

**Franklin Public Schools
Franklin, Massachusetts 02038**

Action Required

Subject:

Out of State Travel

Date:

January 23, 2018

Dept:

Music

Reason:

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

Enclosure

Yes

Background

All-State Music Festival Recurring Field Trip Proposal

I recommend approval of the request of Leighanne Rudsit to take Music Students to Boston Seaport Hotel for the All State Music Festival from March 1 – 3, 2018 as detailed.

Recommendation:

I recommend approval for this trip with the understanding that there would be sufficient chaperones.

Action Requested of the School Committee:

Majority vote of the Committee is required.

<u>Vote Tabulator</u>	
A. Bergen: Y / N	D. Schultz: Y / N
C. Douglas: Y / N	MJ Scofield: Y / N
D. Feeley: Y / N	G. Zub: Y / N
M. Linden: Y / N	Action: _____

rec. 1/2/18

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 Terry Beck 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.

Field Trip Information:

Supervising staff member: Leighanne Rudsit Cell #: 1-617-777-6136

Other teachers/staff attending: _____

Date of field trip: March 1-3 Destination: Boston Seaport Hotel for All State Music Festival

Departure time: 7:00 a.m. 3/1/18 Return time: Evening 3/3/17 Mode of transportation: Parent Transportation

Course name and section # of class(es) attending: Wind Ensemble (1804), String Orchestra (1820), and Chorus (1810)

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

Massachusetts All State Music Festival

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](#)

Assistant Principal: Maria Weber Date: 12-19-17

Reviewed by Nurse: [Signature] Nurse recommended? (Y) ☒ (N) ☐ Date: 1-3-18

*1 student has food allergies. RN will remind family to bring Epi-pen if needed. Will alert Ms. Rudsit as well.



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Performances

MMEA 2018 All-State Festival

Seaport Hotel/World Trade Center, Boston, MA

[Our Conductors](#)

All-State Concert – Saturday, March 3, 2018

Ensemble	Performance Time
Chorus	1:00-1:30pm
Jazz Band	1:30-2:00pm
Orchestra	2:00-2:30pm
Symphonic Band	2:30–3:00pm

Chorus Program

Jazz Program

Orchestra Program

Symphonic Band Program

Extended Field Trip Form
All State Music Festival
March 1-3, 2018
Boston, MA

- a. Destination
All State Music Festival, Seaport Hotel, Boston
- b. Departure/Return Times
March 1 (7:00am) through March 3 (Concert Time)
- c. Itinerary
See Attachment
- d. Summary/Purpose/Educational Alignment
The All State Music Festival is a state wide festival for music educators and high school musicians. Music educators attend workshops. Through an audition process, the top high school musicians from across Massachusetts are selected to perform in these honors ensembles which are conducted by highly respected music educators from across the country.
- e. Trip Expense (paid for through the music gate account)
(\$325 per student)
\$500 for Chaperone Hotel Fee (approximate)
\$175 for Chaperone Conference Fee
- f. Description of how accessible to limited income families / Fundraising plans N/A
- g. Accessibility for students with disabilities N/A
- h. Number of students needed to support trip N/A
- i. Number of chaperones in attendance
1 : Leighanne Rudsit
- j. Method of Transportation/Travel Agency/Organization Info
Transportation will be provided by parent/guardian.
- k. Documentation that all students, advisors, chaperones have full trip insurance
- l. Emergency plan/medical care plan/administration of medication
Festival provides on site nurse
- m. CORI for Chaperones N/A
- n. Extended Field Trip Waiver Form for Overnight trips
Students to return forms

FRANKLIN HIGH SCHOOL

FIELD TRIP FORM (In School or Out-of-School)

~ To be completed by teacher and student ~

<i>Student name:</i> _____		March 1-3
<i>Teacher in Charge:</i> Leigh		Music
<i>Destination:</i> Seaport	<div style="background-color: yellow; padding: 20px; border: 1px solid black;"> <p style="font-size: 1.5em; margin: 0;">WILL GIVE TO STUDENTS</p> </div>	3/1 - 7:00 a.m.
<i>Cost \$:</i> _____		3/3 - 6:00 p.m.
		Room and Board provided by festival.
<i>Educational Objective for Trip:</i> _____		

In order for students to be _____d 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 "Teacher in Charge" (noted above) by no later than two (2) weeks prior to the date of the trip.

