

g) Cost of Transportation: TBD Source of Funds: Students/Parents

*Account number trip is being paid from (Department) _____
First Student trips requiring payment must be paid for in advance. Send check to First Student Inc, 22157
Network Place, Chicago, IL 60673-1221 with the trip ID number AND/OR quote number you received.

h) Departure/Arrival Time:

- Time Depart from School: Afternoon 4/12/25
- Time Return to School: TBD 4/21/25

i) Number of Students: 4 Number of Adults: 1

Field Trip 1 teacher plus 1 additional person for every 15 students or part thereof

Exchange Programs 1 teacher plus 1 additional person for every 10 students or part thereof

j) Names of teachers serving as chaperones: Ryan Dolan
Names of others serving as chaperones: _____

4. Fill all that apply

- a) Total Cost per Student: \$4000.00 What does this cost include? All expenses
- b) Emergency Contact Name: Ryan Dolan Cell Phone: 203-213-3614
- c) Special Medical Requirements: NIA

SIGNATURES:

Director: _____ Date: _____

* Is this trip connected to the curriculum? Yes No

Principal: [Signature] Date: 1.30.25

Nurse: [Signature] Date: 1/30/25

Assistant Superintendent: _____ Date: _____