

SWEET HOME CENTRAL SCHOOL DISTRICT  
FIELD TRIP REQUEST FORM

Local Field Trip, Field Trips Over 100 miles Away,  
Utilizing Chartered Busses, Planned Overnight Stays and/or  
Trips with Student Fees

8460F  
1 of 3

Submission Date: 2/31/24  
Submitted by: DAN MURPHY  
School: HIGH SCHOOL

Part I

- 1) Date(s) of requested trip: JULY 1<sup>ST</sup> - JULY 15<sup>TH</sup>, 2024
  - a. Time leaving: MORNING FLIGHT ON 7/1
  - b. Time returning: EVENING FLIGHT ON 7/15 → TIMES ARE NOT YET FINALIZED
- 2) Destination: HUNGEN, GERMANY Phone: —
  - a. Estimated mileage - one way: —
- 3) Pupil grade level(s): 9-12
  - a. Number of pupils: UP TO 10
- 4) Instructional Objectives: GERMAN EXCHANGE - TO LEARN ABOUT THE GERMAN LANGUAGE & CULTURE
- 5) Pre-trip educational preparation: (How will the students be prepared for the trip as an instructional activity?): THROUGH MEETINGS AND DISCUSSIONS WITH THE STUDENT PARTICIPANTS
- 6) On Trip: (What instructional activities will occur on the trip?) ATTENDING SCHOOL AND GOING ON EXCURSIONS
- 7) Post-trip follow-up plans: (Upon return what activities will occur to enrich the experience and to determine if the objectives were achieved?) MEETING WITH STUDENTS AND PARENTS, POSSIBLE DISCUSSIONS IN SCHOOL COURSES
- 8) What specific plans have been made for the continued instruction of those students who will not participate in the field trip? N/A
- 9) Supervising teachers: DAN MURPHY
- 10) Other responsible parties: IN GERMANY: KAREN BISCHOFF, SUZANNE SCHAUB (AT OUR PARTNER SCHOOLS)

(Continued)

SWEET HOME CENTRAL SCHOOL DISTRICT  
FIELD TRIP REQUEST FORM (Cont'd.)

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- 11) Substitutes Needs? Yes \_\_\_\_\_ No ☒ How Many? \_\_\_\_\_
- 12) Will consent forms be secured from all parents/guardians? Yes ☒
- 13) a. Will students have to pay for anything? Yes ☒ No \_\_\_\_\_  
If so, how much? \_\_\_\_\_  
For what? \_\_\_\_\_
- b. Will school/activity pay? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, how much? \_\_\_\_\_  
For what? \_\_\_\_\_
- 14) Has trip cancellation insurance been arranged for the reimbursement of expenses to students?  
Yes ☒ No \_\_\_\_\_ (W/CERTAIN TIME LIMITS)
- 15) Will a travel agency/company be used for trip? Yes \_\_\_\_\_ No ☒  
If so, what is the refund policy of the agency in the event of cancellation of the trip and is cancellation insurance provided? Please attach a copy of the refund cancellation policy.  
\* SINCE NO AGENCY IS USED, THE TRAVEL INSURANCE PURCHASED HAS CERTAIN CANCELLATION POLICIES (SEE ATTACHED)
- 16) Will trip retain the students overnight? Yes ☒ No \_\_\_\_\_  
How many nights? 14  
Where? HUNGARY, GERMANY  
(if the answer to 12 is yes, please fill out Part II)
- 17) Will teacher substitutes be required? Yes \_\_\_\_\_ No ☒ How many? \_\_\_\_\_
- a. State mode of transportation requested:  
Sweet Home Bus X IF FLIGHT DEPARTS FROM TORONTO  
Private Car \_\_\_\_\_  
Chartered Bus \_\_\_\_\_  
Other \_\_\_\_\_
- b. Contact the Transportation Department if an outside transportation company is requested. Mr. Bob Weselak, Transportation Supervisor must approve all charter bus firms and charter bus drivers before a trip may take place. (Two weeks prior to the trip)

Teacher making application: Daniel J. Murphy  
(Signature)

Principal's Recommendation:

Approved: DB  
Disapproved: \_\_\_\_\_  
Date: \_\_\_\_\_

DJR  
(Signature)

Superintendent of Schools Recommendation:

Approved: X  
Disapproved: \_\_\_\_\_  
Date: 2/1/29

[Signature]  
(Signature)

(Continued)



SWEET HOME CENTRAL SCHOOL DISTRICT  
FIELD TRIP REQUEST FORM (Cont'd.)

