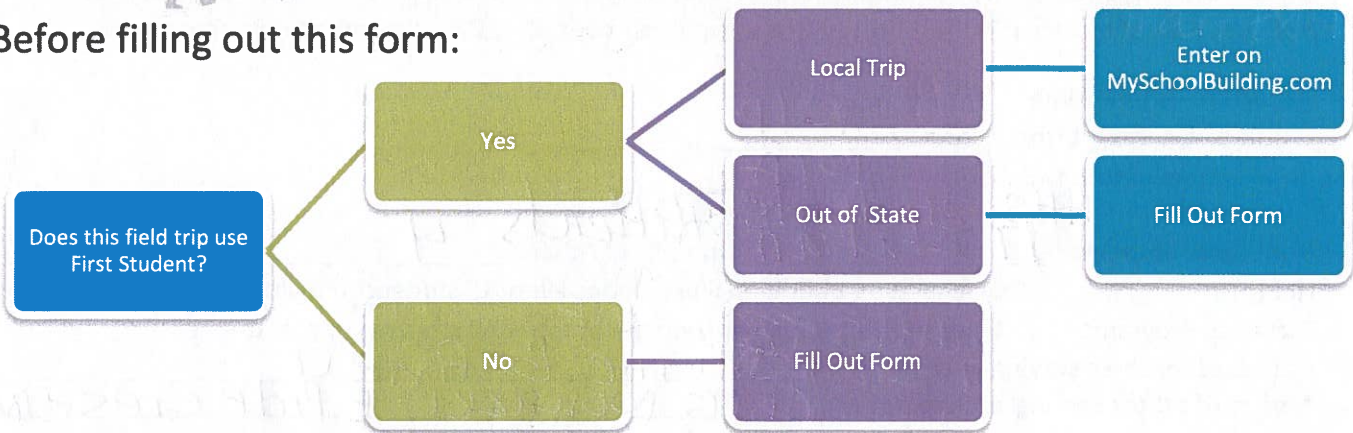




# HAMDEN BOARD OF EDUCATION SCHOOL-SPONSORED FIELD TRIP REQUEST FORM

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: Janine Gaffney

Date Request Submitted to Principal: 9/15/25

School: Hamden High school Subject: Italian cultural Exchange

1. Educational Objective for Trip: Empire State Building, The Edge, The High Line, Chelsea Market, Little Island, Whitney Museum of American Art.

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: New York City Trip # 2

b) Trip Date: 9/25/25

c) Trip Destination: New York City NY  
Address City State

d) Organization: (Classroom Grade) Italian Cultural Exchange

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 →

Metro North \$40.50pp.

g) Cost of Transportation: TBD. Tickets Source of Funds: Italian Exchange

not yet purchased N/A.

\*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: N/A
- Time Return to School: N/A

i) Number of Students: 17 Italian HHS students Number of Adults: 4 STB students

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: Janine Gaffney

Names of others serving as chaperones: Chris Nowacki Elide Crescimone, Sabrina Medico

4. Fill all that apply

a) Total Cost per Student: Approx. \$110 What does this cost include? train, The Edge Lond

b) Emergency Contact Name: Jasmina Ryan Phone: 203-980-6595 Dina

c) Special Medical Requirements: N/A

SIGNATURES:

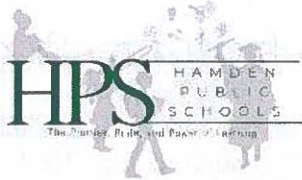
Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

