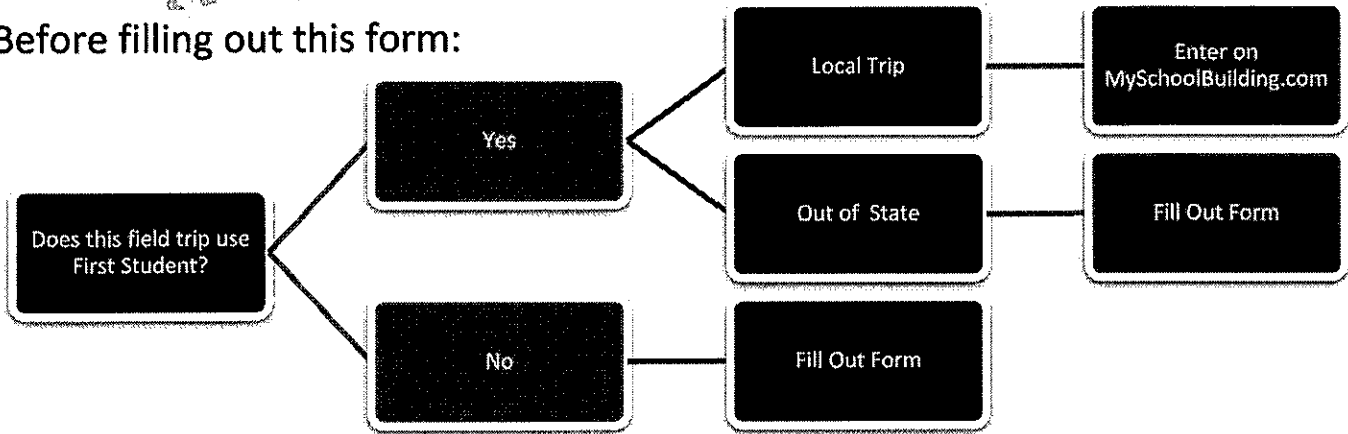




# HAMDEN BOARD OF EDUCATION SCHOOL-SPONSORED FIELD TRIP REQUEST FORM

Before filling out this form:



Local field trip requests must be submitted through [www.myschoobuilding.com](http://www.myschoobuilding.com). Trips must still be entered 15 days before the date of trip, for in-state trips. All out-of-state trips must be approved by the board, first through the Curriculum Committee and then the full board at their next meetings (schedule available on [hamden.org](http://hamden.org)). [www.myschoobuilding.com](http://www.myschoobuilding.com) is for use with FIRST STUDENT buses ONLY. If transportation other than First Student is required, this form must be completed, approved, and scanned to [Taryn Donnarummo-tdonnarummo@hamden.org](mailto:Taryn.Donnarummo-tdonnarummo@hamden.org) to keep on file at the Board of Education.

Name of Staff Member Requesting Permission: Erica Torruellas & Kevin Pollicino

Date Request Submitted to Principal: 03/20/25

School: Hamden High School Subject: Spanish

1. Educational Objective for Trip: \_\_\_\_\_

Students will explore how STEM concepts are integrated into amusement park design and operations while using Spanish to make cultural comparisons about leisure and recreation in contemporary life. Through an interdisciplinary Spanish language project, students will connect their learning at Six Flags New England with cultural products, practices, and perspectives from Spanish-speaking countries.

2. Type of Trip: Check the appropriate box(s)

- Field Trip: In-State  Field Trip: Out-of-State  Trips/Exchanges  Overnight  Extracurricular  International

3. Trip Information:

a) Trip Name: Seis Banderas (Six Flags New England)

b) Trip Date: 05/02/25

c) Trip Destination: 1623 Main St, Agawam, MA 01001

Address City State

d) Organization: (Classroom Grade) 9-12

e) Transportation Type:  Regular School Bus  Wheelchair Bus  Coach Bus  Walking

f) Name of Carrier:  First Student  
 Other: Do Not enter onto Website

Continue on back for signatures →

g) **Cost of Transportation:** TBD **Source of Funds:** Students Fundraiser

\*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: 9:30 ~~12:30~~ 12:00 pm
- Time Return to School: 6:30 pm

i) **Number of Students:** 54 **Number of Adults:** 5

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:** TBD

**Names of others serving as chaperones:** \_\_\_\_\_

**4. Fill all that apply**

a) **Total Cost per Student:** \_\_\_\_\_ **What does this cost include?** \_\_\_\_\_

b) **Emergency Contact Name:** Kevin Pollicino **Cell Phone:** 475-343-7517

c) **Special Medical Requirements:** \_\_\_\_\_

**SIGNATURES:**

**Director:** (Support for Spanish Club) [Signature] **Date:** 3.24.25

\* Is this trip connected to the curriculum?  Yes  No

**Principal:** [Signature] **Date:** 3.24.25

**Nurse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assistant Superintendent:** \_\_\_\_\_ **Date:** \_\_\_\_\_