

Regular Meeting
KILLINGLY BOARD OF EDUCATION
Wednesday, February 12, 2025
7:00 PM
Central Office 79 Westfield Ave., Killingly CT 06239
Conference Room A

AGENDA

- 1. CALL TO ORDER & PLEDGE OF ALLEGIANCE**
- 2. ROLL CALL**
- 3. BOARD SHOUT-OUTS**
- 4. REPORT BY STUDENT BOARD MEMBERS**
- 5. PUBLIC COMMENT** - *Members of the public are encouraged to share their thoughts with the Board of Education and are invited to do so during this segment of the meeting. 30 minutes will be allotted for public comment per meeting, limited to no more than 3 minutes, maximum per person. People wishing to speak must sign up prior to the start of the meeting. When appropriate to do so, members of the Board and the administration may respond to comments. However, in consideration of those in attendance and in an effort to proceed in a timely manner, follow-up discussion may need to take place outside of the meeting setting.*
- 6. TOWN COUNCIL LIAISON REPORT**
- 7. BOARD CHAIRPERSON, COMMITTEE & LIAISON UPDATES**
 - A. Curriculum Committee
 - B. Facilities Committee
 - C. Fiscal Committee
 - D. Personnel Committee
 - E. Policy Committee
 - F. AdHoc Committee to Discuss District-wide Bullying
 - G. AdHoc Committee to Discuss School Mascot
- 8. DISCUSSION AND POSSIBLE ACTION OF TRANSFER OVER \$10,000 FOR EASTCONN SUPPORT OF SIS, STATE REPORTING AND RELATED SYSTEMS AND PROCESSES**
- 9. SUPERINTENDENT'S UPDATE**
 - A. Killingly Therapeutic Academy Tuition Update
 - B. Attendance Update

C. School Safety & Security Update

10. CONSENT AGENDA

A. 1-22-2025 BoE Meeting Minutes

B. February 3, 2025 Student Enrollment

C. February EOM Nomination

D. KHS Art Field Trip Request, Boston MA

E. KHS Senior Class Field Trip Request, Lincoln RI

F. KCP Summer Field Trip Requests (7)

Biomes Marine Biology Center, N. Kingstown RI

Mohegan Bowl, Webster MA

Roger Williams Zoo, Providence RI

Crab Apple Whitewater, Charlemont MA

Mulligans's Island, Cranston RI

Crystal Caves, Auburn MA

Ecotarium, Worcester MA

G. KHS Robotics World Championships, Dallas Texas or US Nationals, Iowa

H. KHS Percussion Ensemble Field Trip, University of RI

11. ADJOURNMENT

BUDGET TRANSFER REQUEST

TO: Business Office

Date of Request: 1/30/2025Budget Year: 2024-2025

Requester

Christian Iamartino, IT Director

Supervisor's Signature

Transfer:

From Account 100-150-25800-5530 - Communications Amount \$ \$11,358.89

From Account _____ Amount \$ _____

From Account _____ Amount \$ _____

To Account 100-150-00-22300-5330 - Pro Tech Amount \$ \$11,358.89

To Account _____ Amount \$ _____

To Account _____ Amount \$ _____

*Current balance 67,807.20 rem*Item(s) or Service(s) Requiring Transfer: Support of SIS, State Reporting and related systems and processesExplanation of need: Support provided to the NEW SIS Coordinator regarding State Reporting needs and training (specifically ED 166 and additional support through end of year 2025)Reason why item(s) or service(s) was not originally budgeted: ED 166 report requires transformation of data from Educators Handbook, and historically EASTCONN converted the data and we are not currently ready to take on this task and there's additional state reporting assistance required this year.
What won't be purchased due to this transfer? _____

N/A

Business Office Use

Professional Services Agreement

THIS PROFESSIONAL SERVICES AGREEMENT

is made by and between

TECHNOLOGY SOLUTIONS DIVISION

EASTERN CT REGIONAL EDUCATION SERVICE CENTER

376 Hartford Turnpike
Hampton, CT 06247

and

Killingly Public Schools

79 Westfield Avenue

PO Box 210

Danielson, CT 06239

For billing/content questions contact: mwhiteley@eastconn.org

860-455-1507

For good and valuable consideration, the parties agree as follows:

General Purpose. The general purpose of this Agreement is to engage the services of EASTCONN to perform the services described in Schedule A (the "Services").

THIS PROFESSIONAL SERVICES AGREEMENT is made by and between EASTERN CT REGIONAL EDUCATION SERVICE CENTER ("EASTCONN")

and

Killingly Public Schools ("CUSTOMER")

General Duties. EASTCONN staff shall perform the following Services in conformance with the attached Schedules, all of which are incorporated herein, and in conformance with professional standards for performing services of a similar kind. Assigned EASTCONN staff remain under the general management of EASTCONN. The CUSTOMER shall provide priorities of services requested as necessary.

Term. This contract beginning on January 1, 2025 and ending on June 30, 2025 is for services described in Schedule A

Non-Compete: CUSTOMER agrees to not offer employment to any employee of EASTCONN Technology Solutions ("EMPLOYEE") without the written consent of EASTCONN any time prior to September 2026. In the event the CUSTOMER offers employment or an independent service contract to an EMPLOYEE, EASTCONN shall invoice the CUSTOMER no more than 50% the annual EASTCONN salary of said employee as fair and just compensation. The obligations of this section shall expressly survive the expiration or earlier termination of this Agreement.

Terminating the Agreement: Either party may terminate this Agreement at any time by giving 30 days written notice of termination. EASTCONN shall be entitled to full payment of contract value as listed in SCHEDULED if CUSTOMER requests termination.

Confidentiality. All data, material, books, records and information in any format or medium (including provided orally) submitted or made available to EASTCONN by the CUSTOMER, or any other person acting on behalf of the CUSTOMER (collectively, "CUSTOMER Data"), unless otherwise publicly available, and all data and information, and other work developed by EASTCONN under this Agreement, shall be utilized by EASTCONN solely in connection with the performance of the Services under this Agreement only and shall not be made available by EASTCONN to any other person unless required by law. The obligations of this section shall expressly survive the expiration or earlier termination of this Agreement.

Data Privacy. Performance of the Services under this Agreement may entail the disclosure to EASTCONN of personally identifiable information from student education records protected by the Family Educational Rights and Privacy Act (FERPA) ("Student Information") or Connecticut General Statutes §10-234aa through 10-234dd).