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Part II  
For Planned Overnight Stays

- 1) Complete itinerary for each day including locations and times:

- SEE ATTACHED FORMS -

- 2) Estimate total cost of trip - itemize:

SCHOOL COSTS  
(Supplies and Equipment)

PER STUDENT

X

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

PLANE FARE  
INSURANCE  
CHAPERONE

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

ca. \$ 2,400

- 3) Will students be raising money for this trip? If so, how much and how?  
(See Board of Education Policy #1423)

Yes \_\_\_\_\_ No ✓

- 4) Please describe the student refund policy in the event of the cancellation of the trip:

TRIP INSURANCE POLICY INCLUDES REFUND (see conditions for refunds on attached forms)

If a travel agency is to be used, is cancellation insurance provided? Yes \_\_\_\_\_ No \_\_\_\_\_  
Attach the company's refund and cancellation policy. N.A.

- 5) Please attach a draft of a letter to go home to parents explaining all aspects of the proposed trip. Include the procedures to be followed if the trip is cancelled.

- 6) Please describe the nature and scope of supervision for the trip: STUDENTS WILL BE SUPERVISED BY ME OR THE GERMAN HOST FAMILIES

Teacher applicant: DAN MURPHY

School: HIGH SCHOOL

Date of application: 1/31/24

Attach to F.T.-2, PART I

# BEHAVIOR COMPLIANCE AGREEMENT

## (FOR LONG TERM TRAVEL)

Student Name \_\_\_\_\_

Primary Phone \_\_\_\_\_

Address \_\_\_\_\_

Parents/ Guardians Full Names \_\_\_\_\_

I, a participant on the exchange trip to Hungen, Germany, on from July 1st to the 15th, 2024, sponsored by the Sweet Home High School German Exchange Program, agree to all the following conditions:

I agree to abide by all the rules, regulations, policies and standards of behavior established and to follow the specific instructions of the chaperones in all instances. I understand that the safety and welfare of the group is the most important consideration.

I understand that I am expected to participate in all group and individual activities. I understand that all rules, policies and standards of the school board remain in force. I further understand that the use of alcohol, tobacco and all illegal substances are strictly forbidden.

In the event of any infraction of the rules, the chaperones reserve the right of final decision and may, if deemed necessary, place a telephone call to my parents. They may further send me home at my expense (or my parents'/ guardians') as a result of any action deemed to be detrimental to the safety of well-being of the program and its participants.

As a representative of the School, I agree to act in a responsible, ethical and positive manner so as to derive the greatest benefits from the Program and make a valuable contribution to the Sweet Home community.

I therefore, certify that I have read and understood this behavior compliance agreement and that I agree to abide by all provisions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I certify that I am the parent or legal guardian of the student named above and that I have read the aforementioned agreement. I agree to every part of this Compliance Agreement while my child is a participant in the Program, during both supervised and unsupervised activities.

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

\_\_\_\_\_  
Date

# **Emergency Contact Form**

**Student Name** \_\_\_\_\_

Please include information on at least one parent and/or guardian, and one other relative if at all possible. In any case, please give information for three adults who will be at home while your child is abroad.

1) Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(Home) (City) (State) (Zip Code)

Home Telephone ( ) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Please check one:

This person \_\_\_\_\_ does \_\_\_\_\_ does not work outside the home.

Work telephone ( ) \_\_\_\_\_

Typical schedule ? \_\_\_\_\_

2) Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(Home) (City) (State) (Zip Code)

Home Telephone ( ) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Please check one:

This person \_\_\_\_\_ does \_\_\_\_\_ does not work outside the home.

