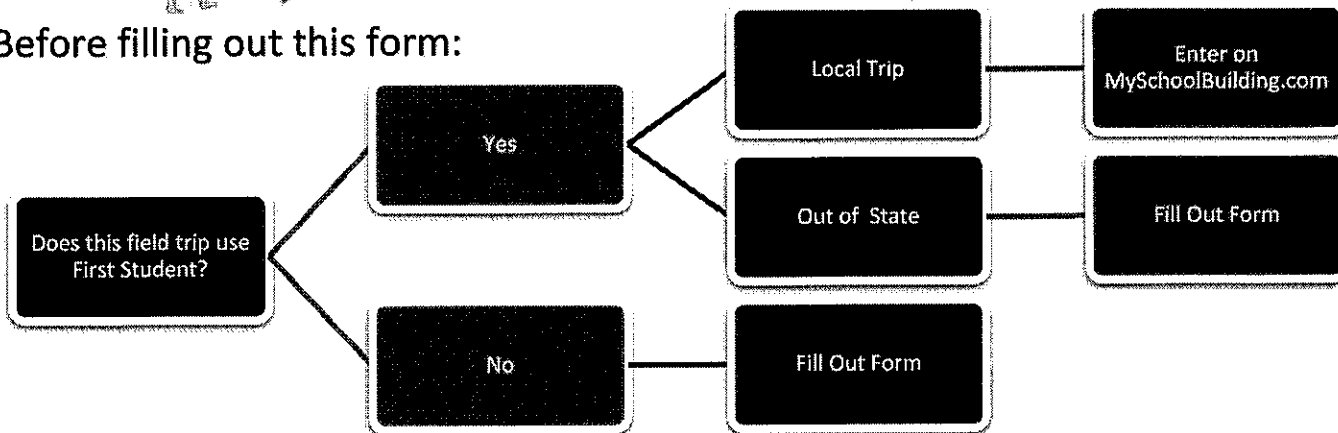




HAMDEN BOARD OF EDUCATION SCHOOL-SPONSORED FIELD TRIP REQUEST FORM

Before filling out this form:



Local field trip requests must be submitted through www.myschoobuilding.com. 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). 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@hamden.org) to keep on file at the Board of Education.

Name of Staff Member Requesting Permission: Tania Pinos & Kevin Pollicino

Date Request Submitted to Principal: 03/20/25

School: Hamden High School Subject: Spanish

1. Educational Objective for Trip: _____

This trip is designed for students enrolled in Spanish Year 2 and Spanish Year 3 courses and offers a rich cultural and linguistic immersion experience. Students will explore Latin American and Caribbean history, art, and traditions, followed by an authentic dining experience at a Spanish-speaking restaurant.

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: El Museo del Barrio - Cultural and Art Museum, Havana Central Times Square - Spanish-Speaking Dining Experience

b) Trip Date: 04/24/25

c) Trip Destination: El Museo del Barrio - Cultural and Art Museum, Havana Central Times Square - Spanish-Speaking Dining Experience (New York City)

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

*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: 7:30 am
• Time Return to School: 6:30 pm

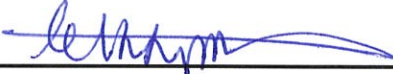
i) **Number of Students:** 54 **Number of Adults:** 5
Field Trip 1 teacher plus 1 additional person for every 15 students or part thereof
Exchange Programs 1 teacher plus 1 additional person for every 10 students or part thereof

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:  **Date:** 3.24.25

* Is this trip connected to the curriculum? Yes No

Principal:  **Date:** 3.24.25

Nurse: _____ **Date:** _____

Assistant Superintendent: _____ **Date:** _____