EASTCONN acknowledges that for the purposes of this Agreement, it will be designated as a "school official" with "legitimate educational interests" in the Student Information, as those terms have been defined under FERPA and its implementing regulations, and EASTCONN agrees to abide by the limitations and requirements imposed by 34 CFR 99.33(a) on school officials. EASTCONN will use Student Information only for the specific purpose of fulfilling its obligations under this Agreement. EASTCONN may not disclose Student Information to or share any Student Information with any other party or for any other purpose without the prior written consent of the student. By way of illustration and not of limitation, EASTCONN will not use such information for EASTCONN's own benefit or engage in "data mining" of CUSTOMER DATA or communications, whether through automated or human means, except as necessary to fulfill its specific obligations under this Agreement. The provisions of this section will be applicable to any subcontractors or agents to whom EASTCONN may release Student Information in order to perform the Services under this Agreement. EASTCONN agrees that prior to releasing any Student Information to any subcontractor or agent, EASTCONN will require such subcontractor or agent to acknowledge its obligations as a "school official" and to agree to comply with the FERPA requirements articulated in this section.

EASTCONN will provide access to CUSTOMER Data only to those EASTCONN employees and agents who need to access the data to fulfill EASTCONN's obligations under this Agreement. The obligations of this section shall expressly survive the expiration or earlier termination of this Agreement.

Data Security. All facilities and other resources used to store and/or process CUSTOMER Data will employ reasonable and appropriate administrative, physical, and technical safeguards to secure such data from unauthorized access, disclosure, alteration, and use. Such measures will be no less protective than those used to secure EASTCONN's own data of a similar type, and in no event less than reasonable in view of the type and nature of the data involved.

EASTCONN will use industry-standard and up-to-date security tools and technologies such as anti-virus protections and intrusion detection methods in providing the Services under this Agreement. EASTCONN will update its tools and technologies during the course of this Agreement as industry standards change and updated tools and technologies become available. EASTCONN will ensure that its employees and agents who perform work under this Agreement receive appropriate instruction as to how to protect data consistent with the provisions of this Agreement. EASTCONN will perform background checks on all personnel who have potential to access CUSTOMER Data. Background checks will be performed in accordance with the Fair Credit Reporting Act and will, at a minimum, felony and misdemeanor criminal records of federal, state, or local courts.

Web Content Accessibility. In accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, all web pages, web functionality, websites or web

applications developed or provided under this Agreement will attempt to conform to the W3C Web Content Accessibility 2.0 Level AA Guidelines that can be found at <https://www.w3.org/WAI/WCAG20/quickref/>. If EASTCONN is hosting websites or providing web design services or web-based products, and if required, shall provide written evidence that their product or service addresses each of the WCAG 2.0, Level AA criteria. For any area of noncompliance, EASTCONN should describe any planned remediation roadmaps, including timelines and steps that will be taken to achieve full compliance, as well as interim workarounds to enable access by individuals with disabilities.

Access to Data Response to Legal Demands or Requests for Data. The CUSTOMER shall have the right, at all times during the term of this Agreement for any reason whatsoever in CUSTOMER's sole discretion, to request removal of any and all CUSTOMER Data and information from EASTCONN storage systems. In addition, in connection with CUSTOMER'S response to an e-discovery request or other legal proceeding, governmental request, or other a claim or demand upon receipt of written request from CUSTOMER, EASTCONN will provide CUSTOMER with any existing logs or other CUSTOMER Data and information.

Security Incident Response. Upon becoming aware of any unauthorized access to any CUSTOMER stored on EASTCONN's equipment or in EASTCONN's facilities, or unauthorized access to any equipment or facilities reasonably expected to result in loss, disclosure, or alteration of CUSTOMER Data (each a "Security Incident"), EASTCONN will: (1) promptly notify CUSTOMER; (2) investigate the Security Incident and provide CUSTOMER with detailed information about the Security Incident; (3) take reasonable steps to mitigate the effects and to minimize any damage resulting from the Security Incident; (4) take prompt and appropriate corrective action aimed at preventing the recurrence of a similar Security Incident in the future.

Data Transfer Upon Termination or Expiration. Upon expiration or termination of the Services, EASTCONN will deliver to CUSTOMER all data pursuant to work described in this Agreement and return to CUSTOMER, or securely delete or destroy, as directed by CUSTOMER, all CUSTOMER Data.

Compliance with Applicable Laws and CUSTOMER Policies. EASTCONN warrants and represents that it will comply with all federal, state and local laws, including data protection and data privacy laws, applicable to the EASTCONN's performance of the Services under this Agreement. Prior to gaining access to CUSTOMER's systems and/or prior to gaining access to CUSTOMER's facilities to perform Services, EASTCONN personnel will always agree to the requirements for access privileges and act in compliance with CUSTOMER's policies and procedures. EASTCONN and all individuals assigned by EASTCONN to a project under this Agreement must comply with CUSTOMER policies.

Jurisdiction. This Agreement shall be deemed to have been made in the State of Connecticut. Connecticut law (exclusive of any choice of law principles) shall govern this Agreement. EASTCONN consents to the jurisdiction of the state or federal courts serving Windham County, Connecticut for the resolution of any disputes arising under this Agreement.

Severability. If any provision of this Agreement is declared invalid by any tribunal, then such provision shall be deemed automatically modified to conform to the requirements for validity as declared at such time, and as so modified, shall be deemed a provision of this Agreement as though originally included herein. In the event that the provision invalidated is of such a nature that it cannot be modified, the provision shall be deemed deleted from this Agreement as though the provision had never been included herein. In either case, the remaining provisions of this Agreement shall remain in effect.

Notices. Each notice, request, or demand given or required to be given pursuant to this Agreement shall be in writing and shall be deemed sufficiently given if deposited in the United States mail, first class, postage pre-paid, and addressed to the address of the intended recipient set forth on the first page hereof or to such other address as may be specified in writing by the parties.

Force Majeure. EASTCONN shall be excused from liability for the failure or delay in performance of an obligation under this Agreement due to an event beyond its reasonable control including, but not limited to, a local or regional loss of power, a local or regional loss of internet connectivity, a subscribed service failure, an unknown condition of CUSTOMER technology software or infrastructure unknown to EASTCONN, a data breach, a fire, a flood, an explosion, an earthquake, a natural disaster or any other act of God, as well as a pandemic, an epidemic, a recognized health threat as determined by any federal, state or local government or quasi-governmental authority (including the federal Centers for Disease Control), civil unrest, a strike or labor disturbance, war or threat of war, terrorism or a threat of terrorism, a governmental or quasi-governmental order or directive to "shelter in place", an unanticipated EASTCONN employee severance, illness, or death or any other event, occurrence, order or directive similar to those enumerated above (each, a "Force Majeure Event").