Work telephone ( ) \_\_\_\_\_

Typical schedule ? \_\_\_\_\_

3) Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(Home) (City) (State) (Zip Code)

Home Telephone ( ) \_\_\_\_\_ Relationship to student \_\_\_\_\_

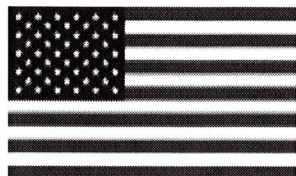
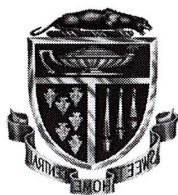
Please check one:

This person \_\_\_\_\_ does \_\_\_\_\_ does not work outside the home.

Work telephone ( ) \_\_\_\_\_

Typical schedule ? \_\_\_\_\_





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Sweet Home - Hungen Austauschprogramm  
1901 Sweet Home Road • Amherst, New York 14228  
(716) 250-1200 • Fax (716) 250-1363

## Parental Permission Form

I hereby give my child, \_\_\_\_\_, permission to be accompanied by Mr. Daniel T. Murphy, the exchange group leader, on the exchange trip to Hungen, Germany (die Gesamtschule Hungen) from July 1st to the 15th, 2024 and allow him/her to participate in all activities and go on all field trips.

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Parent Signature

Date

## Emergency Treatment Release Form

On rare occasions, an emergency requiring hospitalization and/or surgery develops. Since minors may not, as a rule, be administered an anesthetic or be operated upon without the written consent of the parent or guardian, we request that parents or guardians sign the following statement. Every effort will be made to contact the parents or guardians before any major treatment. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact parents.

I hereby permit my child, \_\_\_\_\_, permission to receive medical treatment while on the Sweet Home exchange trip to Hungen, Germany from July 1st to the 15th, 2024

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Parent Signature

Date

**SWEET HOME CENTRAL SCHOOL DISTRICT  
FIELD TRIP PARENT/GUARDIAN CONSENT/MEDICAL INFORMATION**

Dear \_\_\_\_\_,

Your child's class has scheduled a field trip activity on \_\_\_\_\_ to \_\_\_\_\_  
(date)  
(destination)

The group will be leaving at \_\_\_\_\_ a.m./p.m. and plans to return at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_.

Please sign and return the attached form by \_\_\_\_\_.  
(date)

Sincerely,

\_\_\_\_\_  
Teacher or Principal

**FIELD TRIP PARENTAL CONSENT**

I hereby give permission for my child, \_\_\_\_\_  
(child's full name)  
to participate in a school sponsored education field trip to \_\_\_\_\_  
(place)

I understand that my child will leave on \_\_\_\_\_, \_\_\_\_\_  
(date) (time)  
and is expected to return on \_\_\_\_\_, \_\_\_\_\_  
(date) (time)

**MEDICAL INFORMATION**

Name of family doctor \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Is your child taking any medication with him/her on the trip? \_\_\_\_\_

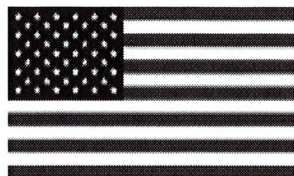
If so, what is it and who is expected to administer this medication? \_\_\_\_\_

Should emergency medical services be required for your child during the trip, medical personnel will be contacted immediately.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(Date)



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Sweet Home Deutschverein und Ehrenverbindung  
1901 Sweet Home Road • Amherst, New York 14228

January 31, 2024

Dear District Office, Board Members, and Parents

The German Exchange would like to continue the exchange process with the trip to our Partner School in Hungen this year. The proposed dates are July 1st – 15<sup>th</sup>. As previously, each student will be hosted by a German family. The program runs in Hungen similar to how it runs here in Amherst. The students will shadow their host to school, as well as attending many excursions that have been planned. Some of these excursions include trips to German cities like Marburg and Frankfurt, a boat excursion on the Rhine, and several other local events. We always have quite a full program in Hungen.

