Guard®



## Confidence makes a great traveling companion.

**Because no matter how hard you try, there are some things you just can't plan for.** Make sure you pack a Travel Guard Student Travel Protection Plan which provides valuable coverage, at an affordable price, and to help bring home amazing travel memories, not unexpected expenses due to travel mishaps.

### Travel Smart with Travel Guard.

You can be covered:

- if you incur medical expenses, for an unforeseen injury or sickness, during the course of your trip.
- if you have to return home early due to an unexpected emergency such as an illness or death in the family.
- if your luggage is lost or delayed, forcing you to purchase necessary essentials.
- if you need an emergency medical evacuation due to an accident or sudden illness.

To view a full listing of coverage benefits, please refer to the Policy of Insurance.

### Always there, 24/7.

Virtually anywhere you travel, in the event of a medical emergency or unexpected travel problem, we are never more than a phone call away.

- 24-hour emergency assistance
- Passport or ticket replacement assistance
- Prescription replacement assistance
- And more!

### QUESTIONS?

CALL TOLL-FREE:  
**1.877.254.8922**





## THIS IS A BRIEF DESCRIPTION OF COVERAGE – LIMITATIONS APPLY

Coverage may not be available in all states. Coverage varies by state. For complete coverage information and exclusions, please refer to the Policy of Insurance for your state of residency prior to purchase, by visiting [www.travelguard.com/policy/student](http://www.travelguard.com/policy/student).

### COVERAGE

Per Person	Maximum Limit Up To
Trip Cancellation <sup>1</sup>	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Interruption <sup>1</sup>	150% of Insured Trip Cost (Maximum of \$37,500)
Single Occupancy	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Delay	\$500 (Maximum of \$100 per day, 12 HRS)
Baggage Coverage	\$1,000 (Primary)
Baggage Delay	\$100 (24 HRS)
Travel Medical Expense/ Dental Expense	\$50,000 (Primary) \$500
Emergency Evacuation and Repatriation of Remains	\$500,000
Ancillary Evacuation Benefits (including Baggage Return, Return Transportation and Bedside Visit)	\$2,500
Non-flight Accidental Death & Dismemberment	\$30,000
Assistance Services <sup>2</sup> Travel Medical Assistance Worldwide Travel Assistance	Included

Expenses incurred from third-party vendors for assistance services not part of a filed insurance plan are the responsibility of the traveler.

- 1 Coverage only applicable to prepaid, non-refundable trip costs identified on the enrollment form and if the required plan cost has been paid.
- 2 Non-insurance services are provided by Travel Guard.
- 3 Cancel for Any Reason is available as a service to residents of NY.

### EXTRA COVERAGE

#### Pre-Existing Medical Condition Exclusion Waiver

(Policy must be purchased within 15 days of the Initial Trip Payment. Day one is the date the initial payment is received. If the policy is not purchased within 15 days of the Initial Trip Payment, then a 60-day look-back period applies. For residents of ID, MN and NY, the look-back period is 180-days.)

### OPTIONAL COVERAGE

#### Cancel for Any Reason, up to 50% of Trip Cost<sup>3</sup>

(Must be purchased within 15 days of Initial Trip Payment.)

Coverage available to U.S. residents of the U.S. states and District of Columbia only. This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms and conditions of this policy with those of your existing life, health, home and automobile insurance policies, as well as any coverage which may be available to you through your credit card program(s). If you have any questions about your current coverage, call your insurer or insurance agent or broker. Coverage is offered by Travel Guard Group, Inc (Travel Guard). California lic. no.0B93606, 3300 Business Park Drive, Stevens Point, WI 54482, [www.travelguard.com](http://www.travelguard.com). CA DOI toll free number: 800-927-HELP. This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions and termination provisions. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Avenue of the Americas, 37th FL, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states. Your travel retailer may not be licensed to sell insurance, and cannot answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. The purchase of travel insurance is not required in order to purchase any other product or service from the travel retailer. Travel assistance services provided by Travel Guard.



# CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT FIELD TRIP CHECKLIST

**Teacher/Advisor:** Please fill in all information requested below and utilize the check list to ensure that all required documents are included in your request. Include this form with your submission.

Club/Organization: CCSHS Band & Orchestra

Teacher/Advisor: Chipma Bezon/Wahl Administrator Attending: Jeff Smith(?)

Purpose: Performance Competition

Day: Fri-Sun Date: 4/28-4/30 Time: 3 days From: 8:00am Fri To: 5:00pm Sun

Lodging Accommodations (if overnight): Hotel

Chaperones: \* Allison Chipman, Stephanie Bezon, Andrea Ryan, Jeff Smith, parents TBD

Student/Parent/Chaperone Meeting Date(s) TBD

☒ Cost Estimates, including per student (include an attachment showing details)

☒ Itinerary (include an attachment showing details)

\* Refer to Policy 8460 **Field Trips** for restrictions regarding chaperones

**PLEASE SUBMIT THE FOLLOWING** (as applicable): Refer to policy regulation 8460R for detailed instructions.

☒ Field Trip Request form (8460F.1 for day trips or 8460F.2 for overnight or out-of-town)

☒ A copy of Field Trip Permission and Medication and Emergency Medical Treatment

Authorization form (8460F.3)

☒ Overnight/Out of Country Trip Agreement form (8460F.4) (for overnight or out of country field trips)

☒ Field Trip Behavioral Contract (8460F. 5)

☒ Only one of the three transportation forms listed below is required; submit the appropriate form.

*Please note: The District will not be able to provide busing the last 3 weeks of school.*

District Transportation Request Form (8460F.6)

Charter or Rental Vehicle Trip Information Form (8460F.7)

Insurance Verification Form (8460F.8)

☐ Field Trip Cancellation Contract (for overnight field trips only; refer to 8460R.1)

☐ Parent Letter/Student Responsibilities

## FOR BUILDING USE:

☐ Cafeteria Notification (if lunches will be affected)

☐ Attendance Office Notification

☐ Substitute Requests with Funding Source

**For Central Office Use only:** checklist/packet reviewed and all required documents are included

Signature Kathleen Wahl

Date: 10/7/22



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
OVERNIGHT/OUT-OF-COUNTRY FIELD TRIP REQUEST FORM**

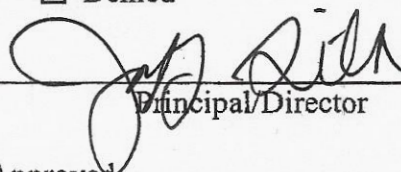
Date 9/14/22Club/Organization: CCSHS Band & OrchestraTeacher/Advisor: Chipman/Bezon/Wahl Administrator Attending Jeff SmithCurriculum Connection - explain: Performance Competition of curriculum/repertoire.Method of Transportation: Charter Bus

(Please complete appropriate transportation form 8460F6, 8460F7 or 8460F8)

Date(s): April 28-30, 2023 Day(s) of the week: Friday - SundayDeparture Time: 8:00am Friday Return Time: ~3:00pm SundayPoint of Departure/Return: Door 60Destination: Hershey, PAItinerary: (see attached)Insurance Coverage: Yes, trip and vehicle insurance.Estimated Cost: \$595.00

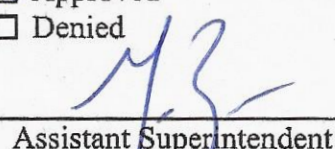
(\$5.75 per mile to and from destination per bus; MapQuest or Google map must be attached. Bus capacity is 44 Adults, or 66 Students and the minimum trip charge is \$70).

Funding Sources: Fundraisers, Band Accounts, students/parents # of Students Attending ~70Chaperones (staff only) Allison Chipman, Stephanie Bezon, Andrea Ryan, Jeff SmithParent Volunteer Help: TBD, ~8-10 parentsSubstitute Needed: ☐ Yes ☒ No If yes, how many? \_\_\_\_\_
☒ Approved  
☐ Denied



Principal/Director

☒ Approved  
☐ Denied



Assistant Superintendent

☐ Approved  
☐ Denied

Superintendent/Designee

BOE Approval Date \_\_\_\_\_

Copy to: Office of Instruction

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**  
**FIELD TRIP PERMISSION AND**  
**MEDICATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Part I to be completed by field trip advisor. Parents/guardians are asked to complete Parts II, III, and IV of this permission form including the medication authorization section as necessary.

**PART I - Information for Field Trip:**

Destination: Hershey, PA Date: April 28-30, 2023

Time: 8:00am to ~3:00pm Cost to Student: \$595.00

Mode(s) of Transportation: ☐ District Bus ☒ Charter or Rental Vehicle ☐ Airplane

Activities of Trip Performance Competition, Awards Ceremony, Hershey Park,  
Tour of Hershey Factory, ZooAmerica

**PART II - Parent/Guardian Permission**

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the field trip as outline above as part of his/her school experience. I understand that the District Code of Conduct will be in effect at all times. The student may be removed from the trip for disciplinary, attendance, or grade issues that occur before the departure date as per the District Code of Conduct.

The student agrees to follow all school rules and guidance, including the Code of Conduct, prior to and during the trip. By signing, the student agrees to the rules and expectations, and consequences for any behaviors that violate the Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III - Medical Information**

If you have a student attending this field trip who will need to possess prescription or over the counter medication while on the trip, please complete Part IV of this form along with a duly executed prescription and/or doctor's order, which must be on file prior to the commencement of the field trip in order for the student to take medications with him/her on the trip.

- A. In case of an emergency, I understand that every effort will be made to contact me. If the school is unable to reach me, I hereby give the school permission, through my signature below, to act on my behalf in seeking emergency treatment for my child in the event such treatment is necessary and give my permission to those administering emergency treatment to do so using the measures necessary.



B. My child is **allergic** to the following medications: \_\_\_\_\_

C. My child has a **special medical problem** (if none so state, if yes, specify) \_\_\_\_\_

D. My child is currently under **medical care**. Please describe nature of illness and treatment. Mark N/A if not applicable. \_\_\_\_\_

E. Date of last tetanus vaccination \_\_\_\_\_

#### PART IV – Medication Authorization

**NOTE:** A physician's written order and parent/guardian written permission is required for not only prescription medications but over-the-counter medications as well.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication	Dosage	Time/Frequency

*Note: If more lines are required, please attach a form listing medication and dosage information.*

Check one:

- ☐ **Student may self-administer** (i.e. inhalers, epi-pen, and insulin). In the event that the need arises to self-administer Epinephrine or with administration of any injectable, the student must notify their assigned chaperone.
- ☐ **I will personally attend the field trip to administer the medication.**
- ☐ **I have designated** \_\_\_\_\_, my friend, family member, household member or other relationship appropriate in accordance with N.Y. Education Law §6908 (...providers, employees or caregivers acting under the direction and authority of a parent of a child, legal guardian, legal custodian, or an adult in whose care a child has been entrusted and who has been authorized by the parent to consent to any health care for the child...) to administer the above-listed medication(s) to my child at the school-sponsored event listed at the beginning of this form. I acknowledge that Churchville-Chili Central School District will not be liable for any problems that may arise as a result of the administration of such medication by the designee.
- ☐ **Student will require a licensed health professional to administer his/her medication.**



Physician's Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**PART V – Parent/Guardian Contact Information in Event of Emergency**

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Emergency number if unable to reach parent(s) / guardian(s):

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Policy - Provider \_\_\_\_\_

Policy # \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, being the parent/legal guardian of \_\_\_\_\_, understand that trip chaperones will make every effort to contact me, but in the event that emergency treatment is necessary, I hereby authorize medical treatment on behalf of my child. I release the Churchville-Chili Central School District and district personnel from any claims or causes of action arising out of injuries that my child may sustain in connection with the field trip.