Scheduling. This contract represents a commitment between the parties to take all steps necessary to facilitate the services outlined in Schedule A. CUSTOMER agrees to provide all access, data, infrastructure, tasking, approvals, and/or any other task requirements [collectively "TASK REQUIREMENTS"] necessary to support these services in a timely manner. CUSTOMER is responsible for unused resources listed in Schedule B due to missing TASK REQUIREMENTS. EASTCONN shall be held harmless for any incomplete tasks and/or unscheduled tasks due to unavailability or untimeliness of any TASK REQUIREMENTS. EASTCONN has sole discretion to carry over any Schedule B resources past the contract end date.

Entire Agreement. This Agreement represents the entire understanding of the parties and may not be modified except by written agreement of the parties and supersedes all prior written and/or oral agreements. This Agreement may be executed in counterpart signatures. In the event of a conflict between the terms in this Agreement and the terms of any other agreement, including a purchase order, the terms in this Agreement shall control.

Authority. Each party warrants that it has the authority to enter into this Agreement and that entering into this Agreement is not restricted or prohibited by any existing agreement to which it is a party.

Terms of Payment. This is an annual contract for the amount indicated in Schedule, which includes a 3% discount for payment in full net 30 days from date of invoice. Any applicable mileage will be invoiced quarterly at the current federal rate [currently \$0.67/mi]. Payment is expected within 30 days from the date of invoice. Late payment will be subject to a 3% penalty.

Schedule A

STATEMENT OF WORK

Support of SIS, state reporting, and related systems and processes.

Assigned staff will be on site (or remote) to complete the equivalent of 12 days of SIS Support work after January 1st, 2025.

This is an estimate of the work to be completed. Contract is not limited to 12 days. Contract is extensible upon mutual agreement of additional work; as approved by Killingly Administration or Killingly Director of Technology. Any additionally approved days will be invoiced quarterly.

Schedule B

Personnel and Assignment

Greg Joiner
Justin Soucy
Andy DePalma
Other staff as required.

Holidays, early dismissals, and/or snow days may affect scheduled work.

Schedule C

Payment Amount and Schedule


Amount to be paid:

In full at \$11,358.89, including mileage required for on-site work, invoiced at (the Federal rate of) \$0.67 per mile. This invoice is due NET 30 upon receipt of invoice.

Mutually agreed upon additional days will be billed quarterly at \$925/day, plus any additional required mileage at the \$0.67 per mile Federal rate.

In witness thereof, the parties hereto have caused this Agreement to be executed by their respective duly authorized representatives.

For EASTCONN:

Signature: 
Eric Protulis (Dec 16, 2024 16:12 EST)

Print Name: Eric Protulis

Title: Executive Director

Phone:

Email:

Address:

Date: 12/16/2024

For CUSTOMER:

Signature: _____

Print Name: _____

Title:

Phone:

Email:

Address:

Date:

Please update contact information below:

Superintendent name/email/phone

Principal/Admin name/email phone

Billing contact name/email/phone

Contract contact name/email/phone

Regular Meeting
KILLINGLY BOARD OF EDUCATION

Wednesday, January 22, 2025

7:00 PM

Central Office 79 Westfield Ave., Killingly CT 06239

Conference Room A

MINUTES

Present: Laura Dombkowski, Meredith Giambattista, Laura Lawrence (absent with notification), Kevin Marcoux, Kelly Martin (absent with notification), Misty Murdock, Kyle Napierata, Danny Rovero (absent with notification), Susan Lannon, Student Board Member Melody Hutchinson

Guests: **Superintendent Susan Nash, Assistant Superintendent Jeffrey Guiot, and Acting Recording Secretary Amy Perreault**

1. CALL TO ORDER & PLEDGE OF ALLEGIANCE

Meredith Giambattista, co-chairperson, called the meeting to order at 7:02 pm and Misty Murdock led the Pledge of Allegiance.

2. ROLL CALL- See Above

3. BOARD SHOUT-OUTS- No Shoutouts

4. REPORT BY STUDENT BOARD MEMBERS

Melody Hutchinson gave the Board an update on recent and upcoming events in the district. Some highlights of her report are below.

KCS: Students in Mrs. Parsell's Kindergarten class read "The Mitten Tree". Inspired by the book's theme, the students thought it would be nice to offer mittens and gloves to children at KCS who need a set for recess. The service project supported our Kindergartener's with helping children within our KCS community as well as fostering the classroom's theme of sharing. 17 pairs of mittens have already been collected for students to use at recess. Thank you to all the students and families who donated!

KMS: KMS teachers had the opportunity to participate in a few different professional development activities. Third and fourth grade teachers stepped into the shoes of their students as they solved multiplication problems using place value partial products and smart partial products. Grade 2 teachers were able to review three major strategies for solving 2-digit addition. KMS participated in Dr. Nash's Innovation Lab, where they took on the role of detectives. Their mission was to decide whether a lesson that they had to view, qualified as a DOK Level 3. Working collaboratively, the teachers analyzed and determined

the appropriate DOK level. They then reconvened as a larger group to share their thoughts and discuss whether the lesson aligned more closely with a DOK Level 1 or 2.

KIS: KIS music department ended their winter concert series last week with the 5th and 6th grade chorus and band students performing for packed houses. The 5th grade band and chorus program has grown tremendously thanks to the Board of Education's support of the new schedule that was implemented at KIS this year. Because of this support, students are able to learn about and grow their musical talents more regularly, thus increasing their achievement in the performing arts, something that was definitely noted in the applause given to the students by the audience. The 2nd round of clubs and activities is in full swing at KIS. Students are enjoying participating in clubs and activities such as volleyball, sewing, creative writing, coding, book club, board games, journaling, and so much more. We thank the teachers for sharing their interests and hobbies with all the students and look forward to seeing the students grow their interests as a result.

KHS: The KHS gym was full of fans and athletes on Monday, January 13th for Unified Sports senior night. Woodstock and Thompson joined us for senior night and then participated in a jamboree of basketball games with KHS! Thank you to everyone who attended to celebrate the seniors and cheer on our teams. KHS had a great professional development day on Tuesday, January 21st. Dr. Nash presented an exciting innovation lab workshop on the Depths of Knowledge (DOK) levels for lesson planning; faculty also participated in a habits of work workshop and a gradebook workshop with the admin team. KHS students will participate in course selection beginning on February 19th and school counselors will be going out to visit sending schools to support course selection for incoming 8th graders. Congratulations to the KHS football coaches, football staff and football players for being recognized as the CT High School Coaches Association 2024 Team of the Year!

