

**Franklin Public Schools
Franklin, Massachusetts 02038**

Action Required

Subject:

Out of State Travel

Date:

January 28, 2020

Dept:

FHS

Reason:

Past practice of the Committee requires a vote to allow students/staff to travel outside of the State/Country

Enclosure

Yes

Background

Recommendation:

UNH Jazz Festival Recurring Field Trip

I recommend approval of the request of Leighanne Rudsit and Matthew Geisinger to take 2 jazz bands and 2 jazz combos to the University of New Hampshire on Saturday, March 14, 2020 for the annual Jazz Festival as detailed.

Action Requested of the School Committee:

Majority vote of the Committee is required.

<u>Vote Tabulator</u>	
A. Bergen:	Y / N T Keenan: Y / N
J D'Angelo:	Y / N MJ Scofield: Y / N
J Pond-Pfeffer:	Y / N D Spencer: Y / N
E Stokes:	Y / N Action: _____

UNH

Extended Field Trip Form

Leighanne Rudsit & Matthew Geisinger

Clark Terry/UNH Jazz Festival - Saturday, March 14th, 2020

2 Jazz Bands, 2 Jazz Combos

- a. Destination - University of New Hampshire, Durham NH
- b. Departure/Return Times - 7:00am Depart / 11:00pm Return, March 14
- c. Itinerary - 2 Jazz Big Bands & 2 Jazz Combos to perform for adjudication throughout the day followed by an evening concert by professionals at 7:00pm
- d. Summary/Purpose/Educational Alignment - Musical Performances with Clinician Adjudication and Listening to Professional Musicians
- e. Trip Expense - \$700 Total Festival Fees & \$1,000 Bus Charge, paid by FHS Music Budget
- f. Description of how accessible to limited income families / Fundraising plan (Free for participating students)
- g. Accessibility for students with disabilities - Yes
- h. Number of students needed to support trip - 36
- i. Number of chaperones in attendance - 2 Teachers
- j. Method of Transportation/Travel Agency/Organization Info - Holmes Bus
- k. Documentation that all students, advisors, chaperones have full trip insurance
- l. Emergency plan/medical care plan/administration of medication (Health Services On-Site)
- m. CORI for Chaperones
- n. Extended Field Trip Waiver Form for Overnight trips

UNH

FRANKLIN HIGH SCHOOL FIELD TRIP REQUEST FORM

Important Reminders:

- This form should be **completed by the supervising staff member** of the field trip.
- Please submit this request at least **four weeks prior** to the requested date.
- Please submit a **hard copy of this form with the list of students** attending attached to Maria Weber.
- There should be **no cost** to students for field trips scheduled during the school day.
- **Take attendance** and inform Jen Petrillo prior to leaving for the field trip.
- No field trips may be taken before September 15 and after June 1 or during the last 2 weeks of a term.

Please refer the FHS Faculty Handbook for more information about field trips including the Extended Field Trip policy and its approval process.

Once the field trip is approved, the list of students will be forwarded to the nurse who will assess any medical needs. The supervising staff member will be notified via email about the approval of the field trip and any medical concerns. Please read this Situational Responsibilities document from the nurse's office.

Field Trip Information:

Supervising staff member: Leighanne Rudsit Cell #: 617-777-6136

Other teachers/staff attending: Matthew Geisinger

Date of field trip: March 14, 2020 Destination: UNH Durham, NH

Departure time: 7:00am Return time: 11:00pm Mode of transportation: Bus

Course name and section # of class(es) attending: Jazz Band 1 & 2

Please provide a brief explanation of the purpose of this field trip.

Clark Terry / UNH Jazz Festival _ Jazz students will perform for adjudication and work with a clinician as well as hear professional musicians perform

Request Class Coverage/Substitute Coverage:

If **two or more periods** need to be covered, a professional day request must be filled out and approved prior to submitting field trip request. CLICK HERE

If just **one period** coverage is needed, CLICK HERE

Department Head:

Diane C. Claffie

Date: 1/8/20

Assistant Principal:

P. R.

Date: 1/13/2020

Principal (Extended FT)

Reviewed by Nurse:

Nurse recommended? (Y) (N) Date: _____

FRANKLIN HIGH SCHOOL FIELD TRIP PERMISSION FORM (In-School or Out-of-School)

Supervising staff member: _Rudsit / Geisinger

Student name: _____

Date of trip: _3/14/20 Destination: _UNH Durham, NH

Departure time: 7:00am Return time: 11:00pm

Mode of transportation: Bus Cost: None

Meal arrangements: Bring Food or Money for both Lunch and Dinner

Educational objective for trip: _Jazz Students will perform for adjudication and work with clinicians as well as hear professional musicians perform

In order for students to be eligible for this trip, approval must be granted by parent (or guardian) and also by the teachers whose classes will be missed. Students are required to make-up all work missed and are responsible for all assignments issued. All school rules and regulations apply during the time away from school. This form must be completed and returned to the Supervising Staff member by no later than two (2) weeks prior to the date of the trip.

Teacher Signature: _____



To Parents (To be completed and signed by parent/guardian):

In order to protect your child more fully, your cooperation is requested in providing the information below. Illness and accidents do occur, and the information you provide may be of help to your child. In case of accident, we attempt to notify parents, but this is not always possible.

As a matter of law, the School Department cannot pay for medical treatment, other than first aid, for a child who is injured at school or on an in-school or out-of-school field trip. I understand that a field trip nurse may not be in attendance.

If one or both parents work, please give the name of a person who will be responsible for the child (perhaps your next door neighbor).

The parent will, of course, be notified by telephone if there is a telephone connection. If you do not have a telephone, or if you work during the day away from home, what provision do you wish to make for the child's transportation?

Signature of parent/guardian _____ Date _____

It is our hope that the information on this form will never be used, but it can be of real importance if an accident does occur.

**PARENTS SHOULD BE PREPARED TO TRAVEL TO THE FIELD TRIP SITE
IN CASE OF ILLNESS OR OTHER EMERGENCIES.**

Student name: _____

Home address: _____

Home phone number: _____

Parent name and phone number: _____

Parent name and phone number: _____

Persons to contact if parents are not available:

Name and phone number: _____

Name and phone number: _____

Name and phone number of family physician:

**PLEASE LIST (BELOW) ANY ALLERGIES, MEDICATIONS OR OTHER MEDICAL INFORMATION
THE TEACHER OR ANY ATTENDING PHYSICIAN MAY NEED.**