Parent/Guardian Signature \_\_\_\_\_

*\*\*If notarization is required, please wait to sign until you are in front of a notary public.*

Print or type name of person signing: \_\_\_\_\_

Notary Stamp

**\*\*Notarization Required for Out of Country/Overnight Field Trips Only**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public, State of New York \_\_\_\_\_ Expires \_\_\_\_\_

Created: 6/13/2017

Revised: 9/18/2018, Reviewed: 1/14/2020

Refer to: N.Y. Education Law § 6098(1)

## CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT OVERNIGHT/OUT OF COUNTRY TRIP AGREEMENT

The undersigned individuals hereby acknowledge and agree to the following:

The Churchville-Chili Central School District ("District") is providing the opportunity for the students to participate in a trip sponsored by the District. Since this trip will result in students leaving the District environ and traveling to and visiting places which the District considers to have educational value, there will be certain times when the student will be independent of District's supervision. When students are in their hotel rooms, for example, it is not possible to provide constant supervision. Curfews, however, will be enforced. It is important for the students and parents to acknowledge and accept that this is the type of supervision that will be provided by the District.

Additionally, the type of trip the student is participating in requires travel and overnight accommodations in another city. There are inherent risks involved in any type of overnight travel. These risks include, but are not limited to, accidents of the common carrier, theft of property, and inclement weather forcing a shortening or canceling of the trip. Additionally, the undersigned must understand that when either visiting other cities, especially overseas, that travel in a group or individually may be dangerous. The parents and students must accept such risks before the travel begins. By signing this Agreement, the undersigned parent and/or student agree not to hold the District liable for any dangers associated with travel to other cities and/or overseas.

The Board of Education reserves the right to cancel a field trip **at any time**, particularly if security and safety is in doubt. In the event a field trip is cancelled, the District **will not** be responsible for reimbursing any deposits or expenses incurred by students, parents or staff unless the District receives reimbursement from a third party vendor or supplier. The trip's sponsors and the parent(s)/guardian(s) are responsible for obtaining trip cancellation insurance and this expense must be included as part of the overall cost of the trip. No refund will be made if a participant's involvement is terminated during the trip due to behavioral issues.

Laws and customs of other nations may vary from our own. Regardless of local regulations, students will neither purchase nor use alcohol, tobacco or controlled substances of any kind at the time of, or during the trip. In addition, the student is expected to comply with all of the expectations outlined in the Churchville-Chili CSD Code of Conduct and to comply with the requests of adult chaperones at all times. Failure to do so will result in appropriate discipline action, including the prohibition of any further participation in the trip by a student violating the Code of Conduct. The parent or guardian signing below hereby agrees that he or she will promptly transport the student home after notification of a violation of the Code of Conduct, at the parent or guardian's sole expense.

To the extent that the undersigned student is a minor, it is understood by this Agreement that the parents will assume all risks, and further, the parent will agree to indemnify the District for any claim arising out of the trip or arising based in whole or in part in a failure of adequate supervision brought by or on behalf of the student now and in the future.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(must sign in front of a notary public)

\_\_\_\_\_  
printed name of parent/guardian

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of New York Expires: \_\_\_\_\_

Notary Stamp:



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT****FIELD TRIP BEHAVIORAL CONTRACT*****To be completed by the student:***

I, \_\_\_\_\_, a student with the Churchville-Chili Central School District (the  
(printed student name)

"District"), seek to attend a field trip with the District to Hershey, PA

on April 28-30, 2023. By signing this Contract, I declare that I recognize that the District Code of Conduct applies to all activities on the field trip that I seek to attend. I will comply with all provisions within the District Code of Conduct, and recognize that any violation of the District Code of Conduct may result in my discipline as outlined in the Code of Conduct or my transport away from the trip and prohibition from continuing participation. If, as a result of my behavior, the District decides to preclude my further participation in the trip, I recognize that my parent or guardian will be telephoned and asked to pick me up for transport away from the trip, at their cost.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

***To be completed by the parent or guardian of a participating student:***

I, \_\_\_\_\_, parent or guardian of the above-named student, recognize that I  
(printed name of parent or legal guardian)

will be responsible for transporting the student home from the trip in the event that I am contacted to do so as a result of his or her violation of the District Code of Conduct. I acknowledge that I will be accessible for a telephone call during the course of the trip and will transport the student promptly after receipt of a telephone call, at my own cost.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number



CHURCHVILLE-CHILI CENTRAL SCHOOL  
TRANSPORTATION DEPARTMENT

## CHARTER OR RENTAL VEHICLE TRIP INFORMATION FORM

SCHOOL High School TEACHER/ADVISOR Allison Chipman  
CLASS/ORGANIZATION Music Dept.  
DESTINATION Hershey, Pa  
DATE OF DEPARTURE April 28 DATE OF RETURN April 30  
CHARTER OR RENTAL COMPANY First Choice Educational Tours  
ADDRESS Box 950 Batavia, Ny 14020  
COMPANY PHONE NUMBER 585-343-1313 (Joanna Ruffino)

HOW MANY STUDENTS AND PARENTS GOING ON TRIP?

STUDENTS 65  
PARENTS 8  
STAFF/FACULTY 3

IF RENTAL, DESCRIBE VEHICLE 2-56 passenger motorcoaches from  
Fitz Gerald Brothers-

Please note that 15 passenger vehicles require the driver to have a CDL license.

Any staff driving rental vehicles must complete the Insurance Verification form 8460F8

*19A information will be sent over week before, once  
drivers are assigned. Bus company will set up with  
TRANSPORTATION - DAY of inspection*

*A copy of this form must be turned in to the Director of Transportation at least 4 weeks  
prior to the trip's initial departure date.*

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Specialists in Student Travel



---

## CHURCHVILLE CHILI HIGH SCHOOL HERSHEYPARK PROPOSED ITINERARY APRIL 28-29-30, 2023

### FRIDAY, APRIL 28<sup>TH</sup>

- 6:30 A.M. MOTORCOACHES ARRIVE FOR INSPECTION
- 7:00 A.M. 2 – 56 PASSENGER MOTOR COACHES ARRIVE FOR LOADING AT:  
**CHURCHVILLE-CHILI HIGH SCHOOL  
5786 BUFFALO ROAD  
CHURCHVILLE, NY**
- 8:00 A.M. DEPART FOR HERSHEY, PA  
REST/PAY ON OWN MEAL STOPS WILL BE MADE ENROUTE
- 2:00-3:30 P.M. ARRIVE AT THE HERSHEY ZOO AMERICA
- 4:30 P.M. CHECK INTO THE HOTEL: (IF TIME ALLOWS/PENDING FESTIVAL PERFORMANCE  
TIMES)  
HOLIDAY INN EXPRESS/HARRISBURG, PA
- TBA DEPART THE HOTEL:
- TBA ARRIVE AT \_\_\_\_\_ FOR EVENING MUSIC IN THE PARKS PERFORMANCE
- TBA DINNER VOUCHER AT HERSHEY CHOCOLATE WORLD WITH TIME TO SHOP
- 9:30 P.M. RETURN TO THE HOTEL
- PRIVATE SECURITY WILL BE PROVIDED EACH NIGHT**

### SATURDAY, APRIL 29<sup>TH</sup>

- 8:00 A.M. BREAKFAST AT THE HOTEL
- 9:00 A.M. DEPART FOR HERSHEY PARK
- 10:00 A.M. - MUSIC IN THE PARK ACTIVITIES TO INCLUDE
- TIME TO ENJOY THE PARK
  - AWARDS CEREMONY
  - BUFFET PICNIC PROVIDED FOR LUNCH, DINNER AT YOUR OWN EXPENSE
- 9:00 P.M. DEPART FOR THE HOTEL
- RETURN TO THE HOTEL

---

#### Location & Mailing Address

36 Ellicott Street Suite A  
PO Box 950  
Batavia, NY 14021

#### Phone Number

585-343-1313

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Specialists in Student Travel



---

## **SUNDAY, APRIL 30<sup>TH</sup>**

8:00 A.M. BREAKFAST AT THE HOTEL

9:00 A.M. CHECK OUT AND DEPART THE HOTEL

*LUNCH STOP AT YOUR EXPENSE WILL BE MADE EN ROUTE HOME*

3:00 P.M. RETURN TO CHURCHVILLE CHILI HIGH SCHOOL DOOR 60

Price Per Person: \$595.00 based on quad occupancy  
\$625.00 based on triple occupancy  
\$689.00 based on double occupancy

All rates include Cancel For Any Reason Travel Guard trip insurance coverage, round trip deluxe motorcoach transportation, driver's tip, First Choice Educational Tour Manager and listed inclusions as outlined in the itinerary.

This quote is based on a minimum of 70 paying passengers and 4 comps at double occupancy and one at single occupancy.

This quote is subject to availability at the time of booking. Once you receive BOE approval let us know and we will secure reservations and get you out a contract and student registration forms.

Sincerely,

Joanna Ruffino, CTIS  
First Choice Educational Tours

---

### **Location & Mailing Address**

36 Ellicott Street Suite A  
PO Box 950  
Batavia, NY 14021

### **Phone Number**

585-343-1313

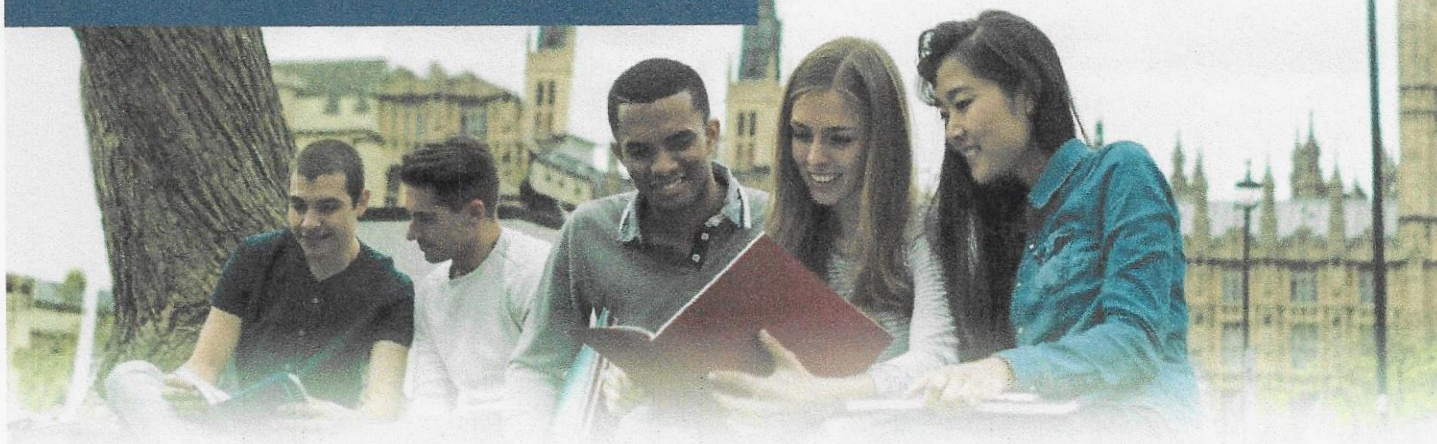


# STUDENT TRAVEL PROTECTION PLAN

Travel Insurance & Global Assistance

926401

## Travel Guard®



## Confidence makes a great traveling companion.

**Because no matter how hard you try, there are some things you just can't plan for.** Make sure you pack a Travel Guard Student Travel Protection Plan which provides valuable coverage, at an affordable price, and to help bring home amazing travel memories, not unexpected expenses due to travel mishaps.