5. RECOGNITION OF VISITORS

A. January 2025 Employee of the Month, Adrianna Randolph.

6. PUBLIC COMMENT – No Public Comment

7. TOWN COUNCIL LIAISON REPORT-

Town Council member Michelle Murphy shared that the elevator at the Town Hall has been fixed. The footbridge is still damaged and remains closed. The Engineering Department has contacted a consultant to evaluate the condition of the footbridge and to provide an estimate of the cost to repair.

8. PRESENTATION FROM EASTCONN REGARDING INCREASE IN TUITION AND TRANSPORTATION

Eric Protulis, Executive Director and Brian Greenleaf, CFO from EastConn spoke to the Board about the need to increase tuition for students attending EastConn in the middle of the year. It is a 15% increase in Base tuition and a 4% increase in transportation cost.

9. BOARD CHAIRPERSON, COMMITTEE & LIAISON UPDATES

- A. Curriculum Committee- No Report
- B. Facilities Committee- No Report
- C. Fiscal Committee- No Report
- D. Personnel Committee-
The committee is continuing negotiations with Transportation
- E. Policy Committee- No Report
- F. AdHoc Committee to Discuss District-wide Bullying
In the process of choosing a different date to meet
- G. AdHoc Committee to Discuss School Mascot
The Historical Committee is reconvening at the end of the month to go over imagery being created by KHS art students.

10. SUPERINTENDENT'S UPDATE

- A. 2025-2026 Budget Presentation
Dr. Nash highlighted to the board some things that budget money has been used for that have made Killingly Public Schools better and safer, such as Armed Security Officers in all schools, a Pyramid Coach-lowering the number of office referrals, a new math curriculum that earned KMS to become a school of distinction. Dr. Nash also highlighted that the creation of Killingly Therapeutic Academy will not add extra cost to the 25-26 school budget. Dr. Nash presented the board with a preliminary budget of \$49,738,817. A 4.97% increase from last year.

11. CONSENT AGENDA

- A. 1-8-2025 BoE Meeting Minutes
- B. KHS Model UN Field Trip Request to Boston, MA

Motion: by Kevin Marcoux, seconded by Misty Murdock to approve consent agenda.
YES- 5, Unanimous
Motion Carries

12. ADJOURNMENT

Motion: by Misty Murdock, seconded by Kyle Napierata to adjourn at 7:46pm

Yes-5, Unanimous
Motion Carries

Respectfully submitted by
Amy Perreault
Acting Recording Secretary

| 2024-2025 Killingly Public Schools Student Enrollment | | | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|------|----|-------|-----------------|----------------|-----|--------------------|-----|------|-----|-------|-------------------|-----|-------------------|-----|
| February 3, 2025 | | | | | | | | January 2, 2025 | | | | | | | | | | | |
| GRADE | KHS | KIS | KCS | KMS | GDYR | OD | | GRADE | KHS | KIS | KCS | KMS | GDYR | OD | | | | | |
| PREK | | | 25 | | 120 | 0 | | PREK | | | 24 | | 122 | 0 | | | | | |
| K | | | 143 | | | 0 | | K | | | 142 | | | 0 | | | | | |
| 1 | | | 147 | | | 3 | | 1 | | | 147 | | | 3 | | | | | |
| 2 | | | | 168 | | 0 | | 2 | | | | 170 | | 0 | | | | | |
| 3 | | | | 145 | | 2 | | 3 | | | | 145 | | 2 | | | | | |
| 4 | | | | 175 | | 3 | | 4 | | | | 173 | | 3 | | | | | |
| 5 | | 165 | | | | 3 | | 5 | | 165 | | | | 3 | | | | | |
| 6 | | 181 | | | | 4 | | 6 | | 182 | | | | 5 | | | | | |
| 7 | | 180 | | | | 5 | | 7 | | 178 | | | | 5 | | | | | |
| 8 | | 168 | | | | 5 | | 8 | | 166 | | | | 5 | | | | | |
| 9 | 191 | | | | | 7 | | 9 | 191 | | | | | 7 | | | | | |
| 10 | 180 | | | | | 11 | | 10 | 179 | | | | | 11 | | | | | |
| 11 | 204 | | | | | 6 | | 11 | 205 | | | | | 6 | | | | | |
| 12 | 159 | | | | | 16 | | 12 | 160 | | | | | 17 | | | | | |
| Totals | 734 | 694 | 315 | 488 | 120 | 65 | 2,416 | | Totals | 735 | 691 | 313 | 488 | 122 | 67 | 2,416 | | | |
| COMPARATIVE DATA: 2023-2025 | | | | | | | | | KMS by Teacher | | KCS by Teacher | | | | | | | | |
| | | | | | | | | | Crabtree, M.-2 | 20 | Griffiths, D.-PreK | 10 | | | | | | | |
| | | | | | | | | | Fratoni, D.-2 | 19 | Racine, M.-PreK | 15 | | | | | | | |
| | | | | | | | | | Juhola, N.-2 | 18 | Angelo, K.-K | 18 | | | | | | | |
| | | | | | | | | | Lanzoni, L.-2 | 18 | Collins, K.-K | 20 | | | | | | | |
| January 4, 2023 | | | | | | | | | 105 | 339 | 531 | 664 | 773 | 54 | 2,466 | Maheu, J. - 2 | 20 | Crawford, K.-K | 21 |
| February 1, 2023 | | | | | | | | | 110 | 340 | 530 | 665 | 763 | 58 | 2,466 | McMerriman,S.-2 | 18 | Horne, F.-K | 19 |
| March 1, 2023 | | | | | | | | | 109 | 340 | 526 | 665 | 762 | 58 | 2,460 | Moulton, J.-2 | 18 | Livingston, H.-K | 21 |
| April 3, 2023 | | | | | | | | | 115 | 340 | 527 | 657 | 766 | 59 | 2,464 | Riordan, E.-2 | 19 | Lopez, K.-K | 21 |
| May 1, 2023 | | | | | | | | | 118 | 340 | 527 | 659 | 765 | 58 | 2,467 | Sakidovitch, A.-2 | 18 | Parsell, S.-K | 18 |
| June 1, 2023 | | | | | | | | | 119 | 339 | 526 | 655 | 764 | 57 | 2,460 | Bitgood, C.-3 | 19 | Blackmar, C.-1 | 13 |
| June 23, 2023 | | | | | | | | | 118 | 339 | 527 | 655 | 760 | 58 | 2,457 | Breen, T.-3 | 19 | Brock, J.-1 | 16 |
| September 1, 2023 | | | | | | | | | 117 | 324 | 500 | 704 | 771 | 59 | 2,475 | Carlson, J.-3 | 17 | Bufmack, E. - 1 | 14 |
| October 2, 2023 | | | | | | | | | 117 | 326 | 485 | 697 | 760 | 62 | 2,447 | Gaulin, N.-3 | 18 | Guillot, J.-1 | 14 |
| November 1, 2023 | | | | | | | | | 117 | 328 | 484 | 698 | 752 | 61 | 2,440 | Hand, H.-3 | 18 | Hanson, D. -1 | 17 |
| December 1, 2023 | | | | | | | | | 120 | 329 | 483 | 699 | 751 | 58 | 2,440 | Penner, K. -3 | 18 | Horvath S.-1 | 16 |
| January 3, 2024 | | | | | | | | | 119 | 327 | 484 | 697 | 749 | 61 | 2,437 | Siegmund, L.-3 | 18 | Santaniello,M.-1 | 17 |
| February 1, 2024 | | | | | | | | | 119 | 324 | 481 | 694 | 755 | 64 | 2,437 | Tillinghast, A.-3 | 18 | Steuernagel, M.-1 | 15 |
| March 1, 2024 | | | | | | | | | 123 | 319 | 482 | 685 | 754 | 66 | 2,429 | Breen, C.-4 | 21 | Watson, J.-1 | 16 |
| April 1, 2024 | | | | | | | | | 128 | 320 | 483 | 685 | 746 | 68 | 2,430 | Burdick, S.-4 | 22 | Gagnon, R. - IL | 5 |
| May 1, 2024 | | | | | | | | | 130 | 319 | 483 | 683 | 744 | 70 | 2,429 | Delfarno, M.-4 | 22 | Lohgry, S -IL | 9 |
| June 3, 2024 | | | | | | | | | 132 | 319 | 485 | 683 | 736 | 68 | 2,423 | Ellal, H.-4 | 22 | Total | 315 |
| June 17, 2024 | | | | | | | | | 132 | 319 | 485 | 683 | 732 | 69 | 2,420 | Lee, B.-4 | 22 | | |
| September 3, 2024 | | | | | | | | | 118 | 317 | 496 | 690 | 749 | 63 | 2,433 | Salisbury, R.-4 | 22 | | |
| October 1, 2024 | | | | | | | | | 119 | 315 | 486 | 692 | 744 | 64 | 2,420 | Scott, A.-4 | 22 | | |
| November 1, 2024 | | | | | | | | | 119 | 310 | 490 | 695 | 737 | 64 | 2,415 | Tenaglia, D.-4 | 22 | | |
| December 2, 2024 | | | | | | | | | 120 | 310 | 488 | 692 | 736 | 65 | 2,411 | Total | 488 | | |
| January 2, 2025 | | | | | | | | | 122 | 313 | 488 | 691 | 735 | 67 | 2,416 | | | | |
| February 3, 2025 | | | | | | | | | 120 | 315 | 488 | 694 | 734 | 65 | 2,416 | | | | |
| | | | | | | | | | | | | | | | 0 | | | | |
| | | | | | | | | | | | | | | | 0 | | | | |