The cost of the program will be about \$ 2,400. Since we are no longer associated with any specific program (previously School Partners Abroad), the cost is less than with the program. This includes all airfare, insurance (travel, cancellation and medical), and any fees (e.g., International Student ID Cards). This also includes the costs for any Chaperones (whoever the group leader may be, not necessarily myself). The more students that attend, the cheaper the costs will be per student.

To reassure the District Office and School Board of safety, we have been doing this exchange for 39 years. I am always in close contact with our partner school and their contact people, Karin Bischoff, and Suzanne Schaub, who have visited this past October. Together, we take care of any problems that may arise in the traveling process. Karin, Suzanne, and the host families will meet us directly at the airport in Frankfurt and take us to Hungen. Our students will always be supervised during travel. In Hungen, they will be cared for by the host family. I will be in daily contact with our students to see how everything is going.

If there are any other questions or concerns, I would be more than happy to address them. Please contact me at 250-1276 or [dmurphy@sweethomeschools](mailto:dmurphy@sweethomeschools).

Sincerely,

Daniel T. Murphy

LETTER TO  
ADMINISTRATION  
&  
PARENTS



## **Sweet Home - Hungen Exchange Trip 2024**

Proposed Itinerary for July 2024:

Flight Dates:

To Germany: July 1st - Evening Flight to arrive in Frankfurt the morning of July 2nd.

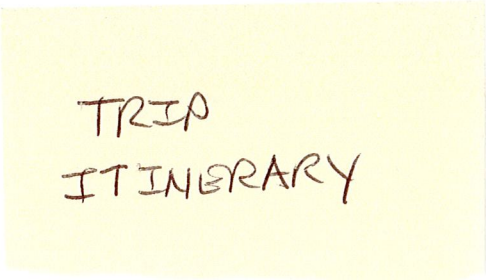
Return to USA: July 15<sup>th</sup> - Morning Flight to arrive in Buffalo that evening.

Proposed Activities:

Since this is an academic exchange, the students will be attending classes with their Host student for most of the days they are there. Our partner school in Hungen sets up many excursions for us, as we do for them here at Sweet Home.

Some of these include:

- A day trip to Frankfurt
- A boat trip on the Rhine or Neckar River
- A day trip to Marburg
- A day trip to Gießen
- A day trip to other German cities (in '18-Limburg)



TRIP  
ITINERARY

These are the tentative excursions. The list will be finalized before we get to Hungen. It is determined by our Partner School with input from Sweet Home. The schedule of days usually runs in a way that we go on an excursion every 2-3 days. There are also many local get-togethers planned for us by our host families. Our partner school in Hungen has always set up an excellent program for us in Germany.

The *tentative* prices are as follows

Airfare ca. \$2,000- dependant upon no. in group

Insurance & Chaperone fees: ca. \$ 300-400

\*Includes Flight, Cancellation, and Health insurance.

Total: ca. \$2,400 + spending money (the Euro is hovering at \$1.10 lately)

Payment schedule:

1. Deposit of \$ 100.00 due March 15. If you want, you may give more. everything is refundable until the airline tickets are purchased. This is done for insurance purposes.
2. Final payment is due on April 22th.
3. Amount is refundable up until purchase of airfare. See cancellation policy (attached)

Make checks payable to: Sweet Home High School Student Exchange

If there are any questions, please contact me at **250-1276** or

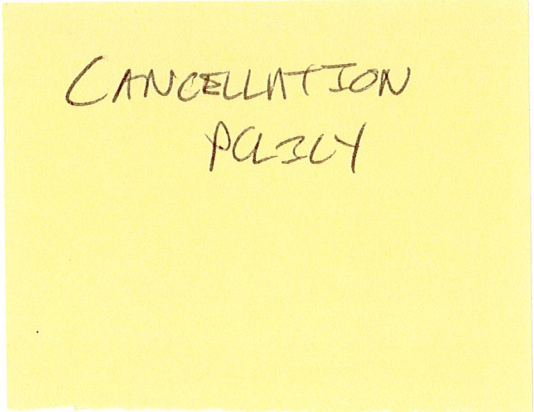
**dmurphy@sweethomeschools.org**

## Cancellation Policy:

Since we do not go through a travel agency, cancellation policies are based on what the airlines allow and what our travel insurance offers.

