

GLEN RIDGE PUBLIC SCHOOLS

FIELD TRIP REQUEST FORM

Today's Date 1/27/23 School: GRHS Grade(s): 9 – 12

Organization: Community Service Club Teacher(s): Kevin George

Field Trip Description: Soup Kitchen Trip

Destination: Franciscan Charities Soup Kitchen, Newark, NJ

Anticipated number of students participating: ~10 Is this an overnight trip? Yes ☒ No

Date(s) of trip: 2/28/23 Departure time: 9am Return time: ~ 1:30pm

Transportation: Walking Cars ☒ Bus Rental Vehicle None Needed

Bus Company: Glen Ridge District Bus Seat belts: ☒ Yes No

Rental Company: _____

No. of Vehicles to be Rented: _____ Type of Vehicle(s): _____

Number of Chaperones: Teachers 1 (inc me) Parents 0 Other _____

Name of AED Trained Chaperone: Kevin George

EDUCATIONAL INFORMATION:

What subject is the trip associated with? Community Service Club

Please list curricular objectives and Core Curriculum Content Standards that will be met through this experience:

OBJECTIVE	CCCS
• Learn Civic Responsibility	6.2.A.3
• Learn Community Values	6.2.B.5
• Acquire Understanding of Global Problems	6.2.E.7
•	

Additional information/description can be attached.

TRIP COST:

Transportation \$ 0 (Note: Tips are not permitted under DOE regulations)

Registration Fees \$ 0

Food \$ 0 (Students will bring bag lunch ☒ Yes ☐ No)

Chaperone Fees \$ 0

Cost to District \$ 0 (Substitutes; stipends, etc.)


Total \$ 0 Student Cost \$ 0


Do students need spending money? ☒ No ☐ Yes If yes, how much? _____

NECESSARY APPROVAL SIGNATURES:

(All signatures needed prior to Board of Education approval)

Field Trip Organizer:  Date: 1/27/23

Building Administrator's Signature:  Date: 1/30/23

Superintendent's Signature:  Date: 2/3/23

Chaperones Coming (need Board of Education Approval):

Kevin George

GLEN RIDGE PUBLIC SCHOOLS

FIELD TRIP REQUEST FORM

Today's Date 1/30/23 School: GRHS Grade(s): 8-12
 Organization: Marching Band Teacher(s): Gage, Pavliv

Field Trip Description: Ireland St. Patrick's Day Parade Trip
 Destination: Killarney and Limerick, Ireland

Anticipated number of students participating: 39 Is this an overnight trip? ☒ Yes ☐ No

Date(s) of trip: 3/15-3/20 Departure time: Evening 3/15 Return time: Evening 3/20

Transportation: ☐ Walking ☐ Cars ☐ Bus ☐ Rental Vehicle ☐ None Needed

~~Bus Company:~~ Plane flight to Shannon on Aer Lingus Seat belts: ☒ Yes ☐ No
~~Rental Company:~~ Peak Performance Tours

No. of Vehicles to be Rented: _____ Type of Vehicle(s): _____

Number of Chaperones: Teachers 4 Parents _____ Other _____

Name of AED Trained Chaperone: Gage, Pavliv

EDUCATIONAL INFORMATION:

What subject is the trip associated with? Music

Please list curricular objectives and Core Curriculum Content Standards that will be met through this experience:

OBJECTIVE	CCCS
• Perform with technical accuracy, appropriate musicality, and relevant stylistic nuance	1.3.12.B.1
• Use criteria to evaluate music from diverse contexts and historical eras	1.4.12.B.1
• Determine how music has influenced world cultures throughout history	1.2.12.A.1
•	

Additional information/description can be attached.

TRIP COST:

\$96,135
Transportation \$ ~~2,465~~ (Note: Tips are not permitted under DOE regulations)
Registration Fees (\$ All inclusive, paid by students)
Food \$ _____ (Students will bring bag lunch ___ Yes ___ No)
Chaperone Fees \$ ~~684~~ 3,420
Cost to District \$ ~~684~~ 3,420 (Substitutes, stipends, etc.)
Total \$ ~~96,819~~ 99,555 Student Cost \$ 2,465 per
Do students need spending money? ___ No ☒ Yes If yes, how much? \$ 100

NECESSARY APPROVAL SIGNATURES:

(All signatures needed prior to Board of Education approval)

Field Trip Organizer: D. Boyle Date: 1/30/23Building Administrator's Signature: [Signature] Date: 2/1/23Superintendent's Signature: [Signature] Date: 2/3/23

GLEN RIDGE PUBLIC SCHOOLS

FIELD TRIP REQUEST FORM

Today's Date 1/26/23 School: GRMS/HS Grade(s): 7/8

Organization: _____ Teacher(s): Schwern / Pauliv
7/8 Band + Choir

Field Trip Description: Music in the Parks Adjudication

Destination: Six Flags

Anticipated number of students participating: 35 Is this an overnight trip? Yes ☒ No