| Agency and Sp. Ed. Placements | |
|--|-----------|
| Agency-Out of District | |
| Connecticut Junior Republic -Litchfield, CT | 1 |
| Agency Total | 1 |
| Local- Out of District | |
| ASD (American School for the Deaf), West Hartford, CT | 1 |
| ARC of NE CT - Danielson, CT | 1 |
| Bradley School New London - New London, CT | 5 |
| Bradley School Windham -Thompson, CT | 6 |
| CREC Birken - Bloomfield,CT | 3 |
| CREC Riverstreet - South Windsor, CT | 2 |
| EASTCONN Bridges - Columbia, CT | 1 |
| EASTCONN EVC -Willimantic, CT | 2 |
| EASTCONN NRP - Danielson, CT | 8 |
| EASTCONN Transition - Willimantic, CT | 2 |
| High Road - Danielson, CT | 2 |
| Horizons - Windham, CT | 1 |
| Learning Clinic - Brooklyn,CT | 3 |
| Natchaug Joshua Center - Danielson, CT | 3 |
| Ocean Learning Academy , New London, CT | 3 |
| Project Genesis - Windham, CT | 14 |
| Sargent Rehabilitation Center , Providence, RI | 1 |
| Susan Wayne Center - Thompson, CT | 3 |
| Waterford Country School - Quaker Hill, CT | 3 |
| Local Out of District Total | 64 |
| Agency | 1 |
| Total | 65 |

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KHS GRADE/CLASS/CLUB: AP Art + KHS Art Dept DATE: 1/16/25

TEACHER/FIELD TRIP LEADER: Jamie Carver

DATE OF TRIP: 3/28/25 NUMBER OF STUDENTS: 40

NUMBER OF CHAPERONES: 4

DEPARTURE TIME: 8:00 am RETURN TIME: 4:30 pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor

2 PM or earlier unless approved in writing by the Transportation Supervisor

Boston, MA

DESTINATION/DIRECTIONS (be specific): First stop is to Institute of Contemporary Art to have a led discussion w/ docents. Then visiting Museum of Fine Arts + touring. Lunch will be at the Museum of Fine Arts

Yes ☒ No ☐ not using Killingly transport
Transportation availability confirmed with Transportation Supervisor.

Objectives of Trip (relation to curriculum, etc.): For students to be exposed to traditional + Contemporary works of art, have thoughtful discussions + bring that inspiration back to make their art work.

Transportation Desired:

Names of Chaperones:

____ School Bus Jamie Carver
____ Mini Bus Elizabeth Bauman
☒ Other (specify) 2-3 additional
Grissold Bus Company parents
____ Van

Special Equipment Required:

Substitutes Req. 2
(Number)

____ Car Seats _____
(Number)

Aide(s) Required _____
(Number)

____ Handicap Equipped _____
Specify: _____

Nurse Required _____
(Number)

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Jamie Carver
Teacher

[Signature]
Principal/Program Administrator

Superintendent's Office

[Signature]
Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KHS GRADE/CLASS/CLUB: Class of 25' DATE: January 22, 25

TEACHER/FIELD TRIP LEADER: Sarah Jarvis (advisor)

DATE OF TRIP: June 3, 2025

NUMBER OF STUDENTS: Approx 155

NUMBER OF CHAPERONES: Approx 10

DEPARTURE TIME: 8:15 a.m.

RETURN TIME: 2:15 p.m.

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor

2 PM or earlier unless approved in writing by the Transportation Supervisor

DESTINATION/DIRECTIONS (be specific): RI Indoor Karting. Go Karts,

Escape room, arcade, games, buffet lunch.