### Travel Smart with Travel Guard.

You can be covered:

- if you incur medical expenses, for an unforeseen injury or sickness, during the course of your trip.
- if you have to return home early due to an unexpected emergency such as an illness or death in the family.
- if your luggage is lost or delayed, forcing you to purchase necessary essentials.
- if you need an emergency medical evacuation due to an accident or sudden illness.

To view a full listing of coverage benefits, please refer to the Policy of Insurance.

### Always there, 24/7.

Virtually anywhere you travel, in the event of a medical emergency or unexpected travel problem, we are never more than a phone call away.

- 24-hour emergency assistance
- Passport or ticket replacement assistance
- Prescription replacement assistance
- And more!

### QUESTIONS?

CALL TOLL-FREE:  
**1.877.254.8922**





## THIS IS A BRIEF DESCRIPTION OF COVERAGE – LIMITATIONS APPLY

Coverage may not be available in all states. Coverage varies by state. For complete coverage information and exclusions, please refer to the Policy of Insurance for your state of residency prior to purchase, by visiting [www.travelguard.com/policy/student](http://www.travelguard.com/policy/student).

### COVERAGE

Per Person	Maximum Limit Up To
Trip Cancellation <sup>1</sup>	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Interruption <sup>1</sup>	150% of Insured Trip Cost (Maximum of \$37,500)
Single Occupancy	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Delay	\$500 (Maximum of \$100 per day, 12 HRS)
Baggage Coverage	\$1,000 (Primary)
Baggage Delay	\$100 (24 HRS)
Travel Medical Expense/ Dental Expense	\$50,000 (Primary) \$500
Emergency Evacuation and Repatriation of Remains	\$500,000
Ancillary Evacuation Benefits (including Baggage Return, Return Transportation and Bedside Visit)	\$2,500
Non-flight Accidental Death & Dismemberment	\$30,000
Assistance Services <sup>2</sup> Travel Medical Assistance Worldwide Travel Assistance	Included

Expenses incurred from third-party vendors for assistance services not part of a filed insurance plan are the responsibility of the traveler.

- 1 Coverage only applicable to prepaid, non-refundable trip costs identified on the enrollment form and if the required plan cost has been paid.
- 2 Non-insurance services are provided by Travel Guard.
- 3 Cancel for Any Reason is available as a service to residents of NY.

### EXTRA COVERAGE

#### Pre-Existing Medical Condition Exclusion Waiver

(Policy must be purchased within 15 days of the Initial Trip Payment. Day one is the date the initial payment is received. If the policy is not purchased within 15 days of the Initial Trip Payment, then a 60-day look-back period applies. For residents of ID, MN and NY, the look-back period is 180-days.)

### OPTIONAL COVERAGE

#### Cancel for Any Reason, up to 50% of Trip Cost<sup>3</sup>

(Must be purchased within 15 days of Initial Trip Payment.)

Coverage available to U.S. residents of the U.S. states and District of Columbia only. This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms and conditions of this policy with those of your existing life, health, home and automobile insurance policies, as well as any coverage which may be available to you through your credit card program(s). If you have any questions about your current coverage, call your insurer or insurance agent or broker. Coverage is offered by Travel Guard Group, Inc (Travel Guard). California lic. no.0B93606, 3300 Business Park Drive, Stevens Point, WI 54482, [www.travelguard.com](http://www.travelguard.com). CA DOI toll free number: 800-927-HELP. This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions and termination provisions. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Avenue of the Americas, 37th FL, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states. Your travel retailer may not be licensed to sell insurance, and cannot answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. The purchase of travel insurance is not required in order to purchase any other product or service from the travel retailer. Travel assistance services provided by Travel Guard.

# **Churchville-Chili Central School District**

**139 Fairbanks Road, Churchville, NY 14428      (585) 293-1800**

To: Loretta Orologio  
From: Michael Murray, Director of PE, Health & Athletics  
Date: October 11, 2022  
Re: Alpine Skiing Incomplete Team Request

I would like to request that our Board of Education approve of allowing one Churchville-Chili student to participate as an incomplete team in the sport of varsity alpine skiing with Fairport for the 2022-23 school year during the winter season. If approved, this will be the 3<sup>rd</sup> consecutive year we have done this and it has worked out very well in the past.

The student's name is Alexandra Percassi who is a 11<sup>th</sup> grade student here. Alexandra would fully participate as a Churchville-Chili student, but attend all practices and meets with the Fairport team. The student and her family will be fully responsible for transportation to and from practices and meets. The students would fully fall under the Churchville-Chili school district insurance plan.

The Fairport Athletic Director has agreed to accept this student and will be seeking approval from their Board of Education as well. The coach from Fairport will be Chris Barker.

Thank you for your consideration of this request.





# Churchville-Chili Central School District

*Where learning leads to a lifetime of opportunities*

**Michael Murray**

*Director of Health, PE &  
Athletics, x3110  
mmurray@cccsd.org*

**To: Giulio Bosco, Assistant Superintendent for Instruction**  
**From: Michael Murray** *M.M.*  
**Re: Overnight Hockey Trip**  
**Date: September 13, 2022**

The varsity hockey team has submitted a request for an overnight trip to the Plattsburgh/Lake Placid area to participate in two hockey games. The preliminary information is attached.

I would like to recommend that the Board of Education please approve of this trip. Once the trip is fully booked, the coach will definitely secure all other necessary paperwork prior to departing.

Thank you for your consideration of this request.

# CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT FIELD TRIP CHECKLIST

**Teacher/Advisor:** Please fill in all information requested below and utilize the check list to ensure that all required documents are included in your request. Include this form with your submission.

Club/Organization: Varsity Hockey Team \_\_\_\_\_

Teacher/Advisor: Coach Young Administrator Attending: N/A

Purpose: Varsity Hockey Games \_\_\_\_\_

Day: Fri-Sun \_\_\_ Date: 01/13-15/23 \_\_\_ Time: TBD \_\_\_ From: Fri 8am \_\_\_ To: Sun 6pm \_\_\_

Lodging Accommodations (*if overnight*): Fairfield Inn & Suites 579 Route 3 Plattsburgh NY 12901 \_\_\_

Chaperones: \* Coach Young, Coach Kuntz, Coach Nau (anticipated volunteer assistant coach) \_\_\_\_\_

Student/Parent/Chaperone Meeting Date(s) Parent Meeting- Nov 2022. After team is chosen

\_\_\_ \$12,300, \$512/ps \_\_\_ Cost Estimates, including per student (include an attachment showing details)

\_\_\_ See attached \_\_\_ Itinerary (include an attachment showing details)

\* Refer to Policy 8460 **Field Trips** for restrictions regarding chaperones

**PLEASE SUBMIT THE FOLLOWING** (as applicable): Refer to policy regulation 8460R for detailed instructions.

☒ Field Trip Request form (8460F.1 for day trips **or** 8460F.2 for overnight or out-of-town)

☒ A copy of Field Trip Permission and Medication and Emergency Medical Treatment Authorization form (8460F.3)

☒ Overnight/Out of Country Trip Agreement form (8460F.4) (*for overnight or out of country field trips*)

☒ Field Trip Behavioral Contract (8460F. 5)

☒ Only **one** of the three transportation forms listed below is required; submit the appropriate form.

Please note: **The District will not be able to provide busing the last 3 weeks of school.**

District Transportation Request Form (8460F.6)

☒ Charter or Rental Vehicle Trip Information Form (8460F.7)

Insurance Verification Form (8460F.8)

In progress ☐ Field Trip Cancellation Contract (for overnight field trips only; refer to 8460R.1)

☒ Parent Letter/Student Responsibilities

FOR BUILDING USE:

\_\_\_ Cafeteria Notification (if lunches will be affected)

\_\_\_ Attendance Office Notification \_\_\_ Substitute Requests with Funding Source

**For Central Office Use only:** checklist/packet reviewed and all required documents are included

Signature Kathy W...

Date: 9/14/22

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
OVERNIGHT/OUT-OF-COUNTRY FIELD TRIP REQUEST FORM**

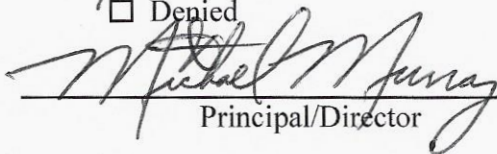
Date 09.10.22Club/Organization: Churchville Chili Varsity Hockey TeamTeacher/Advisor: Coach Young Administrator Attending NACurriculum Connection - explain: Varsity Hockey GamesMethod of Transportation: Charter Bus

(Please complete appropriate transportation form 8460F.6, 8460F.7 or 8460F.8)

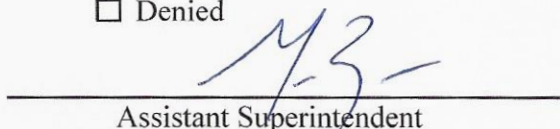
Date(s): 01/13-15/2023 Day(s) of the week: Friday-SundayDeparture Time: Friday 01/13/23 8am Return Time: 01/15/23 6pmPoint of Departure/Return: Exit 44 of the MST buildingDestination: Plattsburgh and Lake Placid NYItinerary: See attached

Insurance Coverage: \_\_\_\_\_

Estimated Cost: \$3,800 for hotel (15 rooms, two nights) \$8,500 for Trailways bus (three days)(\$5.75 per mile to **and from destination per bus**; MapQuest or Google map must be attached. Bus capacity is 44 Adults, or 66 Students and the minimum trip charge is \$70).Funding Sources: District to pay up front, Booster Club to reimburse. # of Students Attending Hockey TeamChaperones (staff only) Coach Young, Coach KuntzParent Volunteer Help: Coach Nau (anticipated volunteer coach), Deb Carr (Parent Rep)Substitute Needed: ☒ Yes ☐ No If yes, how many? 1
☒ Approved  
☐ Denied

  
 Principal/Director

☒ Approved  
☐ Denied

  
 Assistant Superintendent

☐ Approved  
☐ Denied Superintendent/Designee

BOE Approval Date \_\_\_\_\_

Copy to: Office of Instruction



October 12, 2022

To Whom it May Concern:

Dear Churchville-Chili Administration

This letter is to advise that the Friends of Churchville Hockey (alumni) will be donating funds for the bus transportation for the trip to Plattsburgh & Lake Placid for the 2022-2023 varsity hockey team.

Sincerely,

Kevin Clar

Digitally signed by  
Kevin Clar  
Date: 2022.10.12  
20:07:12 -04'00'

Kevin Clar

Friends of Churchville Hockey

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**  
**FIELD TRIP PERMISSION AND**  
**MEDICATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Part I to be completed by field trip advisor. Parents/guardians are asked to complete Parts II, III, and IV of this permission form including the medication authorization section as necessary.

**PART I - Information for Field Trip:**

Destination: Plattsburgh/Lake Placid - Hockey Trip Date: 01/13-15/2023

Time: 8am Friday to 6pm Sunday Cost to Student: \$0.00

Mode(s) of Transportation: ☐ District Bus ☒ Charter or Rental Vehicle ☐ Airplane

Activities of Trip Hockey Games

**PART II – Parent/Guardian Permission**

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the field trip as outline above as part of his/her school experience. I understand that the District Code of Conduct will be in effect at all times. The student may be removed from the trip for disciplinary, attendance, or grade issues that occur before the departure date as per the District Code of Conduct.