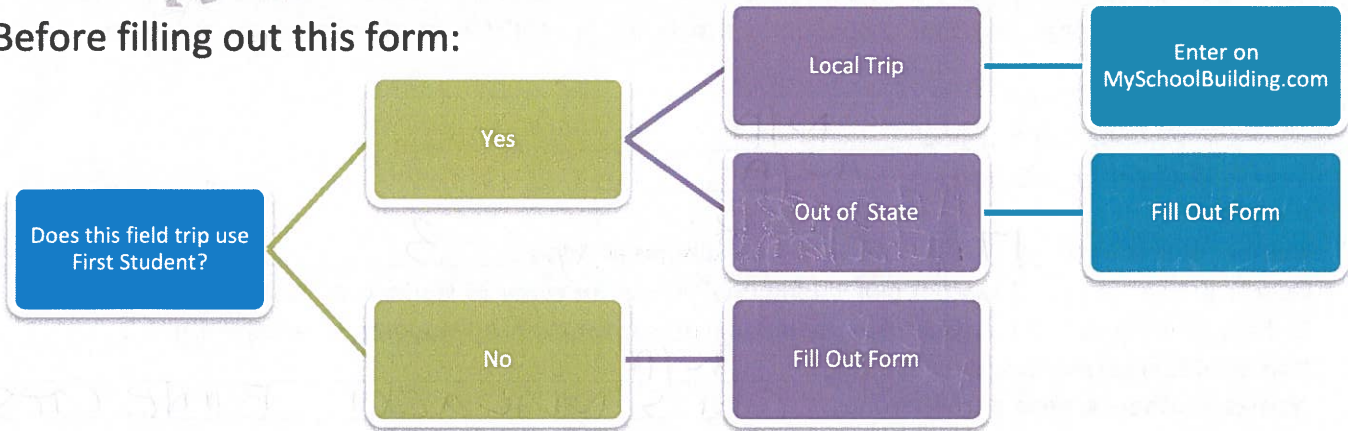
Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

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



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

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Name of Staff Member Requesting Permission: Janine Gaffney

Date Request Submitted to Principal: 9/15/25

School: Hamden High School Subject: Italian Cultural Exchange

1. Educational Objective for Trip: NYC Ferry East River, Dumbo time out Market, wall street, oneworld trade, The Oculus, circle line cruise.

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: New York City Trip # 3

b) Trip Date: 9/29/25

c) Trip Destination: New York City NY  
Address City State

d) Organization: (Classroom Grade) Italian Cultural Exchange

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

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

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\$4050 PP.  
g) Cost of Transportation: Meko North Source of Funds: Italian Exchange

\*Account number trip is being paid from (Department) N/A.

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: N/A
- Time Return to School: N/A

i) Number of Students: 17 <sup>HHS TBD</sup> Italians 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: N/A  
Names of others serving as chaperones: CHRIS NOWACKI, ELI DE CRESCIMO  
SABRINA MEDICO

4. Fill all that apply

- a) Total Cost per Student: \_\_\_\_\_ What does this cost include? \_\_\_\_\_
- b) Emergency Contact Name: JASMINA REGINA Phone: 203-980-6595
- c) Special Medical Requirements: N/A

SIGNATURES:

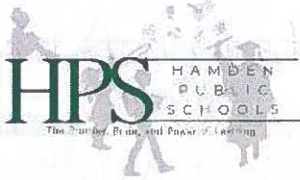
Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

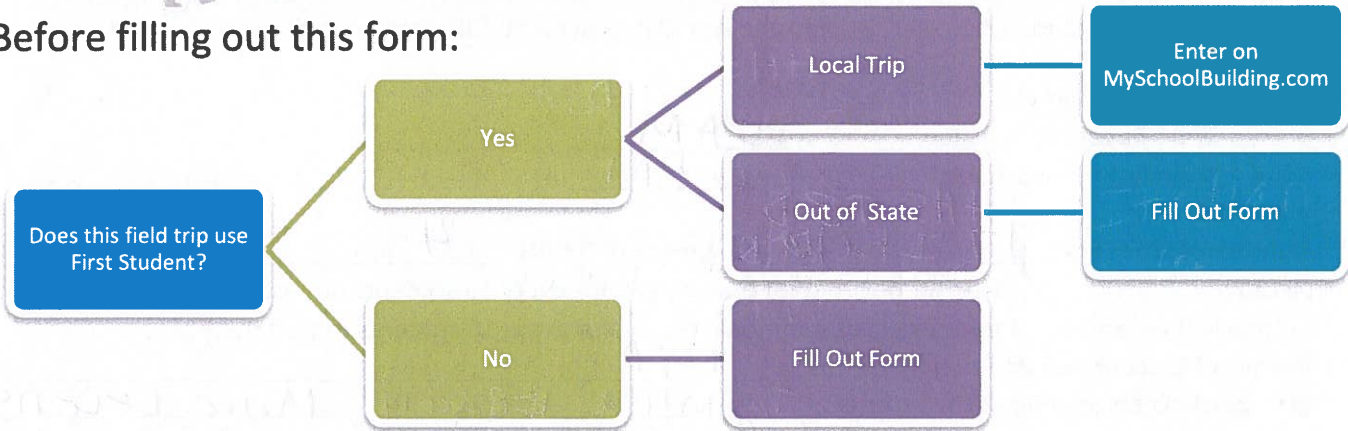
Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