100 Higginson Rd. Lincoln, R.I.

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): Senior class trip

Transportation Desired:

Names of Chaperones:

3 ☒ School Bus will acquire closer to trip.

☐ Mini Bus

☐ Other (specify)

☐ Van

Special Equipment Required:

Substitutes Req. _____
(Number)

☐ Car Seats _____
(Number)

Aide(s) Required _____
(Number)

☐ Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Sarah Jarvis
Teacher

Kan Layan
Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 6/24/2025 NUMBER OF STUDENTS: 40

NUMBER OF CHAPERONES: 10

DEPARTURE TIME: 9:30am RETURN TIME: 2:00pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor **2 PM or earlier unless approved in writing by the Transportation Supervisor**

DESTINATION/DIRECTIONS (be specific): Biomes Marine Biology Center

6640 Post Road, North Kingstown, RI 02852

401-885-4690

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer Field Trip

Transportation Desired:

Names of Chaperones:

| | | |
|--|----------------------|--------------------------|
| <input checked="" type="checkbox"/> School Bus | <u>Mary Below</u> | <u>Nataliya Delvalle</u> |
| <input type="checkbox"/> Mini Bus | <u>Pam Fulton</u> | <u>Kelsea O'Rourke</u> |
| <input type="checkbox"/> Other (specify) | <u>Aiden Kudla</u> | <u>James Rosati</u> |
| <input type="checkbox"/> Van | <u>Remaining TBD</u> | |

Special Equipment Required:

Substitutes Req. _____
(Number)

_____ Car Seats _____
(Number)

Aide(s) Required _____
(Number)

_____ Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 7/15/2025 NUMBER OF STUDENTS: 40

NUMBER OF CHAPERONES: 10

DEPARTURE TIME: 9:30am RETURN TIME: 1:00pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor **2 PM or earlier unless approved in writing by the Transportation Supervisor**

DESTINATION/DIRECTIONS (be specific): Mohegan Bowl

51 Thompson Rd, Webster, MA 01570

508-949-2695

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer Field Trip

Transportation Desired:

Names of Chaperones:

| | | |
|--|----------------------|--------------------------|
| <input checked="" type="checkbox"/> School Bus | <u>Mary Below</u> | <u>Nataliya Delvalle</u> |
| <input type="checkbox"/> Mini Bus | <u>Pam Fulton</u> | <u>Kelsea O'Rourke</u> |
| <input type="checkbox"/> Other (specify) | <u>Aiden Kudla</u> | <u>James Rosati</u> |
| <input type="checkbox"/> Van | <u>Remaining TBD</u> | |

Special Equipment Required:

Substitutes Req. _____
(Number)

_____ Car Seats _____
(Number)

Aide(s) Required _____
(Number)

_____ Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

Side 1 of 2

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 7/17/2025 NUMBER OF STUDENTS: 40

NUMBER OF CHAPERONES: 8

DEPARTURE TIME: 9:30am RETURN TIME: 12:30pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor **2 PM or earlier unless approved in writing by the Transportation Supervisor**

DESTINATION/DIRECTIONS (be specific): Mohegan Bowl

51 Thompson Rd, Webster, MA 01570

508-949-2695

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer Field Trip

Transportation Desired:

Names of Chaperones:

X School Bus Mary Below Cameron Alvord

Mini Bus Aiden Kudla Cole Davagian

Other (specify) Justine Laporte Camden Senecal

Van Remaining TBD

Special Equipment Required:

Substitutes Req. _____
(Number)

Car Seats _____
(Number)

Aide(s) Required _____
(Number)

Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 7/17/2025 NUMBER OF STUDENTS: 40

NUMBER OF CHAPERONES: 8

DEPARTURE TIME: 11:30am RETURN TIME: 2:30pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor **2 PM or earlier unless approved in writing by the Transportation Supervisor**

DESTINATION/DIRECTIONS (be specific): Mohegan Bowl

51 Thompson Rd, Webster, MA 01570

508-949-2695

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer Field Trip

Transportation Desired:

Names of Chaperones:

| | | |
|--|------------------------|-----------------------|
| <input checked="" type="checkbox"/> School Bus | <u>Aaron Dionne</u> | <u>Cameron Alvord</u> |
| <input type="checkbox"/> Mini Bus | <u>Aiden Kudla</u> | <u>Cole Davagian</u> |
| <input type="checkbox"/> Other (specify) | <u>Justine Laporte</u> | <u>Camden Senecal</u> |
| <input type="checkbox"/> Van | <u>Remaining TBD</u> | |

Special Equipment Required:

Substitutes Req. _____
(Number)

_____ Car Seats _____
(Number)

Aide(s) Required _____
(Number)

_____ Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

EG Ross
Principal/Program Administrator

Superintendent's Office

el Ben
Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: GY GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 7/22/25 NUMBER OF STUDENTS: 20

NUMBER OF CHAPERONES: 6

DEPARTURE TIME: 9:30am RETURN TIME: 3:30pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor **2 PM or earlier unless approved in writing by the Transportation Supervisor**

DESTINATION/DIRECTIONS (be specific): Roger Williams Zoo

1000 Elmwood Ave, Providence, RI 02907

401-785-3510

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer field trip

Transportation Desired:

Names of Chaperones:

☒ School Bus Wendy Ennis Karley Medina

☐ Mini Bus Brooke Donahue

☐ Other (specify) Remaining TBD

☐ Van

Special Equipment Required:

Substitutes Req. _____
(Number)

☒ Car Seats 20
(Number)

Aide(s) Required _____
(Number)

☐ Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 7/22/25 NUMBER OF STUDENTS: 40

NUMBER OF CHAPERONES: 8

DEPARTURE TIME: 9:30am RETURN TIME: 3:30pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor **2 PM or earlier unless approved in writing by the Transportation Supervisor**

DESTINATION/DIRECTIONS (be specific): Roger Williams Zoo

1000 Elmwood Ave, Providence, RI 02907

401-785-3510

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer Field Trip

Transportation Desired:

Names of Chaperones:

| | | |
|---|---------------------------|----------------------|
| <input checked="" type="checkbox"/> School Bus | <u>Lisa Lessey</u> | <u>James Rosati</u> |
| <input type="checkbox"/> Mini Bus | <u>Patricia Tetreault</u> | <u>Nathan Weagle</u> |
| <input type="checkbox"/> Other (specify) <u>Remaining TBD</u> | | |
| <input type="checkbox"/> Van | | |

Special Equipment Required:

Substitutes Req. _____
(Number)

_____ Car Seats _____
(Number)

Aide(s) Required _____
(Number)