The student agrees to follow all school rules and guidance, including the Code of Conduct, prior to and during the trip. By signing, the student agrees to the rules and expectations, and consequences for any behaviors that violate the Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III – Medical Information**

If you have a student attending this field trip who will need to possess prescription or over the counter medication while on the trip, please complete Part IV of this form along with a duly executed prescription and/or doctor's order, which must be on file prior to the commencement of the field trip in order for the student to take medications with him/her on the trip.

- A. In case of an emergency, I understand that every effort will be made to contact me. If the school is unable to reach me, I hereby give the school permission, through my signature below, to act on my behalf in seeking emergency treatment for my child in the event such treatment is necessary and give my permission to those administering emergency treatment to do so using the measures necessary.



- B. My child is **allergic** to the following medications: \_\_\_\_\_  
 \_\_\_\_\_
- C. My child has a **special medical problem** (if none so state, if yes, specify)  
 \_\_\_\_\_
- D. My child is currently under **medical care**. Please describe nature of illness and treatment.  
 Mark N/A if not applicable.  
 \_\_\_\_\_
- E. Date of last tetanus vaccination \_\_\_\_\_

#### PART IV – Medication Authorization

**NOTE:** A physician's written order and parent/guardian written permission is required for not only prescription medications but over-the-counter medications as well.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication	Dosage	Time/Frequency

*Note: If more lines are required, please attach a form listing medication and dosage information.*

Check one:

- ☐ **Student may self-administer** (i.e. inhalers, epi-pen, and insulin). In the event that the need arises to self-administer Epinephrine or with administration of any injectable, the student must notify their assigned chaperone.
- ☐ **I will personally attend the field trip to administer the medication.**
- ☐ **I have designated** \_\_\_\_\_, my friend, family member, household member or other relationship appropriate in accordance with N.Y. Education Law §6908 (...*providers, employees or caregivers acting under the direction and authority of a parent of a child, legal guardian, legal custodian, or an adult in whose care a child has been entrusted and who has been authorized by the parent to consent to any health care for the child...*) to administer the above-listed medication(s) to my child at the school-sponsored event listed at the beginning of this form. I acknowledge that Churchville-Chili Central School District will not be liable for any problems that may arise as a result of the administration of such medication by the designee.
- ☐ **Student will require a licensed health professional to administer his/her medication.**



Physician's Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**PART V – Parent/Guardian Contact Information in Event of Emergency**

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Emergency number if unable to reach parent(s) / guardian(s):

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Policy - Provider \_\_\_\_\_

Policy # \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, being the parent/legal guardian of  
\_\_\_\_\_, understand that trip chaperones will make every effort to  
contact me, but in the event that emergency treatment is necessary, I hereby authorize medical treatment  
on behalf of my child. I release the Churchville-Chili Central School District and district personnel from  
any claims or causes of action arising out of injuries that my child may sustain in connection with the field  
trip.

Parent/Guardian Signature \_\_\_\_\_

*\*\*If notarization is required, please wait to sign until you are in front of a notary public.*

Print or type name of person signing: \_\_\_\_\_

Notary Stamp

***\*\*Notarization Required for Out of Country/Overnight Field Trips Only***

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public, State of New York \_\_\_\_\_ Expires \_\_\_\_\_

Refer to: N.Y. Education Law § 6098(1)

Revised: 6/13/2017, 9/18/2018

## CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT OVERNIGHT/OUT OF COUNTRY TRIP AGREEMENT

The undersigned individuals hereby acknowledge and agree to the following:

The Churchville-Chili Central School District ("District") is providing the opportunity for the students to participate in a trip sponsored by the District. Since this trip will result in students leaving the District environ and traveling to and visiting places which the District considers to have educational value, there will be certain times when the student will be independent of District's supervision. When students are in their hotel rooms, for example, it is not possible to provide constant supervision. Curfews, however, will be enforced. It is important for the students and parents to acknowledge and accept that this is the type of supervision that will be provided by the District.

Additionally, the type of trip the student is participating in requires travel and overnight accommodations in another city. There are inherent risks involved in any type of overnight travel. These risks include, but are not limited to, accidents of the common carrier, theft of property, and inclement weather forcing a shortening or canceling of the trip. Additionally, the undersigned must understand that when either visiting other cities, especially overseas, that travel in a group or individually may be dangerous. The parents and students must accept such risks before the travel begins. By signing this Agreement, the undersigned parent and/or student agree not to hold the District liable for any dangers associated with travel to other cities and/or overseas.

The Board of Education reserves the right to cancel a field trip **at any time**, particularly if security and safety is in doubt. In the event a field trip is cancelled, the District **will not** be responsible for reimbursing any deposits or expenses incurred by students, parents or staff unless the District receives reimbursement from a third party vendor or supplier. The trip's sponsors and the parent(s)/guardian(s) are responsible for obtaining trip cancellation insurance and this expense must be included as part of the overall cost of the trip. No refund will be made if a participant's involvement is terminated during the trip due to behavioral issues.

Laws and customs of other nations may vary from our own. Regardless of local regulations, students will neither purchase nor use alcohol, tobacco or controlled substances of any kind at the time of, or during the trip. In addition, the student is expected to comply with all of the expectations outlined in the Churchville-Chili CSD Code of Conduct and to comply with the requests of adult chaperones at all times. Failure to do so will result in appropriate discipline action, including the prohibition of any further participation in the trip by a student violating the Code of Conduct. The parent or guardian signing below hereby agrees that he or she will promptly transport the student home after notification of a violation of the Code of Conduct, at the parent or guardian's sole expense.

To the extent that the undersigned student is a minor, it is understood by this Agreement that the parents will assume all risks, and further, the parent will agree to indemnify the District for any claim arising out of the trip or arising based in whole or in part in a failure of adequate supervision brought by or on behalf of the student now and in the future.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(must sign in front of a notary public)

\_\_\_\_\_  
*printed name of parent/guardian*

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Expires: \_\_\_\_\_

Notary Public, State of New York

Notary Stamp:



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT****FIELD TRIP BEHAVIORAL CONTRACT*****To be completed by the student:***

I, \_\_\_\_\_, a student with the Churchville-Chili Central School District (the  
(printed student name)

“District”), seek to attend a field trip with the District to \_\_\_\_\_

on \_\_\_\_\_. By signing this Contract, I declare that I recognize that the District Code of Conduct applies to all activities on the field trip that I seek to attend. I will comply with all provisions within the District Code of Conduct, and recognize that any violation of the District Code of Conduct may result in my discipline as outlined in the Code of Conduct or my transport away from the trip and prohibition from continuing participation. If, as a result of my behavior, the District decides to preclude my further participation in the trip, I recognize that my parent or guardian will be telephoned and asked to pick me up for transport away from the trip, at their cost.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

***To be completed by the parent or guardian of a participating student:***

I, \_\_\_\_\_, parent or guardian of the above-named student, recognize that I  
(printed name of parent or legal guardian)

will be responsible for transporting the student home from the trip in the event that I am contacted to do so as a result of his or her violation of the District Code of Conduct. I acknowledge that I will be accessible for a telephone call during the course of the trip and will transport the student promptly after receipt of a telephone call, at my own cost.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number



**CHURCHVILLE-CHILI CENTRAL SCHOOL  
TRANSPORTATION DEPARTMENT**

**CHARTER OR RENTAL VEHICLE TRIP INFORMATION FORM**

SCHOOL Churchville-Chili Varsity Hockey Team TEACHER Coach Young  
TRIP TO Plattsburgh/Lake Placid NY DATE OF TRIP 01/13-15/23  
CHARTER OR RENTAL COMPANY Trailways of New York  
ADDRESS 186 Cumberland Street Rochester, NY 14609  
COMPANY PHONE NUMBER 800.776.7548

HOW MANY STUDENTS AND PARENTS GOING ON TRIP?

STUDENTS 24  
PARENTS 1 (Deb Carr, parent rep)  
STAFF/FACULTY Coach Young, Coach Kuntz, Terry Nau (anticipated volunteer coach)

IF RENTAL, DESCRIBE VEHICLE Charter Bus

---

**Please note that 15 passenger vehicles require the driver to have a CDL license.**

**Any staff driving rental vehicles must complete the Insurance Verification form.**

*A copy of this form should be returned to the Transportation Director, at least 4 weeks prior to the trip's initial date.*



*#Parent Letter*

## **Churchville-Chili Athletics Overnight Trip Behavior Contract**

1. Student-athletes are expected to conduct themselves in a mature and respectful manner during the entire trip.
2. Student-athletes are expected to follow the Churchville-Chili School code of conduct at all times.
3. Student-athletes will adhere to the expectations outlined in the Athlete Parent Athletic handbook under rules and procedures (pages 12-23) in effect but not limited to Bullying, Hazing, Social Media, Cell Phone usage, Drugs, Alcohol and Tobacco use and Personal Conduct.
4. All coaches and chaperones are in a position of authority and their instructions are to be followed/respected.
5. Student-athletes are expected to follow all team meeting times. No tardiness will be tolerated.
6. All team members will follow the team itinerary set by the coaching staff.
7. All portable electronics used for listening must have headphones on the bus.
8. Student-athletes are not allowed to make any room changes once room assignments are established.
9. Student-athletes are not allowed to make any room charges at the hotel or use the hotel phone for any calls.
10. Student-athletes must follow the curfew. There will be no calling other rooms or loud noise after curfew time. Lights out will be 30 minutes after curfew time.
11. Any damage to hotel property will be the responsibility of the student-athlete and individual family. The district, athletic department, and its respective employees and coaches will not be responsible for any damages or expenses caused by the student-athlete.
12. At the conclusion of the trip student-athletes will inform parents of the approximate return time to school.
13. All prescriptions and medications including over the counter must be given to and dispensed by the coach or chaperone, unless special permission has been given for the student-athlete to carry it themselves. Please check the date of your medications- no expired medications will be administered.
14. Any illegal activities will result in immediate dismissal from the trip. Parents will be responsible for immediate pick up of their student athlete in this case.
15. For safety and enjoyment of everyone on the trip, any student-athlete not abiding in or violating any of the above rules is subject to the following:
  - a. Minor infractions such as failure to follow direction, disruptive behavior, breaking curfew, inappropriate behavior will result in limited freedom for the remainder of the trip and is subject to penalties under team rules and/or athletic department conduct rules. In addition, your participation in the tournament and rooming assignments are subject to change.
  - b. Major infractions such as possession and/or use of alcohol or any non-prescription drugs, smoking, vaping, destruction of property, or any unlawful actions will result in parents receiving a call from the coach. Parents may be asked to come pick up their student-athlete if it is determined to be in the best interest of the group and/or the safety of the student-athlete. Upon return from the trip to Churchville-Chili student-athletes will be subject to disciplinary actions based on the school and athletics code of conduct policy as well as any final settlements needed to resolve any infractions.

## Itinerary for Varsity hockey trip to Plattsburg NY 1/13/2023 – 1/15/2023

---

### **1/13/23:**

8:00am - Depart from exit 44

4:00pm arrive at Fairfield inn, Plattsburg NY, Check in and room assignments.

5:00pm depart for:

*AmeriCan North Sports Center*

*90 Sharron Ave.*

*Plattsburgh, NY 12901.*

7:00pm game vs Saranac

9:30pm depart for Fairfield Inn Hotel.

10:30pm curfew and room checks

### **1/14/23:**

9:00am team breakfast at hotel

11:00 depart for

*Rouses Point Civic Center*

*39 Lake St*

*Rouses Point, NY 12979*

1:00pm game vs NE Clinton

3:00pm bus departs for Lake Placid Olympic village for team dinner and sightseeing.