If a participant chooses to cancel and the flight is booked through:

- 1) Air Canada: the fare is returned minus a \$500 (CA) fee if the higher priced tickets are purchased.
  - 2) Any American-based flight lines: no refunds except what is covered by travel insurance, or if the higher priced tickets are purchased.
- The fee for the travel insurance is non-refundable: (about \$75)
  - The chaperone fee is dropped



CANCELLATION  
POLICY



# STUDENT DELUXE PLAN CHANGES

## **EXPIRING STUDENT DELUXE**

| Insurance Benefits                                       | Maximum Benefit Amount        |
|--|-------------------------------|
| Trip Cancellation**                                      | up to 100% of Trip Cost*      |
| Trip Interruption**                                      | 150% of Trip Cost*            |
| Travel Delay - 6 hours                                   | \$750 (\$150/day)             |
| Single Supplement  | Included                      |
| Missed Connection - 3 hours                              | up to \$500                   |
| Emergency Medical Evacuation and Repatriation of Remains | up to \$100,000               |
| Non-Medical Emergency Evacuation                         | up to \$150,000               |
| Baggage and Personal Effects                             | up to \$1,500 (\$300/article) |
| Musical Instruments and Rentals                          | n/a                           |
| Baggage Delay - 24 hours                                 | up to \$300                   |
| Accident & Sickness Medical Expense                      | up to \$25,000                |
| Dental Expense Sub Limit                                 | up to \$750                   |
| Pre-Existing Medical Conditions Exclusion Waiver         | Available                     |

### **Optional Upgrade Benefits** (Available for an additional cost.)

|                                |                      |
|--------------------------------|----------------------|
| Cancel for Any Reason (CFAR)** | Up to 75% Trip Cost* |
|--------------------------------|----------------------|

Coverages may vary and not all coverage is available in all jurisdictions.

\*Up to the trip cost protected, up to the maximum of \$10,000.

\*\* For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only.

\*\*\*The lesser of 75% of the amount prepaid for the Trip or up to the plan maximum of \$10,000. CFAR is optional and available for purchase at the individual level. This benefit is not available to residents of NY State. Additional terms apply.

## **NEW STUDENT DELUXE**

| Insurance Benefits   | Maximum Benefit Amount         |
|--|--------------------------------|
| Trip Cancellation**  | up to 100% of Trip Cost*       |
| Trip Interruption***   | 150% of Trip Cost*             |
| Trip Delay - 6 hours   | \$2,500 (\$250/day)            |
| Single Supplement  | Included                       |
| Missed Trip Connection - 3 hours                                 | up to \$500                    |
| Medical Evacuation and Repatriation of Remains                   | up to \$250,000                |
| Political or Security Evacuation and Natural Disaster Evacuation | up to \$150,000                |
| Baggage and Personal Effects                                     | up to \$1,000 (\$250/ article) |
| Musical Instruments and Rentals                                  | up to \$500                    |
| Baggage Delay - 24 hours   | \$300                          |
| Accident & Sickness Medical Expense                              | up to \$50,000                 |
| Dental Expense Sub Limit   | up to \$750                    |
| Pre-Existing Medical Conditions Exclusion Waiver                 | Available                      |

### **Optional Upgrade Benefits** (Available for an additional cost.)

|                                  |                      |
|----------------------------------|----------------------|
| Cancel for Any Reason (CFAR)**** | Up to 75% Trip Cost* |
|----------------------------------|----------------------|

Coverages may vary and not all coverage is available in all jurisdictions.

\* Up to the lesser of the Trip Cost paid or the limit of coverage on Your confirmation of coverage.

\*\*For \$0 Trip Cost, there is no Trip Cancellation.

\*\*\*\$500 Return Air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your confirmation of coverage.