Date(s) of trip: 5/5/23 Departure time: 7 AM Return time: 8 PM

Transportation: Walking Cars ☒ Bus Rental Vehicle None Needed

Bus Company: _____ Seat belts: ☒ Yes No

Rental Company: _____

No. of Vehicles to be Rented: 1 Type of Vehicle(s): Bus

Number of Chaperones: Teachers 3 Parents 0 Other _____

Name of AED Trained Chaperone: Schwern

EDUCATIONAL INFORMATION:

What subject is the trip associated with? MUSIC

Please list curricular objectives and Core Curriculum Content Standards that will be met through this experience:

OBJECTIVE	CCCS
• Perform contrasting pieces of music demonstrating how music's intent conveyed by interpretation	1.3.A.8.Pr.4e
• of elements of music + expressive qualities	
• Demonstrate performance decorum + audience etiquette appropriate for venue	1.3.A.8.Pr.6b
• purpose style + context	

Additional information/description can be attached.

TRIP COST:

Transportation	\$ <u>? divided among students</u>	(Note: Tips are not permitted under DOE regulations)
Registration Fees	\$ <u>Q</u>	
Food	\$ <u>meal vouchers included in total cost</u>	(Students will bring bag lunch <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)
Chaperone Fees	\$ <u>Q</u>	
Cost to District	\$ <u>Q</u>	(Substitutes, stipends, etc.) <u>\$40 total</u>
Total	\$ _____	Student Cost \$ <u>~104 + cost of bus</u>
Do students need spending money? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? \$ _____		

NECESSARY APPROVAL SIGNATURES:

(All signatures needed prior to Board of Education approval)

Field Trip Organizer: E. Schwein Date: 1/26/23

Building Administrator's Signature: [Signature] Date: 1/31/23

Superintendent's Signature: [Signature] Date: 2/3/23

C-1.d

FIELD TRIP REQUEST FORM

Today's Date February 2, 2023 School: Glen Ridge High School Grade(s): 9-12

Organization: Engineering/Car Club Teacher(s): Shohen/Majewski

Field Trip Description: NY Auto Show

Destination: Javits Convention Center, 429 11th Ave, New York, NY 10001

Anticipated number of students participating? 30 Is this an overnight trip? _____Yes XNo

Date(s) of trip: April 11, 2023 Ran Day 13th Departure time: 8:00 AM Return time: 2:00PM

Transportation: Walking Cars Bus Rental Vehicle X Train

Bus Company: _____ Seat belts: X Yes _____ No

Rental Company: _____

No. of Vehicles to be rented: None Type of Vehicle(s):

Number of Chaperones: Teachers 3 Parents: _____ Other: _____

Name of AED Trained Chaperone: Andrew Shohen

EDUCATIONAL INFORMATION:

What subject is the trip associated with? Engineering/Car Club

OBJECTIVE	CCCS
<ul style="list-style-type: none"> Evaluate several models of the same type of product and make recommendations for a new design based on a cost benefit analysis. 	8.2.12.ED.3
<ul style="list-style-type: none"> Evaluate the effectiveness of a product or system based on factors that are related to its requirements, specifications, and constraints (e.g., safety, reliability, economic considerations, quality control, environmental concerns, manufacturability, maintenance and repair, ergonomics). 	8.2.12.ED.5
<ul style="list-style-type: none"> Evaluate ethical considerations regarding the sustainability of environmental resources that are used for the design, creation, and maintenance of a chosen product. 	8.2.12.ETW.1
<ul style="list-style-type: none"> Evaluate a solution to a complex real-world problem based on prioritized criteria and trade-offs that account for a range of constraints, including cost, safety, reliability, and aesthetics, as well as possible social, cultural, and environmental impacts. 	HS-ETS1-3

TRIP COST:

Student Costs

Transportation \$ 13.00

(Note: Tips are not permitted under DOE regulations)

Registration Fees \$ 17

Insurance Fees \$ No fee

Food \$ 10 (Students will bring a bag lunch ____ Yes x No)

Chaperone Fees \$ 0

Total Student Cost \$ 40.00 **Cost per Student** \$ 40.00

Do students need to bring spending money? ____ Yes X No If yes, how much? ____

District Costs

Chaperone Fees \$ 0

Substitutes \$. 0

Other \$. 0

Total District Cost \$ 0

NECESSARY APPROVAL SIGNATURES:

(All signatures needed prior to Board of Education approval)

Field Trip Organizer: [Signature] Date: 2/2/23

Building Administrator's Signature: [Signature] Date: 2/6/23

Superintendent's Signature: [Signature] Date: 2/7/23