9:00pm Depart for Fairfield Inn Hotel

11:00pm Curfew and room checks

### **1/15/23:**

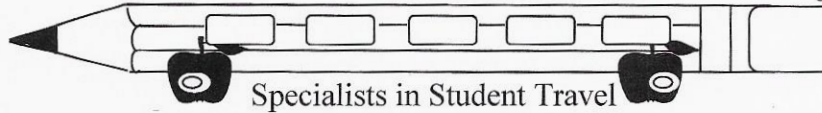
8:00am depart for return to Churchville-Chili High School, Exit 44 MS building.

4:00pm arrive home.



# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



CHURCHVILLE CHILI HS HOCKEY  
PLATTSBURG, NY  
JANUARY 13-15, 2023

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RESPONSIBILITY  
RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS - COVID-19  
FOR TRAVELING STUDENT**

I understand that the Center for Disease Control and Prevention (CDC) has issued safety guidelines. I certify that I have reviewed these guidelines (available on their [www.CDC.gov](http://www.CDC.gov)).

My child/dependent's participation on this trip is contingent upon the following being true the day of departure:

- They are not currently experiencing any symptoms of COVID-19 and are not currently undergoing treatment for COVID-19 or have been directed to self-quarantine.
- During the 14 days prior to trip participation, they have not come into close contact with anyone I know who is currently infected with COVID-19, undergoing treatment for COVID-19, who has been directed to self-quarantine or who has symptoms of COVID-19 and is awaiting a test or a test result.
- They will wear a face mask if required.

**ON THE DEPARTURE DATE OF THIS TRIP, I WILL CONFIRM THE ABOVE INFORMATION IS TRUE, IF RECONFIRMATION IS NOT AGREED TO, THEY WILL NOT BE ALLOWED TO BOARD THE MOTORCOACH.**

By signing this waiver, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that my child/dependent may be exposed to Covid-19 by participating in this group trip and that such exposure may result in contracting Covid-19. I understand and acknowledge that, at times during their participation on this trip (including but not limited to the travel on the motorcoach), they may not be able to maintain the recommended guidelines for social distancing of 6' (six feet) from other people.

Trip participants are responsible for their own safety and must show consideration for the safety of other participants. I agree to take full responsibility for their own actions, safety and welfare. I understand that non-compliance with these measures may result in them not being able to continue on this trip. I understand my child/dependent having symptoms during this trip would result in being removed from the group at my own expense.

I understand that my child's/dependent's participation on this trip is at my own risk and I hereby agree to indemnify, hold harmless, and release First Choice Travel, Inc., 1<sup>st</sup> Choice Educational Tours as well as their present, former and future owners, officers, directors and employees from all actions, suits, claims and demands, including but not limited to the actions for negligence, that my child/dependent or my heirs, executors, agents, administrators or assigns have or may have, either known or unknown, arising out of their participation on this trip.

**I HAVE READ THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RESPONSIBILITY, RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND FULLY UNDERSTAND ITS CONTENTS. I ENTER INTO IT OF MY OWN FREE WILL.**

**THE SIGNING OF THIS DOCUMENT IS A REQUIREMENT FOR MY CHILD'S/DEPENDENT'S PARTICIPATION ON THIS TRIP.**

\_\_\_\_\_  
Name of Traveling Student

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

**Mailing Address**

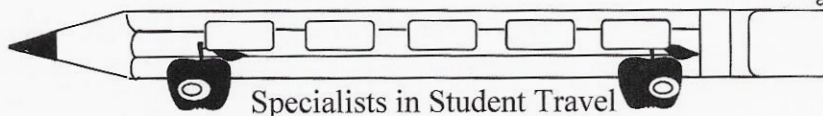
P. O. Box 950  
Batavia, NY 14021-0950

**Phone Number**

585-343-1313

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Page 1 of 2

## CONTRACT FOR CHURCHVILLE CHILI HS HOCKEY PLATTSBURG, NY JANUARY 13 – 15, 2023

### Your package includes:

Roundtrip transportation aboard one 52 passenger NY Trailways motor coach  
2 night's hotel accommodations – Fairfield Inn & Suites, Plattsburg, NY (14 rooms for team/staff)  
2 Grab N Go breakfasts at the hotel starting at 6:00 a.m.  
Hotel room for 2 nights for the motor coach driver  
Gratuities for motor coach driver  
All taxes and gratuities  
1<sup>st</sup> Choice Educational Tours will provide you with a Two Million Dollar Insurance Liability Coverage showing the school as additional insured  
Complimentary – 5 in single occupancy

### 1<sup>st</sup> Choice Educational Tours Policies & Procedures

**RATE INFORMATION:** All trips are priced based on your estimated number of participants. If the group size falls below the guaranteed number, prices will be adjusted accordingly. Prices reflect current fuel prices. The motor coach company, train, and/or airline company reserves the right to add a fuel surcharge to the final price if over the applicable service date fuel prices have increased significantly from the date of contract agreement. Initials \_\_\_\_\_

**PAYMENT TERMS:** A booking fee is required per person and calculated into the deposit to ensure space on a contracted trip. One day trip - \$25.00 / Two day trip - \$50.00 / Three day trip & over - \$75.00. The booking fee is non-refundable and non-transferable. Final payment is due 45 days prior to the trip departure date. If a trip is booked within 60 days of departure date, one lump sum payment will be required upon booking. Initials \_\_\_\_\_

**REFUNDS:** The booking fee is non-refundable and non-transferable. A person unable to attend the trip is encouraged to find a school approved replacement to avoid the loss of monies paid. Participants who cancel and do not arrange for a replacement will be sent a refund after the return of the trip equal to the value of the refundable unused meals and admissions. Transportation, lodging, prepaid admissions and all administrative booking fees are not refundable. Optional cancellation insurance is available and suggested. Initials \_\_\_\_\_

**RESPONSIBILITY:** 1<sup>st</sup> Choice Educational Tours, a division of First Choice Travel, Inc. acts as an agent for educational and travel related suppliers in all matters relevant to transportation, entertainment, attractions, sightseeing and other tour-related features. As an agent, 1<sup>st</sup> Choice Educational Tours has no control over the personnel, actions, facilities or equipment of such suppliers and accepts no responsibility or liability for loss, damage, personal injury, accident, inconvenience, delay or irregularity, regardless of the cause related to or during a trip. 1<sup>st</sup> Choice Educational Tours retains the right to substitute any tour component with another of comparable or better value. 1<sup>st</sup> Choice Educational Tours recommends cancellation insurance. Initials \_\_\_\_\_

### **TRIP COST PER PERSON:**

\$526.63 based on a minimum of 22 paying persons in quad occupancy using 1 motor coach including cancel for any reason insurance at a cost of \$31.63.  
Initials \_\_\_\_\_

### **PAYMENT SCHEDULE:**

Full payment of \$526.63 per paying person is due at 1<sup>st</sup> Choice Educational Tours on December 1, 2022 along with a registration form and Covid-19 release form  
Initials \_\_\_\_\_

### Mailing Address

P. O. Box 950  
Batavia, NY 14021-0950

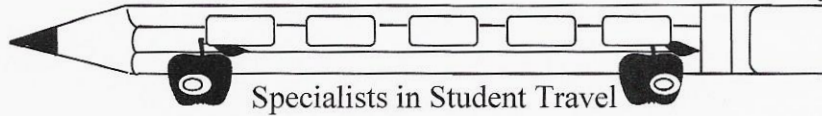
### Phone Number

585-343-1313



# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Any check returned by the bank for any reason will result in a \$20.00 service charge. Initials \_\_\_\_\_

Page 2 of 2

## CHURCHVILLE CHILI HS HOCKEY

Your rooming list with all travelers is due at 1<sup>st</sup> Choice Educational Tours on December 1, 2022.  
Initials \_\_\_\_\_

This contract must be signed and returned to 1<sup>st</sup> Choice Educational Tours prior to the payment of the deposit.

Your signature and initials indicate that you have read, fully understand and are in agreement with the terms and conditions. Initials \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Authorized Signature for **School District Name**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature for 1<sup>st</sup> Choice Educational Tours

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joanna Ruffino, Educational Group Sales

\_\_\_\_\_  
Date

### Mailing Address

P. O. Box 950  
Batavia, NY 14021-0950

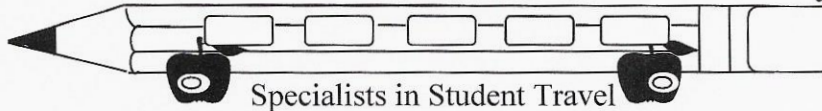
### Phone Number

585-343-1313



# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Page 1 of 2

**CHURCHVILLE CHILI HS HOCKEY  
TRIP REGISTRATION FORM FOR TRAVELING STUDENT  
PLATTSBURG, NY  
JANUARY 13 – 15, 2023**

**PRINT STUDENT'S LEGAL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**PARENT'S CELL PHONE:** \_\_\_\_\_

**PARENT'S EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**PRINT PARENT'S NAME:** \_\_\_\_\_

**VEGETARIAN:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**DIETARY RESTRICTIONS:** \_\_\_\_\_

## **1<sup>st</sup> Choice Educational Tours Policies & Procedures**

**RATE INFORMATION:** All trips are priced based on your estimated number of participants. If the group size falls below the guaranteed number, prices will be adjusted accordingly. Prices reflect current fuel prices. The motor coach company, train and/or airline company reserves the right to add a fuel surcharge to the final price if over the applicable service date fuel prices have increased significantly from the date of contract agreement. Initials \_\_\_\_\_

**PAYMENT TERMS:** A booking fee is required per person and calculated into the deposit to ensure space on a contracted trip. One day trip - \$25.00 / Two day trip - \$50.00 / Three day trip & over - \$75.00. The booking fee is non-refundable and non-transferable. Final payment is due at 1<sup>st</sup> Choice Educational Tours 60 days prior to the trip departure date. If a trip is booked within 60 days of the departure date, one lump sum payment will be required upon booking. Initials \_\_\_\_\_

### **Mailing Address**

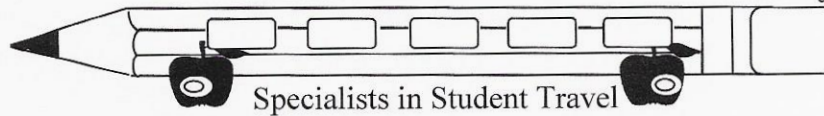
P. O. Box 950  
Batavia, NY 14021-0950

### **Phone Number**

585-343-1313

# 1<sup>ST</sup> CHOICE EDUCATIONAL TOURS

a division of First Choice Travel, Inc



Page 2 of 2

**REFUNDS:** The \$25.00 booking fee is non-refundable and non-transferable. A person unable to attend the trip is encouraged to find a school approved replacement to avoid the loss of monies paid. Participants who cancel and do not arrange for a replacement will be sent a refund after the return of the trip equal to the value of the refundable unused meals and admissions. Transportation, lodging, prepaid admissions, and all administrative booking fees are not refundable. Optional cancellation insurance is available and suggested. Initials \_\_\_\_\_

**RESPONSIBILITY:** 1<sup>st</sup> Choice Educational Tours, a division of First Choice Travel, Inc. acts as an agent for educational and travel related suppliers in all matters relevant to transportation, entertainment, attractions, sightseeing, and other tour-related features. As an agent, 1<sup>st</sup> Choice Educational Tours has no control over the personnel, facilities or equipment of such suppliers and accepts no responsibility or liability for loss, damage, personal injury, accident, inconvenience, delay or irregularity, regardless of the cause, related to or during a trip. 1<sup>st</sup> Choice Educational Tours retains the right to substitute any tour component with another of comparable or better value. 1<sup>st</sup> Choice Educational Tours recommends cancellation insurance. Initials \_\_\_\_\_