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



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

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Name of Staff Member Requesting Permission: Janine Gaffney

Date Request Submitted to Principal: 9/15/25

School: Hamden High School Subject: Italian cultural Exchange

1. Educational Objective for Trip: Yale campus tour, Yale Bookstore, Ezra Stiles College, Yale Art Gallery

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: Yale University Trip #1

b) Trip Date: 9/26/25

c) Trip Destination: Yale New Haven CT  
Address City State

d) Organization: (Classroom Grade) Italian cultural Exchange

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: Ø Source of Funds: Italian Exchange

\*Account number trip is being paid from (Department) N/A.

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: 8:20 AM  
• Time Return to School: 2:00 PM

i) Number of Students: HHS TBD. 17 Italian Number of Adults: 4

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: N/A  
Names of others serving as chaperones: Jasmina Regan, Marc Levenson, Elide Crescimone, Sabrina Medico

4. Fill all that apply

a) Total Cost per Student: \_\_\_\_\_ What does this cost include? Yale Art Gallery, Lunch  
b) Emergency Contact Name: Jasmina Regan Phone: 203-980-6595  
c) Special Medical Requirements: N/A

SIGNATURES:

Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

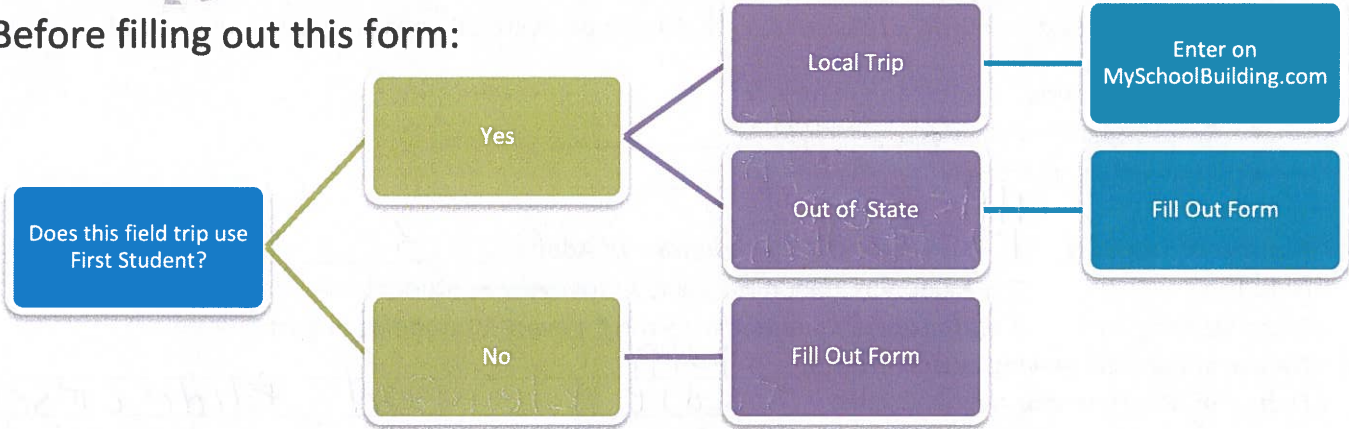
Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

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



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

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Name of Staff Member Requesting Permission: Janine Gaffney

Date Request Submitted to Principal: 9/15/25

School: Hamden High School Subject: Italian Cultural Exchange

1. Educational Objective for Trip: Boston Tea Party Museum  
Faneuil Hall Marketplace, Paul Revere's statue  
Old North Church, North End, High Street  
Place.

