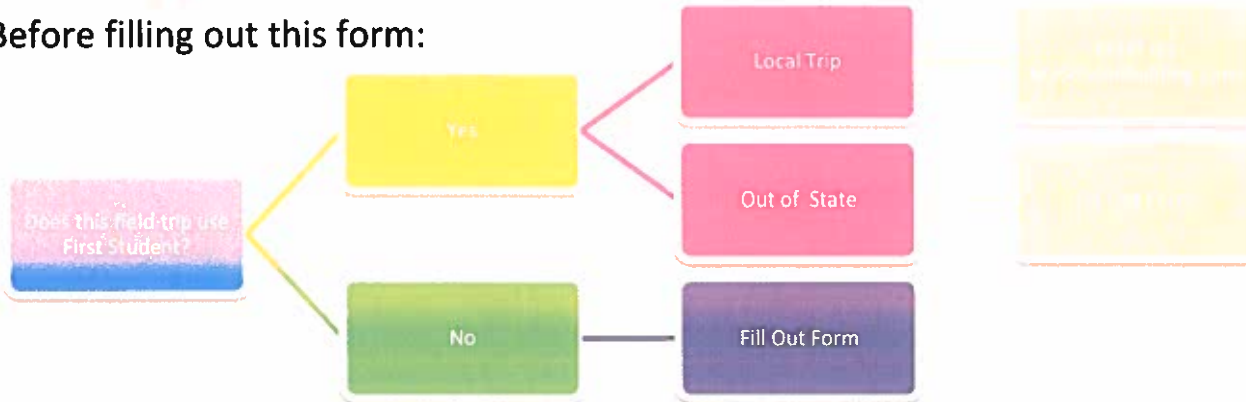




HAMDEN BOARD OF EDUCATION SCHOOL-SPONSORED FIELD TRIP REQUEST FORM

Before filling out this form:



Local field trip requests must be submitted through www.myschoolbuilding.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.myschoolbuilding.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: Lamond Battle

Date Request Submitted to Principal: 3/25/25

School: Hamden High School Subject: _____

1. Educational Objective for Trip: _____
Continuing to foster cultural awareness by taking students to an HBCU and the National Museum of African American History and Culture.

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: BHSU Spring Trip

b) Trip Date: Tuesday April 8, 2025

c) Trip Destination: 2400 6th St NW, Washington, DC 20059

	Address	City	State
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d) Organization: (Classroom Grade) Black and Hispanic Student Union

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: \$3950.00 Source of Funds: BHSU

*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: 3:45AM
- Time Return to School: 11:00PM

i) Number of Students: 30 Number of Adults: 3

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: Baba Davis, Kerry Ann Murphy

Names of others serving as chaperones: _____

4. Fill all that apply

a) Total Cost per Student: _____ What does this cost include? N/A

b) Emergency Contact Name: Lamond Battle Cell Phone: (475) 988-3599

c) Special Medical Requirements: N/A

SIGNATURES:

Director: _____ Date: _____

* Is this trip connected to the curriculum? Yes No

Principal:  _____ Date: 3.25.25

Nurse:  _____ Date: 3/25/25

Assistant Superintendent: _____ Date: _____