Any check returned by the bank for any reason will result in a \$20.00 service charge. Initials \_\_\_\_\_

Your signature and initials indicate that you have read, fully understand and are in agreement with the terms and conditions.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **IMPORTANT:**

**MAKE SURE TO INITIAL IN FIVE PLACES THEN SIGN. INCOMPLETE FORMS WILL NOT BE ACCEPTABLE.**

**NO STUDENT WILL BE REGISTERED FOR A TRIP WITHOUT THE COMPLETED AND SIGNED REGISTRATION FORM.**

### **Mailing Address**

P. O. Box 950  
Batavia, NY 14021-0950

### **Phone Number**

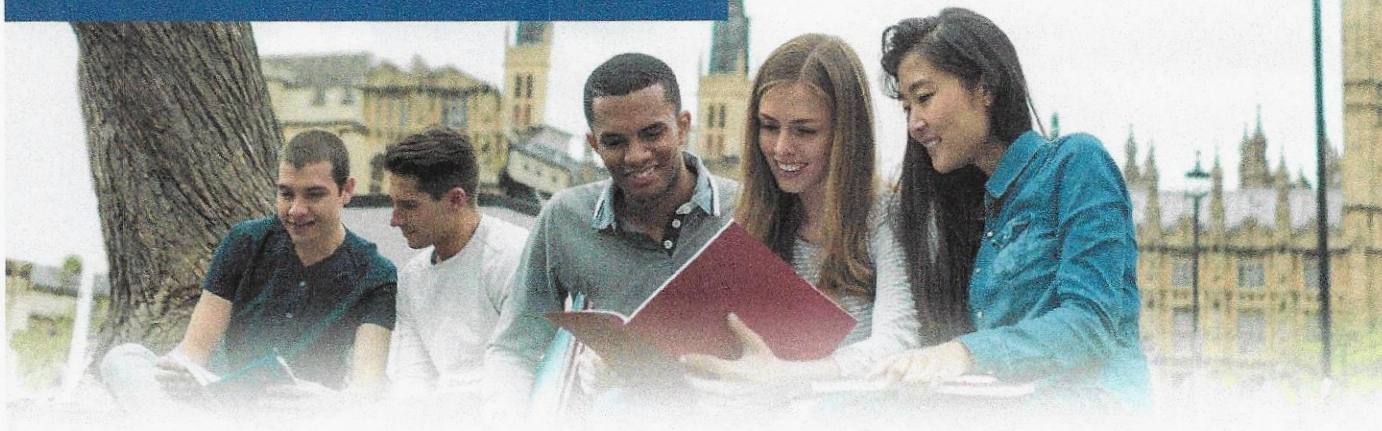
585-343-1313



# STUDENT TRAVEL PROTECTION PLAN

Travel Insurance & Global Assistance  
926401

## Travel Guard®



## Confidence makes a great traveling companion.

**Because no matter how hard you try, there are some things you just can't plan for.** Make sure you pack a Travel Guard Student Travel Protection Plan which provides valuable coverage, at an affordable price, and to help bring home amazing travel memories, not unexpected expenses due to travel mishaps.

### Travel Smart with Travel Guard.

You can be covered:

- if you incur medical expenses, for an unforeseen injury or sickness, during the course of your trip.
- if you have to return home early due to an unexpected emergency such as an illness or death in the family.
- if your luggage is lost or delayed, forcing you to purchase necessary essentials.
- if you need an emergency medical evacuation due to an accident or sudden illness.

To view a full listing of coverage benefits, please refer to the Policy of Insurance.

### Always there, 24/7.

Virtually anywhere you travel, in the event of a medical emergency or unexpected travel problem, we are never more than a phone call away.

- 24-hour emergency assistance
- Passport or ticket replacement assistance
- Prescription replacement assistance
- And more!

### QUESTIONS?

CALL TOLL-FREE:  
**1.877.254.8922**





## THIS IS A BRIEF DESCRIPTION OF COVERAGE – LIMITATIONS APPLY

Coverage may not be available in all states. Coverage varies by state. For complete coverage information and exclusions, please refer to the Policy of Insurance for your state of residency prior to purchase, by visiting [www.travelguard.com/policy/student](http://www.travelguard.com/policy/student).

### COVERAGE

Per Person	Maximum Limit Up To
Trip Cancellation <sup>1</sup>	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Interruption <sup>1</sup>	150% of Insured Trip Cost (Maximum of \$37,500)
Single Occupancy	100% of Insured Trip Cost (Maximum of \$25,000)
Trip Delay	\$500 (Maximum of \$100 per day, 12 HRS)
Baggage Coverage	\$1,000 (Primary)
Baggage Delay	\$100 (24 HRS)
Travel Medical Expense/ Dental Expense	\$50,000 (Primary) \$500
Emergency Evacuation and Repatriation of Remains	\$500,000
Ancillary Evacuation Benefits (including Baggage Return, Return Transportation and Bedside Visit)	\$2,500
Non-flight Accidental Death & Dismemberment	\$30,000
Assistance Services <sup>2</sup> Travel Medical Assistance Worldwide Travel Assistance	Included

Expenses incurred from third-party vendors for assistance services not part of a filed insurance plan are the responsibility of the traveler.

- 1 Coverage only applicable to prepaid, non-refundable trip costs identified on the enrollment form and if the required plan cost has been paid.
- 2 Non-insurance services are provided by Travel Guard.
- 3 Cancel for Any Reason is available as a service to residents of NY.

### EXTRA COVERAGE

#### Pre-Existing Medical Condition Exclusion Waiver

(Policy must be purchased within 15 days of the Initial Trip Payment. Day one is the date the initial payment is received. If the policy is not purchased within 15 days of the Initial Trip Payment, then a 60-day look-back period applies. For residents of ID, MN and NY, the look-back period is 180-days.)

### OPTIONAL COVERAGE

#### Cancel for Any Reason, up to 50% of Trip Cost<sup>3</sup>

(Must be purchased within 15 days of Initial Trip Payment.)

Coverage available to U.S. residents of the U.S. states and District of Columbia only. This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms and conditions of this policy with those of your existing life, health, home and automobile insurance policies, as well as any coverage which may be available to you through your credit card program(s). If you have any questions about your current coverage, call your insurer or insurance agent or broker. Coverage is offered by Travel Guard Group, Inc (Travel Guard). California lic. no.0B93606, 3300 Business Park Drive, Stevens Point, WI 54482, [www.travelguard.com](http://www.travelguard.com). CA DOI toll free number: 800-927-HELP. This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions and termination provisions. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Avenue of the Americas, 37th FL, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states. Your travel retailer may not be licensed to sell insurance, and cannot answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. The purchase of travel insurance is not required in order to purchase any other product or service from the travel retailer. Travel assistance services provided by Travel Guard.

# Student Services Update

Board of Education

October 25, 2022



## Related Services

- X Speech/Language Therapy (7.0)
- X Occupational Therapy (4.0)
- X Physical Therapy (2.0)
- X Music Therapy (.2)
- X Autism Consultation (.2 & 300 hours)
- X Vision Therapy
- X Orientation & Mobility
- X Audiology





# Speech/Language Services

- X Speech sound production
- X Speech Fluency
- X Receptive Language
- X Expressive Language
- X Pragmatic Language
- X Social Communication
- X Swallowing Disorders
- X Cognitive Delays



# Speech/Language Therapy

X Elementary - 104

X CES- 38

X CRS- 38

X FRS- 28

X Middle - 67

X High School - 27

= 198 total



# Occupational Therapy

- X Fine Motor Skills
- X Sensory Processing
- X Daily Living Skills
- X Impulsivity
- X Work Skills



# Occupational Therapy

- X Elementary - 82
  - X CES- 32
  - X CRS- 27
  - X FRS- 23
- X Middle School - 17
- X High School - 8

= 107

# Physical Therapy

- X Movement Dysfunction
- X Gross Motor Skills
- X Consult with Physical Education
- X Adaptations for movement across building
- X Ball Skills/Walking/Jumping

# Physical Therapy

X Elementary - 35

X CES- 15

X CRS- 10

X FRS- 10

X Middle School - 5

X High School - 2

= 42





## Other

- X Music Therapy - 2
- X Audiology - 15
- X Vision Services - 2
- X Teacher of the Deaf - 2
- X Autism Consult - 33
- X Orientation & Mobility - 4



Questions?

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**

139 Fairbanks Road  
Churchville, New York 14428

Board of Education Meeting  
October 25, 2022

Personnel Actions  
Page 1 of 3

Upon the recommendation of the Superintendent of Schools, the following personnel actions shall be approved:

**I. RESIGNATIONS**

A. Certified - none

B. Classified

**Laura Volta**, employed by the District as an Office Clerk II at Chestnut Ridge Elementary School since December 15, 2021, has submitted her resignation effective at the end of the day November 4, 2022.

**Mary Beth Clark**, employed by the District as a Health Aide at the Middle School South since September 3, 1996, has submitted her resignation effective at the end of the day February 27, 2023.

C. Coaches - none

D. Extraclass Activities

**Paul Dick**, previously appointed as the 2022-2023 FRS Intramural Coordinator has submitted his resignation effective October 13, 2022.

E. Instructional Leaders - none

F. Tutors – none

**II. TERMINATIONS**

A. Certified - none

B. Classified - none

C. Coaches - none

D. Extraclass Activities - none

E. Teacher Leaders – none

F. Tutors – none

**III. LEAVE OF ABSENCE**

**Chelsea Wahl**, employed as a Music Teacher since September 1, 2017, has requested an unpaid leave of absence immediately following her leave effective approximately May 15, 2023 through June 23, 2023.

**IV. CHANGE IN EMPLOYMENT STATUS**

A. Certified – none

B. Classified

**Nathaniel Madison**, change from a Probationary to a Permanent appointment as a Head Custodian, effective October 26, 2022.