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: Boston  
b) Trip Date: 9/30/25  
c) Trip Destination: Boston MA

d) Organization: (Classroom Grade) Italian Cultural Exchange

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: \$54/pp. Source of Funds: Italian Exchange

\*Account number trip is being paid from (Department) N/A  
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: N/A  
• Time Return to School: N/A

i) Number of Students: HHS TBD. 17 Italians 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: N/A  
Names of others serving as chaperones: Judie Kleinfeld, Elide Crescimone, Sabrina Medico

4. Fill all that apply

a) Total Cost per Student: \$130 pp. What does this cost include? Amtrak, Boston Tea Part. Museum, Lunch, Dinner  
b) Emergency Contact Name: Jasmina Regan Cell Phone: 203-980-6595  
c) Special Medical Requirements: N/A

SIGNATURES:

Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

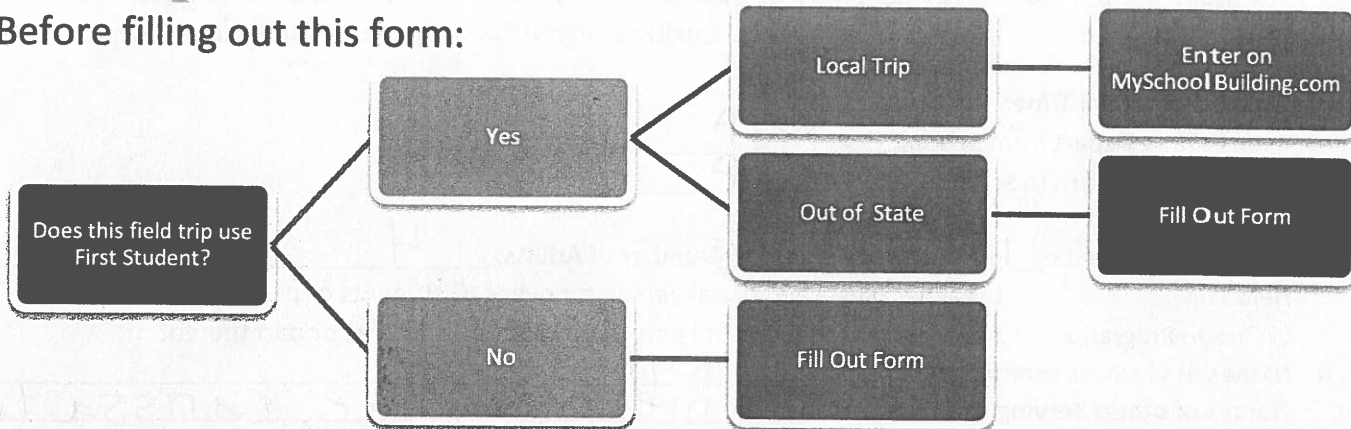
Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

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



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Name of Staff Member Requesting Permission: Janine Gaffney

Date Request Submitted to Principal: 9/15/25

School: Hamden High School Subject: Italian Cultural Exchange

1. Educational Objective for Trip: MOMA Central Park, Bethesda Terrace, Adstone Bridge, Strawberry Fields, Mall & Literary walk.

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: New York City Trip # 4  
 b) Trip Date: 10/1/25  
 c) Trip Destination: New York NY  
Address City State  
 d) Organization: (Classroom Grade) Italian Cultural Exchange  
 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: \$40.50 pp. Source of Funds: Italian Exchange

\*Account number trip is being paid from (Department) N/A.  
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: N/A.
- Time Return to School: N/A.

i) Number of Students: HHS TBD. 17 Italians Number of Adults: 4

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: N/A.

Names of others serving as chaperones: Daniela Laddo, Carissa Locke, Elide Crescimone, Sabrina Medina

4. Fill all that apply

- a) Total Cost per Student: \$100 pp. What does this cost include? N/A, MDM A, Lunch
- b) Emergency Contact Name: Jasmina Rega Cell Phone: 203-980-6595 d/mn
- c) Special Medical Requirements: N/A

SIGNATURES:

Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

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

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