_____ Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

***Can be shared bus with GY trip if harnesses are available.**
NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

ESK
Principal/Program Administrator

Superintendent's Office

[Signature]
Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 7/24/25 NUMBER OF STUDENTS: 60

NUMBER OF CHAPERONES: 10

DEPARTURE TIME: 9:30am RETURN TIME: 3:30pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor **2 PM or earlier unless approved in writing by the Transportation Supervisor**

DESTINATION/DIRECTIONS (be specific): Roger Williams Zoo

1000 Elmwood Ave, Providence, RI 02907

401-785-3510

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): _____

Transportation Desired:

Names of Chaperones:

☒ School Bus Mary Below Aiden Kudla

☐ Mini Bus Cole Davagian Nathan Weagle

☐ Other (specify) Remaining TBD

☐ Van

Special Equipment Required:

Substitutes Req. _____
(Number)

☐ Car Seats _____
(Number)

Aide(s) Required _____
(Number)

☐ Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 7/24/25 NUMBER OF STUDENTS: 20

NUMBER OF CHAPERONES: 4

DEPARTURE TIME: 8:30am RETURN TIME: 5:30pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor 2 PM or earlier unless approved in writing by the Transportation Supervisor

DESTINATION/DIRECTIONS (be specific): Crab Apple Whitewater, Inc.

Deerfield River-Fife Brooke Section

1-800-553-7238

Yes ☒ No _____ Transportation availability confirmed with Transportation Supervisor.

Objectives of Trip (relation to curriculum, etc.): KCP Summer Camp Trip

Transportation Desired:

Names of Chaperones:

| | | |
|--|-----------------------|---------------------|
| <input checked="" type="checkbox"/> School Bus | <u>Aaron Dionne</u> | <u>Sam Thompson</u> |
| <input type="checkbox"/> Mini Bus | <u>Cameron Alvord</u> | <u>Emily Ross</u> |
| <input type="checkbox"/> Other (specify) | <u>Remaining TBD</u> | |
| <input type="checkbox"/> Van | | |

Special Equipment Required:

Substitutes Req.

☐ Car Seats _____

(Number)

(Number)

Aide(s) Required

(Number)

☐ Handicap Equipped

Nurse Required

(Number)

Specify: _____

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 8/7/2025 NUMBER OF STUDENTS: 40

NUMBER OF CHAPERONES: 8

DEPARTURE TIME: 9:45am RETURN TIME: 2:30pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor **2 PM or earlier unless approved in writing by the Transportation Supervisor**

DESTINATION/DIRECTIONS (be specific): Mulligan's Island

1000 New London Ave, Cranston, RI,02920

401-464-8855

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer Camp Trip

Transportation Desired:

Names of Chaperones:

| | | |
|--|----------------------|------------------------|
| <input checked="" type="checkbox"/> School Bus | <u>Mary Below</u> | <u>Nathan Weagle</u> |
| <input type="checkbox"/> Mini Bus | <u>Aiden Kudla</u> | <u>Justine Laporte</u> |
| <input type="checkbox"/> Other (specify) | <u>Remaining TBD</u> | |
| <input type="checkbox"/> Van | | |

Special Equipment Required:

☐ Car Seats _____
(Number)

☐ Handicap Equipped

Specify: _____

Substitutes Req. _____

(Number)

Aide(s) Required _____

(Number)

Nurse Required _____

(Number)

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 8/7/2025 NUMBER OF STUDENTS: 40

NUMBER OF CHAPERONES: 8

DEPARTURE TIME: 9:45am RETURN TIME: 2:30pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor **2 PM or earlier unless approved in writing by the Transportation Supervisor**

DESTINATION/DIRECTIONS (be specific): Crystal Caves-Family Entertainment

790 Southbridge St, Auburn MA, 01501

508-832-0797

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer Camp Trip

Transportation Desired:

Names of Chaperones:

| | | |
|--|-----------------------|----------------------|
| <input checked="" type="checkbox"/> School Bus | <u>Aaron Dionne</u> | <u>Cole Davagian</u> |
| <input type="checkbox"/> Mini Bus | <u>Camden Senecal</u> | <u>Sam Thompson</u> |
| <input type="checkbox"/> Other (specify) | <u>Remaining TBD</u> | |
| <input type="checkbox"/> Van | | |

Special Equipment Required:

Substitutes Req. _____
(Number)

_____ Car Seats _____
(Number)

Aide(s) Required _____
(Number)

_____ Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KMS GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 8/12/2025 NUMBER OF STUDENTS: 40

NUMBER OF CHAPERONES: 8

DEPARTURE TIME: 9:30am RETURN TIME: 3:00pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor

2 PM or earlier unless approved in writing by the Transportation Supervisor

DESTINATION/DIRECTIONS (be specific): EcoTarium

222 Harrington Way, Worcester, MA 01604

508-929-2700

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer Camp Trip

Transportation Desired:

Names of Chaperones:

☒ School Bus Lisa Lessey Nathan Weagle

☐ Mini Bus James Rosati Nataliya Delvalle

☐ Other (specify) Remaining TBD

☐ Van

Special Equipment Required:

Substitutes Req. _____
(Number)

☐ Car Seats _____
(Number)

Aide(s) Required _____
(Number)

☐ Handicap Equipped _____
Specify: _____

Nurse Required _____
(Number)

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: GY GRADE/CLASS/CLUB: KCP DATE: 1/29/2025

TEACHER/FIELD TRIP LEADER: Emily Ross

DATE OF TRIP: 8/12/2025 NUMBER OF STUDENTS: 20

NUMBER OF CHAPERONES: 5

DEPARTURE TIME: 9:30am RETURN TIME: 3:00pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor

2 PM or earlier unless approved in writing by the Transportation Supervisor

DESTINATION/DIRECTIONS (be specific): EcoTarium

222 Harrington Way, Worcester, MA 01604

508-929-2700

Yes ☒ No ☐ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): KCP Summer Camp Trip

Transportation Desired:

Names of Chaperones:

☒ School Bus Wendy Ennis Karley Medina

☐ Mini Bus Brooke Donahue

☐ Other (specify) Remaining TBD

☐ Van

Special Equipment Required:

Substitutes Req. _____
(Number)

☒ Car Seats 20
(Number)

Aide(s) Required _____
(Number)

☐ Handicap Equipped

Nurse Required _____
(Number)

Specify: _____

***Can be shared bus with KMS trip if harnesses are available.**

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher

Principal/Program Administrator

Superintendent's Office

Transportation Supervisor

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KHS GRADE/CLASS/CLUB: 9-12 Robotics DATE: 1/24/25

TEACHER/FIELD TRIP LEADER: Dr. Robert Polsell

DATE OF TRIP: 5/5/25 - 5/9/25 - Worlds NUMBER OF STUDENTS: 20

4/11/25 - 4/5/25 - US Nationals NUMBER OF CHAPERONES: 2-3

DEPARTURE TIME: TBD RETURN TIME: TBD

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor

2 PM or earlier unless approved in writing by the Transportation Supervisor

DESTINATION/DIRECTIONS (be specific): World Robotics Championship, Dallas, TX (or) US National Robotics Championship, Council Bluffs, Iowa

Yes ___ No ___ **Transportation availability confirmed with Transportation Supervisor.**

Objectives of Trip (relation to curriculum, etc.): To enhance students' skills and understanding as a result of the highest level of competitive challenge.