C. Coaching - none

D. Extraclass Activities - none

**V. APPOINTMENTS**

A. Certified - none



B. Substitute and Part-time Teachers and Administrators

<b>Mary Ellen Rague</b>	1.0 FTE Mathematics Teacher
Assignment	Senior High School
Effective	October 19, 2022 through January 20, 2023 or earlier at the discretion of the Board of Education (previously cleared by a fingerprinting check)
Certification	Mathematics (7-12) / Business - Permanent
Type of Appointment	Long-term Substitute
Tenure Area	N/A
Tenure Date	N/A
<b>Victoria Pothaczky</b>	1.0 FTE Special Education Teacher
Assignment	Chestnut Ridge Elementary School
Effective	October 18, 2022 through November 29, 2022 or earlier at the discretion of the Board of Education (previously cleared by a fingerprinting check)
Certification	Special Education - Pending
Type of Appointment	Long-term Substitute
Tenure Area	N/A
Tenure Date	N/A

C. Department Liaisons – none

D. Classified

<b>Eric Holderle</b>	Cleaner
Assignment	Operations & Maintenance
Effective	October 24, 2022 (Previously cleared by a fingerprinting check)
Type of Appointment	Probationary
<b>Kelsey Beauchamp</b>	School Aide
Assignment	Senior High School
Effective	November 1, 2022 (Conditional upon New York State Department of Education's notification to the District of clearance for employment after a fingerprinting check)
Type of Appointment	Probationary

E. Classified Substitutes and Part-time - none

F. Interim Administrator – none

G. Coaches & Athletic Activities

Winter 2023 Unit Member			
Basketball	Mod B	Kayla	Hare

Spring 2023 Non-Unit Members			
Baseball	Varsity	Guy	Puglia
Baseball	Mod A	Dave	Keller
Baseball	Program Assistant	Robert Randy	Rule 90% Shaffer 10%
Lacrosse - Boys	Program Assistant	Gino	Marcello
Lacrosse – Girls	Varsity	Sean	Marsh
Lacrosse - Girls	Mod B	Kevin	Callahan
Softball	Program Assistant	Brett	DiGiacomo
Softball	Varsity	Brian	Briggs
Softball	JV	Maria	Esposito
Softball	Mod B	Michaela	Youngblood
Track & Field - Boys	Assistant Coach	Chris	Memelo

<b>Track &amp; Field - Girls</b>	Varsity	Lawrence	Lewis
<b>Spring 2023 CCEA Unit Members</b>			
<b>Baseball</b>	JV	Brandon	Phillips
<b>Golf - Boys</b>	Varsity	Brian	Young
<b>Golf – Boys</b>	JV	Joe	Eschberger
<b>Lacrosse - Boys</b>	Varsity	Chris	Fiala
<b>Lacrosse – Girls</b>	JV	Margaret	Smith
<b>Tennis – Boys</b>	Varsity	Kerry	Hallock
<b>Tennis - Boys</b>	Mod A	Dave	Childs
<b>Track &amp; Field - Boys</b>	Varsity	Dennis	Pynn
<b>Track &amp; Field – Boys</b>	Mod B	Tim	Olmsted
<b>Track &amp; Field – Boys</b>	Mod B	Tim	O’Toole
<b>Track &amp; Field</b>	Program Assistant	Pete	Tabone
<b>Track &amp; Field - Girls</b>	Assistant Coach	Paul	Dick
<b>Track &amp; Field - Girls</b>	Mod B	Elizabeth	Johnson

H. Extra-Curricular Activities & Clubs

<b>Activity</b>	<b>Advisor</b>
9-12 Gay/Straight Alliance	Eric Tytler

I. Mentors - none

J. Instructional Leaders - none

K. CSE / CPSE Chairperson - none

L. Tutors - none

M. Internship – none

N. Student Helpers - none

O. Other

<b>Title</b>	<b>Name</b>
Scoreboard Programmer	Robert Baldwin
Scoreboard Programmer Assistant	Jonathan Christiano

# Treasurer's Monthly Report

September 2022

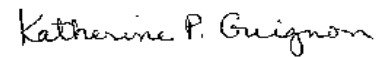
<u>GL Acct.</u>	<u>Fund</u>	<u>Bank</u>	<u>Description</u>	<u>Beginning Balance</u>	<u>Monthly Receipts</u>	<u>Monthly Disbursements</u>	<u>Ending Balance</u>
<b>Cash Accounts</b>							
A200-01	General	M & T	Checking	\$1,685,345.12	\$10,787,440.26	\$8,067,797.35	\$4,404,988.03
A200-10	General	Bank of Castile	Checking	\$0.00	\$3,262,598.12	\$0.00	\$3,262,598.12
A200-12	General	M & T	Checking-ACH Payments	\$82,844.11	\$203,993.32	\$248,663.50	\$38,173.93
A200-20	General	M & T	Checking	\$2,136,585.93	\$2,112,786.83	\$3,338,629.72	\$910,743.04
A200-21	General	M & T	Checking-Payroll	\$371,862.41	\$2,190,192.14	\$2,552,560.61	\$9,493.94
A201-05	General	M & T	Savings	4,325,063.09	12,041,557.43	2,750,000.00	\$13,616,620.52
A201-10	General	Bank of Castile	Savings	4,797,922.48	36,424.61	4,543,015.00	\$291,332.09
C200-01	School Lunch	Bank of Castile	Checking	14,826.77	127,688.04	44,530.42	\$97,984.39
F200-01	Federal	M & T	Checking	24,251.87	83,500.00	83,351.40	\$24,400.47
H200-01	Capital	M & T	Checking	11,788.26	218,500.00	218,137.60	\$12,150.66
H201-11	Capital	M & T	Money Market	462,817.34	72.82	218,500.00	\$244,390.16
Multifund Checking		Chase	Checking	1,646,956.63	908.79	0.00	\$1,647,865.42
Multifund Savings		Chase	Savings	35,137,338.38	19,388.78	0.00	\$35,156,727.16
<b>Total Cash</b>				<b>50,697,602.39</b>	<b>31,085,051.14</b>	<b>22,065,185.60</b>	<b>59,717,467.93</b>
<b>US Treasury Bills</b>							
A450-00	General	Chase		0.00	0.00	0.00	\$0.00
A452-00	General-Reserve	Chase		0.00	0.00	0.00	\$0.00
H450-00	Capital	Chase		0.00	0.00	0.00	\$0.00
TE450-00	Expendable Trust	Chase		0.00	0.00	0.00	\$0.00
V450-00	Debt Service	Chase		0.00	0.00	0.00	\$0.00
<b>Total US Treasury Bills</b>				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>District Totals</b>				<b>\$50,697,602.39</b>	<b>\$31,085,051.14</b>	<b>\$22,065,185.60</b>	<b>\$59,717,467.93</b>

Received by the Board of Education and entered as a part of the minutes of the board meeting held 10/25/2022



Clerk of the Board of Education

This is to certify that the above cash balances are in agreement with my bank statements as reconciled



Treasurer of School District



# Revenue Status Report

## As of September 30, 2022

A/C Code	Description	Original Budget	Adjusted Budget	Monthly Actual	Year to Date 9/30/22	Budget Variance	Year to Date 9/30/21	Year to Date Variance
1001	Real Property Tax Items	40,051,206.00	40,051,206.00	-1,043.89	35,296,793.43	-4,754,412.57	33,905,298.12	1,391,495.31
1081	Oth. Paymts in Lieu of Taxes	373,545.00	373,545.00	236,384.03	236,384.03	-137,160.97	210,102.76	26,281.27
1085	STAR Reimbursement	0.00	0.00	0.00	4,753,368.44	4,753,368.44	5,073,798.03	-320,429.59
1090	Int. & Penal. on Real Prop. Tax	5,000.00	5,000.00	0.00	0.00	-5,000.00	0.03	-0.03
1120	Nonprop. Tax Distrib. By Co.	3,900,000.00	3,900,000.00	0.00	0.00	-3,900,000.00	0.42	-0.42
1311	Other Day School Tuition	0.00	0.00	0.00	0.00	0.00	997.20	-997.20
1315	Continuing Ed Tuition(Individ)	78,568.00	78,568.00	1,946.55	5,081.15	-73,486.85	6,318.50	-1,237.35
1315	Swim	31,432.00	31,432.00	5,874.50	11,722.80	-19,709.20	11,293.40	429.40
1335	Oth Student Fee/Charges (Indiv	80,000.00	80,000.00	1,839.00	9,035.25	-70,964.75	16,025.00	-6,989.75
1335	Computer Protection Plans	0.00	0.00	3,236.00	3,236.00	3,236.00	847.00	2,389.00
1410	Admissions	1,500.00	1,500.00	200.00	200.00	-1,300.00	0.00	200.00
2230	Day School Tuit-Oth Dist. NYS	0.00	0.00	0.00	0.00	0.00	-4,285.50	4,285.50
2235	Svs Prov. BOCES-Oth Transport	66,189.00	66,189.00	0.00	0.00	-66,189.00	0.00	0.00
2304	Trans for Oth Dist.-Cont. Bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2308	Trans for BOCES-Shuttle Svs	2,000.00	2,000.00	0.00	0.00	-2,000.00	0.00	0.00
2401	Interest and Earnings	125,000.00	125,000.00	1,846.87	3,328.78	-121,671.22	905.48	2,423.30
2401	Interest and Earnings-Reserve F	0.00	0.00	15,144.56	24,486.41	24,486.41	857.72	23,628.69
2401	Interest and Earnings-Capital Res	0.00	0.00	434.30	702.19	702.19	1,072.73	-370.54
2410	Rental of Real Property,Indiv.	25,000.00	25,000.00	1,555.10	4,202.60	-20,797.40	995.00	3,207.60
2413	Rental of Real Property, BOCES	44,990.00	44,990.00	0.00	0.00	-44,990.00	0.00	0.00
2414	Rental of Equip. (Not Bus) Ind	0.00	0.00	590.00	1,180.00	1,180.00	170.00	1,010.00
2440	Rental of Buses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2650	Sale Scrap & Excess Material	2,000.00	2,000.00	0.00	69.00	-1,931.00	551.45	-482.45
2665	Sale of Equipment	2,000.00	2,000.00	1,746.08	2,365.04	365.04	5,600.00	-3,234.96
2680	Insurance Recoveries-Trans Rel	5,000.00	5,000.00	4,516.18	4,516.18	-483.82	0.00	4,516.18
2690	Other Compensation for Loss	2,500.00	2,500.00	590.00	772.50	-1,727.50	610.33	162.17
2701	Refund of P/Y Exp.- BOCES	525,000.00	525,000.00	0.00	0.00	-525,000.00	0.00	0.00
2703	Refund of P/Y Exp.-Other	70,000.00	70,000.00	177.20	41,761.31	-28,238.69	6,213.10	35,548.21
2705	Gifts and Donations	0.00	0.00	0.00	96.00	96.00	0.00	96.00
2770	Other Unclassified Rev.(Spec)	100,000.00	100,000.00	21,524.80	36,657.78	-63,342.22	6,824.39	29,833.39
2801	Interfund Revenues	20,000.00	20,000.00	2,535.00	2,535.00	-17,465.00	2,406.00	129.00
3101	Basic Formula Aid-Gen Aids (Ex	35,041,477.00	35,041,477.00	962,978.43	969,473.23	-34,072,003.77	2,494,632.36	-1,525,159.13
3102	Lottery Aid (Sect 3609a Ed Law	7,574,085.00	7,574,085.00	6,563,965.02	6,563,965.02	-1,010,119.98	5,183,118.78	1,380,846.24
3103	BOCES Aid (Sect 3609a Ed Law)	3,221,693.00	3,221,693.00	0.00	0.00	-3,221,693.00	0.00	0.00
3104	Tuit for Students w/Disabilit.	0.00	0.00	0.00	116.00	116.00	0.00	116.00
3260	Textbook Aid (Incl Txtbk/Lott)	237,427.00	237,427.00	0.00	0.00	-237,427.00	0.00	0.00
3262	Computer Software Aid	57,583.00	57,583.00	0.00	0.00	-57,583.00	0.00	0.00
3263	Library Aid	24,025.00	24,025.00	0.00	0.00	-24,025.00	0.00	0.00
3289	Other State Aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4601	Medic.Ass't-Sch Age-Sch Yr Pro	55,000.00	55,000.00	0.00	5,236.81	-49,763.19	5,440.32	-203.51
5031	Interfund Transfers	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Revenue</b>		<b>91,722,220.00</b>	<b>91,722,220.00</b>	<b>7,826,039.73</b>	<b>47,977,284.95</b>	<b>-43,744,935.05</b>	<b>46,929,792.62</b>	<b>1,047,492.33</b>

Appropriated Fund Balance	1,662,181.00	1,662,181.00
Appropriated Reserves	1,376,382.00	1,376,382.00
Carryover Encumbrances	-	1,488,632.45
<b>Total Budget</b>	<b>94,760,783.00</b>	<b>96,249,415.45</b>