\*\*\*\*CFAR coverage is the lesser of 75% of the amount prepaid for the Trip or up to the plan maximum. CFAR is optional and available for purchase at the individual level. This benefit is not available to residents of NY State. Additional terms apply.

Agent Use Only. Do Not Distribute to Customers

### **Non-Insurance Worldwide Assistance Services are included in both plans and include:**

Medical or Legal Referral, Inoculation Information, Hospital Admission Guarantee, Telemedicine, House Calls, Translation Service, Lost Baggage Retrieval, Passport/Visa Information, Emergency Cash Advance, Bail Bond, Prescription Drug/Eyeglass Replacement, ID Theft Resolution Service, Concierge Service, and Business Concierge





## New Student Deluxe: Covered Perils for Trip Cancellation, Trip Interruption, Trip Delay

| Trip Cancellation  | Trip Interruption   | Trip Delay             |
|--|---|------------------------|
| Complications of Pregnancy                                     | Complications of Pregnancy                                      | Security Breach, Civil |
| Mental, Nervous, or Psychological Disorders                    | Civil Riot Prohibits You From Reaching Scheduled Destination    | Disorder, Riot         |
| Mandatory Evacuation at Trip Destination                       | Cancellation of Scheduled Event                                 |                        |
| Civil Riot Prohibits You From Reaching Scheduled Destination   | Travel Warning in Destination Country or Region                 |                        |
| Employment Transfer of Parent Financially Responsible for Trip | Employment Transfer of Parents Financially Responsible for Trip |                        |
| Extended School Year   | Work Requirement  |                        |
| Academic Exam  |   |                        |
| Work Requirement   |   |                        |

Please review plan document for full details, not all perils are available in all jurisdictions - additional terms and conditions apply.

### Pricing For New Student Deluxe Per Person Rates

| Cost of Trip    | Rates    | With CFAR* | Cost of Trip      | Rates    | With CFAR* |
|-----------------|----------|------------|-------------------|----------|------------|
| \$0             | \$10.00  | N/A        | \$5,001-\$5,500   | \$230.00 | \$345.00   |
| \$1-\$250       | \$26.00  | \$39.00    | \$5,501-\$6,000   | \$252.00 | \$378.00   |
| \$251-\$500     | \$32.00  | \$48.00    | \$6,001-\$6,500   | \$273.00 | \$409.50   |
| \$501-\$1,000   | \$46.00  | \$69.00    | \$6,501-\$7,000   | \$293.00 | \$439.50   |
| \$1,001-\$1,500 | \$63.00  | \$94.50    | \$7,001-\$8,000   | \$337.00 | \$505.50   |
| \$1,501-\$2,000 | \$83.00  | \$124.50   | \$8,001-\$9,000   | \$382.00 | \$573.00   |
| \$2,001-\$2,500 | \$105.00 | \$157.50   | \$9,001-\$10,000  | \$403.00 | \$604.50   |
| \$2,501-\$3,000 | \$125.00 | \$187.50   | \$10,001-\$11,000 | \$446.00 | \$669.00   |
| \$3,001-\$3,500 | \$145.00 | \$217.50   | \$11,001-\$12,000 | \$488.00 | \$732.00   |
| \$3,501-\$4,000 | \$167.00 | \$250.50   | \$12,001-\$13,000 | \$531.00 | \$796.50   |
| \$4,001-\$4,500 | \$187.00 | \$280.50   | \$13,001-\$14,000 | \$573.00 | \$859.50   |
| \$4,501-\$5,000 | \$208.00 | \$312.00   | \$14,001-\$15,000 | \$616.00 | \$924.00   |

The above rates are for trips up to 30 days. For each day over 30, add \$5.00 per person, per day. Maximum trip length is up to 60 days for all states, except Hawaii. Hawaii has a maximum trip length of up to 30 days.

All of the above rates are for the plan which includes insurance and non-insurance services.  
The rates above do not apply to residents of Pennsylvania, California, Hawaii and Virginia.

\*Optional Cancel For Any Reason (CFAR) benefit not available to residents of NY State.