Transportation Desired:

Names of Chaperones:

☒ School Bus Dr. Robert Polsell
☐ Mini Bus Kathleen Polsell, RN
☒ Flights
☐ Other (specify) _____
☒ Van (Rental) _____

Special Equipment Required:

Substitutes Req. _____

1 Car Seats _____
(Number)

Aide(s) Required _____

(Number)

Handicap Equipped _____

Nurse Required _____

(Number)

Specify: _____

(Number)

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Dr. Polsell
Teacher

Ka. Lopez
Principal/Program Administrator

Superintendent's Office

[Signature]
Transportation Supervisor



KILLINGLY HIGH SCHOOL

226 PUTNAM PIKE
KILLINGLY, CT 06241
(860) 779-6620
Fax (860) 774-0846

January 30, 2025

Dear Killingly Board of Education Members:

Thank you for your continued support of our life-changing opportunities for Killingly High School Students. I would like permission to take 15-20 KHS Robotics students to Dallas Texas for the World Robotics Championship from May 5 - 9 OR 15-20 of our students to Council Bluffs, Iowa from April 1 - 5 for the US National Robotics Championship to experience the highest level of engineering and robotics competition. I have completed a single request form for EITHER trip, as I wanted to seek your approval early and both of these events depend upon our teams qualifying for a spot. Our teams will learn their fate at the conclusion of the Southern New England Regional Robotics Championship to be held on February 24-25 at the Total Mortgage Arena in Bridgeport, CT. If teams qualify, I wanted to avoid a last minute, rushed request to present to you. In all likelihood, our teams will qualify for one event or the other and therefore only one of the field trip requests will be moved forward. In the unlikely event that teams qualify for both events, no team will travel to two separate championships. They will have to choose one or the other, minimizing student absence. However, if teams split, I will creatively schedule my travel to accommodate both teams.

As an educator since 1996, I have had the unique opportunity to travel with more than 235 students on over 40 trips both nationally and internationally to compete in the New England Regional, US National, World, New Zealand National, and Japan International National robotics competitions. Each of these experiences has been incredibly impactful for my students. Upon reflection, my students describe their experience of meeting peers from another culture, interacting with teams from other countries, and learning about diverse people as "life changing," "the best experience I've ever had in school," and "a once-in-a-lifetime opportunity." I truly believe that traveling for competitive robotics with a focus on developing students skills and knowledge in engineering, culture, and global citizenship is the most impactful experience I have ever provided students.

A trip to Iowa or Texas is not just a fun experience for our students. They earned the opportunity to compete on the US National stage or the World Stage as a direct result of their accomplishments. Unlike many field trips, this one is earned through very hard work, dedication, hundreds of hours of focused testing and practice, and ultimately by being selected the best in New England. KHS students will fly out of either Bradley International, Logan International, or TF Green International and travel to Eppley Field (OMA) for US Nationals or Dallas, Love (DAL) where they will embark on a journey of a lifetime. We will stay locally and compete at the Iowa West Field House in Council Bluffs for US Nationals or the Kay Bailey Hutchinson Center in Dallas. Students will compete in robot skills (both operator control and programming), head-to-head competition, and multiple engineering design interviews to defend their incredible engineering notebook.

Over the past decade, my wife, an RN of three decades specializing in intensive care for children, and I have chaperoned more than 42 (including 3 international) robotics trips and are very comfortable taking on the ultimate responsibility of caring for our students, en loco parentis, 24/7. These adventures provide an excellent opportunity for students and are well within our comfort zone. Through the exciting experience of competitive robotics, our students not only learn to become engineers, problem solvers, and collaborators, they learn the value of diversity, culture, and global citizenship that will make our world a truly better place.

Please contact me at rpolselli@killinglyschools.org if you have any further questions. Thank you for your time and consideration.

Respectfully,

Dr. Robert N. Polselli, Jr.
Engineering and Technology Teacher & HS Robotics Coach

KILLINGLY PUBLIC SCHOOLS FIELD TRIP REQUEST

REV. 7/08

Trip Number: _____ - _____ - _____ Billing Code: _____
Bldg Use Sequence (e.g. 010-1-001)

SCHOOL: KHS GRADE/CLASS/CLUB: KHS Music DATE: 1/30/25

TEACHER/FIELD TRIP LEADER: Jeffrey Ethier

DATE OF TRIP: March 1, 2025 NUMBER OF STUDENTS: 25
Saturday NUMBER OF CHAPERONES: 3

DEPARTURE TIME: 11:30 am RETURN TIME: 6 pm

On a school day: 8:30 AM or later unless approved in writing by the Transportation Supervisor

2 PM or earlier unless approved in writing by the Transportation Supervisor

DESTINATION/DIRECTIONS (be specific): _____

University of RI Fine Arts Building

Yes ☒ No ☐ Transportation availability confirmed with Transportation Supervisor.

Objectives of Trip (relation to curriculum, etc.): RI-PAS Percussion
Ensemble Festival.

Transportation Desired:

Names of Chaperones:

| | | |
|-----------------------|--------------------|------------------------|
| <u>1</u> School Bus | <u>Jeff Ethier</u> | <u>2 music Booster</u> |
| _____ Mini Bus | _____ | <u>Parents.</u> |
| _____ Other (specify) | _____ | _____ |
| _____ Van | _____ | _____ |

Special Equipment Required:

Substitutes Req.

_____ Car Seats _____
(Number)

Aide(s) Required

(Number)

_____ Handicap Equipped

Nurse Required

(Number)

Specify: _____

(Number)

NOTE: Requests to be submitted with all entries complete at least two weeks prior to the trip. Approval will be given only for trips where careful and early planning insures that worthwhile educational outcomes will result. PLEASE NOTE: Head teacher (school) is responsible for any parking fees.

Teacher [Signature]

Principal/Program Administrator [Signature]

Superintendent's Office

Transportation Supervisor [Signature]