# Churchville-Chili Central School

Budget Status Report As Of:

## Fund: GENERAL

<u>Budget Account</u>	<u>Description</u>	<u>Initial Budget</u>	<u>Adjusted Budget</u>	<u>Year-to-date Expenditures</u>	<u>Prior YTD Exp</u>	<u>Variance Prior / Current</u>	<u>Encumbrance Outstanding</u>	<u>Unencumbered Balance</u>
10	Board of Education	62,910.00	62,211.91	11,243.34	18,216.53	-6,973.19	11,030.38	39,938.19
12	Central Administration	404,125.00	409,389.21	124,611.94	121,228.75	3,383.19	271,476.47	13,300.80
13	Finance	786,528.00	793,330.03	240,582.66	208,494.05	32,088.61	384,739.20	168,008.17
14	Staff	664,153.00	664,153.00	187,664.24	179,928.15	7,736.09	382,114.06	94,374.70
16	Central Services	6,307,366.00	7,147,871.80	1,417,171.42	1,278,395.38	138,776.04	4,286,753.97	1,443,946.41
19	Special Items (Contractual Expense)	1,764,170.00	1,770,525.00	628,295.23	619,857.21	8,438.02	1,094,594.88	47,634.89
20	Administration and Improvement	3,895,813.00	3,898,767.81	975,717.13	990,623.54	-14,906.41	2,368,876.36	554,174.32
21	Teaching	36,014,167.00	36,075,225.15	4,835,710.26	4,988,863.67	-153,153.41	26,210,371.72	5,029,143.17
26	Instructional Media	2,690,489.00	3,178,173.43	591,227.68	596,685.17	-5,457.49	1,550,110.84	1,036,834.91
28	Pupil Services	4,197,885.00	4,221,497.26	418,061.99	407,494.93	10,567.06	2,046,198.97	1,757,236.30
55	Pupil Transportation	6,573,158.00	6,628,251.85	639,410.11	626,657.67	12,752.44	3,323,312.91	2,665,528.83
8	Other Community Services	89,711.00	89,711.00	8,281.09	13,097.88	-4,816.79	750.00	80,679.91
90	Employee Benefits	22,944,595.00	22,944,595.00	5,961,361.53	5,417,505.07	543,856.46	9,303,116.65	7,680,116.82
99	Interfund Transfers	8,365,713.00	8,365,713.00	8,201,713.00	8,422,575.00	-220,862.00	0.00	164,000.00
<b>Total GENERAL FUND:</b>		<b>94,760,783.00</b>	<b>96,249,415.45</b>	<b>24,241,051.62</b>	<b>23,889,623.00</b>	<b>351,428.62</b>	<b>51,233,446.41</b>	<b>20,774,917.42</b>



# Churchville-Chili Central School District

*Where learning leads to a lifetime of opportunities*

**Loretta J. Orologio, Ed.D.**

*Superintendent of Schools  
x2300*

**Superintendent's  
Executive Cabinet**

Mr. Matthew DeAmaral, CPA  
*Assistant Superintendent for Business  
Services  
x2330*

Mr. Giulio Bosco, Jr.  
*Assistant Superintendent for  
Instruction  
x2310*

Mr. Lawrence M. Vito  
*Assistant Superintendent for Human  
Resources  
x2320*

Ms. Nicole A. Livingston-Neal  
*Assistant Superintendent for Student  
Services  
x2460*

## MEMO

**To: Board of Education  
Ms. Loretta Orologio, Superintendent**

**From: Matthew J. DeAmaral  
Assistant Superintendent for Business Services**

**Re: 2023-2024 Budget Calendar and Guidelines**

**Date: October 21, 2022**

**Attached is the recommended 2023-2024 budget calendar and guidelines. I would like to discuss these documents at our meeting on Tuesday, October 25, 2022. If these documents are acceptable by the Board, they will need to be approved in order to start the budget process.**

**If you have any questions, please give me a call me.**

**MJD/br  
attachment**



## **DRAFT FOR DISCUSSION**

### **CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT 2023-2024 BUDGET DEVELOPMENT CALENDAR**

<b>DATE</b>	<b>ACTIVITY</b>
<b>October 25, 2022</b>	Review Board of Education <i>Guidelines and Calendar</i>
<b>October 25, 2022</b>	Adopt Budget <i>Guidelines and Calendar</i>
<b>November 1, 2022</b>	Budget materials distributed to building and program leaders
<b>December 1, 2022</b>	Preliminary 2022-23 <i>BOCES Service Request</i> returned to BOCES #2
<b>December 5, 2022</b>	Preliminary budget proposal and personnel staffing requests returned to Asst. Superintendent for Business Services
<b>February 14, 2023</b>	BOE review of Budget Draft – Buildings and Grounds, Security, Debt Service, Transportation, Interscholastic Athletics, Interfund Transfers
<b>February 28, 2023</b>	BOE review of Budget Draft – BOCES, Curriculum and Instruction, Central Services
<b>March 14, 2023</b>	BOE review of Budget Draft – Personnel, Special Items
<b>March 28, 2023</b>	BOE review of Budget Draft – Revenue Estimates, Budget Draft
<b>April 1, 2023</b>	Final 2023-2024 <i>BOCES Service Request</i> submitted
<b>April 11, 2023</b>	Budget approved and adopted by Board of Education
<b>April 21, 2023</b>	Final Date for Board of Education to adopt 2023-2024-budget (information only)
<b>April 21, 2023</b>	Final Date to submit Property Tax Report Card to State Education Department (information only)
<b>April 25, 2023</b>	Budget Statement available in each school building (at least seven days before budget hearing)
<b>May 2, 2023</b>	Budget Hearing and Candidate Night
<b>May 16, 2023</b>	<b>Budget Vote – Noon to 9 p.m. in the MS North Cafeteria</b>
<b>May 23, 2023</b>	Voter approved budget adopted by Board of Education

## **Discussion Draft**

### **CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT PROPOSED BUDGET GUIDELINES**

**2023 – 2024**

- **Meet all applicable mandates, health, safety, and legal requirements.**
- **Fulfill all contractual obligations.**
- **Support educational programs and services vital to successful implementation of the District goals.**
- **Maintain bus purchase practice.**
- **Identify alternative funding sources & cost saving measures.**
- **Prepare the first draft of the 2023-2024 budget taking into consideration student enrollment, academic performance, current programs and services, along with state and federal funding.**
- **Tax levy within property tax cap calculation.**
  - **To Consider:**
    - **Programmatic Needs and Administration Support**
    - **State Fiscal Condition**
    - **Continue funding of Pre-K**
    - **Finance & Utilization of Reserve Fund**
    - **Social, Emotional and Behavioral Needs of**
  - Students**
    - **Wellness Needs of Students and Staff**
    - **Safety of Students, Staff and Families**
      - **SRO/Security Staffing**
    - **Continue Implementation of the Phase VI Capital Project Middle School Renovations & Site Renovations**
    - **Continue Budgeting Skilled Nursing Services**
    - **Maintenance of Facility**

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
ACCEPTING GIFTS FROM THE PUBLIC**

If you wish to have a gift considered for acceptance by the School District, please read Board Policy #5230 -- "Acceptance of Gifts, Grants and Bequests to the School District" and complete this form.

Name: Various Community Business (See #1 below.)

Address: (See attached.)

- 1) Describe the gift. What is it? List its condition, age, size, and other details as applicable.

<u>Vendor</u>	<u>2022 \$\$</u>	<u>Item</u>	<u>Value</u>	<u>Contact</u>
CESPA	\$100.00			Lily Maira
Cinemark Tinseltown		4 – Movie Passes	\$60.00	Spencer Wren
Main Street Deli		1 - \$25 Gift Certificate	\$25.00	Janice Armstrong
Rochester Americans / Knighthawks		1 – set of 4 Amerks Tickets 1 – set of 4 Knighthawk Tickets	\$200	Ryan Harr
4Imprint OnebyOne		\$500 Grant for Promotional Products	\$500	Mary Hille
Immediate Mailing Services		Calendar Magnets	\$375	Stephen Schiano

- 2) Describe the terms, if any, of the gift as follows:

a) What is the purpose of the gift? To support the FLASH Network Annual Celebrate! Churchville-Chili event welcoming back families for the 2022-23 school year.

b) Describe any conditions or restrictions for its use. none

- 3) If the gift is in trust, describe specifically your intentions for the use of the principal and for investment. (You may contact the District Treasurer to agree on a method for treating the principal.)

not applicable

(Continued)



**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
ACCEPTING GIFTS FROM THE PUBLIC (Cont'd.)**

4) Which of the following conditions does the gift fulfill?

  x   Is it in support of and a benefit to all District schools or to a particular District school?

       Is it for a purpose for which the District could legally expend its own funds?

       Is it for the purpose of awarding scholarships to students graduating from the District?

Thank you for your consideration of the District as a recipient of a gift. We will consider your donation and respond to you about our ability to accept your gift as soon as possible.

**PLEASE NOTE:**

All donations require an approval from an administrator in the department which will be receiving the gift.

Wendy J Reese                      10/6/2022  
Signature    Date

\_\_\_\_\_  
Signature    Date

ACCOUNTS PAYABLE

OCT OCT 17 2022



New York State  
School Boards  
Association

## MEMBERSHIP DUES INVOICE

DUES PERIOD	1/1/2023 - 12/31/2023		
INVOICE DATE	INVOICE NO.	PREVIOUS DUES PAID	DUES AMOUNT
10/14/2022	7065	\$11,252	\$11,252

Churchville-Chili Central School District  
139 Fairbanks Rd  
Churchville, NY 14428-9782

The annual dues shall be based upon the amount the member board paid in the previous year plus an adjustment limited to 2 percent or the Annual Consumer Price Index (CPI), whichever is less.

In appreciation of your membership, the NYSSBA Board of Directors has instituted the third consecutive annual rate freeze on dues.

Your membership dues includes services such as:

- Access to a team of advocates and lawyers
- Expert assistance in areas of data analysis, policy development, public relations and school board governance
- E-Clips – a daily summary of local, state and national education news coverage
- Executive Director weekly messages
- Complimentary webinars with educational leaders
- Videos and podcasts featuring important school board and school district matters
- On Board Newspaper – a one year subscription for school board members and administrators
- On Board Extra – late breaking educational news via email
- Critical leadership development opportunities, including retreats, workshops and our annual convention at special member rates

## LEGAL AUTHORITY FOR EXPENSES

The expenditure of public funds in payment of annual membership dues to the Association has legal basis in Section 1618 of the Education Law. Expenses of school board members and school officials incurred in attending conventions and conferences are authorized under Section 77-b of the General Municipal Law.

The counsel to the New York State Education Department has ruled in Formal Opinion 213 that expenses in connection with membership in the New York State School Boards Association are ordinary contingent expenses and may be paid even though a budget has been defeated by the voters.

Please detach here and keep the top portion for your records.

## REMITTANCE COPY



New York State  
School Boards  
Association

Churchville-Chili Central School District

INVOICE DATE	INVOICE NO.	PREVIOUS DUES PAID	DUES AMOUNT
10/14/2022	7065	\$11,252	\$11,252



Please pay this amount

Send payment to:

New York State School Boards Association  
P.O. Box 305  
Canajoharie, NY 13317-0305

Thank you for your membership!

PO # \_\_\_\_\_

Budget Code \_\_\_\_\_

Approved by \_\_\_\_\_

Date Approved \_\_\_\_\_