Teacher Signature: _____

Student must bring this form to each of their teachers to review and sign.

Period	Course	Approved	Not Approved	(if not approved, rationale)
A				
B				
C				
D				
E				
F				
G				

Parent/Guardian 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 or Guardian

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.**

Name of Student: _____

First Period Room: _____

Home Address: _____

Phone Number: _____

Father's name and phone number at work: _____

Mother's name and phone number at work: _____

Persons to contact if parents are not available:

Name and phone number: _____

Name and phone number: _____

Name and phone of family physician: _____

Address of family physician: _____

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

FRANKLIN PUBLIC SCHOOLS / NON-SCHOOL SPONSORED EXTENDED FIELD TRIP WAIVER

WAIVER AND RELEASE OF LIABILITY

1. I/We, _____, as parent(s) / guardian(s) over hereby child _____ acknowledge my/our knowledge of and consent to the participation in a school-sponsored trip to _____ on _____, 20____.

(said trip referred hereinafter as "**the released activity**") by _____, a student enrolled in Franklin Public Schools.

2. For good and valuable consideration, the sufficiency of which I/We hereby acknowledge, I/We do hereby waive, release and forever discharge **Franklin Public Schools, the Town of Franklin, and** their respective employees, agents, board members, officials, servants, volunteers, and representatives (hereinafter collectively referred to as "**the released parties**"), and others for whom **the released parties** may have legal responsibility, from and against any and all actions, claims, demands, causes of action, responsibility and liability for injuries, losses, or damages, including but not limited to personal injury, bodily injury, and/or property damage, which I/We may have had in the past, may now have, or may have in the future as a parent/guardian of said minor child arising in any way, directly or indirectly, from said minor child's participation in **the released activity**, and any travel related thereto.

3. For good and valuable consideration, the sufficiency of which I hereby acknowledge, I/We do hereby agree to indemnify and hold harmless, including the costs of defense, **the released parties**, and others for whom **the released parties** may have legal responsibility, from and against any and all actions, claims, demands, causes of action, responsibility and liability for injuries, losses, or damages, including but not limited to personal injury, bodily injury, and/or property damage, which arise in any way, directly or indirectly, from said minor child's participation in **the released activity** and/or any travel related thereto.

4. I/We hereby acknowledge and agree that participation in **the released activity** is completely voluntary, that the minor child and I/We are free to choose to not participate in **the released activity**. I understand that the minor child's participation in **the released activity**, and/or any travel related thereto, may involve a risk of serious personal injury, bodily injury and/or property damage. I/We understand and acknowledge that I/We am/are consenting to the minor child's participation in **the released activity** with full knowledge of the dangers involved therewith. I/We hereby agree, on my/our own behalf and on behalf of the minor child, to expressly assume and accept any and all risks of personal injury, bodily injury and/or property damage, with full knowledge that **the released parties**, and others for whom **the released parties** may have legal responsibility, will not be liable for any such injury or damage.

5.I/We hereby represent that I/We am/are the custodial parent(s) and/or guardian(s) of _____ and have full legal authority to execute this Waiver and Release of Liability on behalf of the minor child, on my/our own behalf, and on behalf of my/our family as a parent and/or guardian of the minor child.

6.I/We have been advised by the Ravel vendor of recent and applicable travel advisories on travel for American citizens issued by the United States Department of State. We have undertaken such investigation of the effects of these travel advisories as we deem necessary. We hereby declare that the participation of the student in the released activity/trip is voluntary and undertaken with full knowledge of the risks inherent in participation in the trip.

7.I hereby agree to provide emergency contact information, medical information and insurance information regarding my child to the Franklin Public Schools as requested by Franklin Public Schools prior to my child's participation in the non school sponsored released activity.

I/We hereby acknowledge that I/We have had full opportunity to read and review this Waiver and Release of Liability and understand its contents. I/We execute this Waiver and Release of Liability voluntarily and freely.

**THIS IS A RELEASE OF CLAIMS AND WAIVER OF LIABILITY
READ CAREFULLY BEFORE SIGNING**

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witness to Signature(s): _____ Date: _____

Witness Print Name: _____