

g) **Cost of Transportation:** \$3500 (approx) _____ **Source of Funds:**
6th Grade PTA Account _____

*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: 7:20 am _____
- Time Return to School: 10:30 pm _____

i) **Number of Students:** 56 _____ **Number of Adults:** 20 _____

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:** Tim Trama, Adrienne Quinn, Jon Yelenik _____

Names of others serving as chaperones: Howard Hornreich and parent chaperones _____

4. Fill all that apply

a) **Total Cost per Student:** _____ **What does this cost include?** Bus, Train, Subway and Ferry Tickets

b) **Emergency Contact Name:** Tim Trama _____ **Cell Phone:** 860-377-7494

c) **Special Medical Requirements:** _____

SIGNATURES:

Director:  _____ **Date:** _____

* Is this trip connected to the curriculum? Yes No

Principal:  _____ **Date:** 12-20-24

Nurse:  _____ **Date:** 12-20-24

Assistant Superintendent:  _____ **Date:** 1-13-25