

**Franklin Public Schools
Franklin, Massachusetts 02038**

Action Required

Subject:

Out of State Travel

Date:

October 15, 2019

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:

Recurring FHS Music Trip to NY City

I recommend approval of the request of Leighanne Rudsit, Diane Plouffe and Olivia Goliger to take FHS Band, Chorus and Orchestra students to New York City to see a Broadway Show and the Metropolitan Opera from April 18-19, 2020 as detailed.

Action Requested of the School Committee:

Majority vote of the Committee is required.

Vote Tabulator

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: _____

SEP 23 2019

To: Paul Peri
From: Leighanne Rudsit, Diane Plouffe, Olivia Goliger
Date: September 16, 2019
Re: FHS Music Department New York City Trip, April 2020

Extended Field Trip Form

- A. Destination: New York City
- B. Date/Time: Depart Sat., April 18, 6:00am:Return: Sun., April 19, 11:00pm
- C. Itinerary: See Attached
- D. Educational Purpose: Band, Chorus, Orchestra Students to see a Broadway Show and the Metropolitan Opera as well as famous sights in New York City
- E. Trip Expense: \$485 /student (\$459 + \$25 Scholarship)
- F. Limited Income/Fundraising: Chamber Music Concert & Pops Concert Donations, Tagging, Candy Sales, Music Booster Scholarships & Extra \$25/student built in price
- G: All Students in Band / Chorus / Orchestra full access
- H: Number of Students: Approx: 125
- I. Number of Chaperones: 10 Chaperones & 1 Nurse
- J. Transportation/Travel Info: Coach Bus
Brightspark Travel, Inc.
8750 W. Bryn Mawr, Suite 450
Chicago, IL. 60631
New England Tour Consultant: JoAnn East; jeast@brightsparktravel.com;
708.831.7154
- K: Documentation: Pending Approval
- L: Emergency Plan: Nurse to Attend
- M: CORI for Chaperones: Pending Approval
- N: Extended Field Trip Waiver Form for Overnight: Pending Approval

**Franklin High School Music Department, Franklin MA
to New York City April 18-19, 2020**

Cost Must Include:

Coach Bus Transportation
1 Free Chaperone for every 12 Students
Trip Insurance
Online Payments
1 Night Hotel, Quad Occupancy for students, Double for Chaperones
1 Dinner, 1 Breakfast, 1 Lunch Included
Metropolitan Opera Ticket
Broadway Show Ticket
Statue of Liberty/Ellis Island Ticket

Itinerary:

Saturday, April 18th, 2020

6:00 or 7:00am - Depart FHS
Rest Stop en Route
12:00pm - Times Square
4:00pm - Dinner (Ellen's Stardust Diner or Hard Rock Cafe)
8:00pm - Metropolitan Opera Performance

Sunday, April 19th, 2020

Breakfast at Hotel
Statue of Liberty/Ellis Island Tours with Lunch
3:00 Broadway Show
6:00 Depart NYC for FHS
11:00pm Return

Build into price - \$25 scholarship

Leighanne Rudsit
Franklin High School
218 Oak St
Franklin, Massachusetts 02038

June 13, 2019

Dear Leighanne,

I am excited to help plan your group's tour to New York! Based on our previous discussions, I've prepared a custom tour proposal to ensure your specific needs are met. Please review this proposal carefully and let me know if there are any adjustments you would like to make.

The next page outlines the specifics of your tour, but the main details are as follows:

- Franklin High School will travel to New York from April 18, 2020 through April 19, 2020.
- Brightspark Travel will provide inclusions as listed on the following page.
- Pricing is listed on the following page, and is based on 100 paying participants and 8 complimentary chaperones. Changes to the passenger count may result in pricing changes unless RGP is included.
- Brightspark Travel could administer all participant billing and collection through its individual billing program.

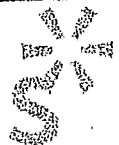
If everything looks good, we can move to the next phase of the planning process! Just sign and return the agreement to me via email or fax. Then, we will start booking reservations and participants can begin enrolling in your tour.

Keep in mind the pricing I have listed here is only guaranteed until July 13, 2019. I look forward to speaking with you soon!

Best,

JoAnn East
Tour Consultant
(708) 831-7154
jeast@brightsparktravel.com

\$459 + (\$25) = \$485



Tour Details

Destination: New York
 Departing: Saturday April 18, 2020 6:30 AM
 Returning: Sunday April 19, 2020 11:00 PM

Tour Pricing by Participation

Paying Passengers	100
Complimentary Chaperones	8
Student Price (Quad Occupancy)	\$459*

*\$459.00 factors two full-time Tour Directors (one for each coach). Deduct \$13.00 per passenger if group elects for one.

What's Included

Transportation

- Two Deluxe Motor coaches (including all Driver's expenses and gratuities)

Accommodation

- 1 Night (NJ) hotel with breakfast: Hampton Inn, Courtyard by Marriot, Hilton Garden Inn level of property budgeted
- Double occupancy for Chaperones (2 beds per room)
- 2 (one per coach) Night security at the hotel

Additional Inclusions

- All Admission Fees to Scheduled Activities
- Guided Sightseeing (one Tour Director/Guide per coach)
- Brightspark Staff including 24-Hour Emergency Hotline
- All Taxes and Gratuities
- "Help Me Travel" Online Fundraising Tool
- Lanyards and Emergency Cards for Each Passenger
- Drawstring Backpacks
- A one-of-a-kind, fun-filled educational experience

Meals

- 1 breakfast at hotel
- 1 Liberty Island Lunch Voucher
- 1 Sit Down Dinner at Restaurant (Hard Rock budgeted)

Additional Inclusions

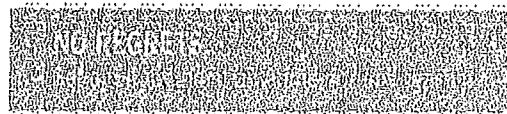
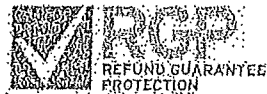
- All Taxes and Gratuities
- Two Tour Directors/Guides (one per at 459.00 price)
- Online Tour Management Tool
- 24/7 Emergency Support
- Overnight Hotel Security
- Brightspark Lanyards & Luggage Tags
- Travel Guard Health & Accident Insurance
- Travel Guard Trip Delay Protection (exclusive to Brightspark)
- General Liability Insurance

Tour Highlights

- Coach Bus Transportation (2)
- 8 non-paying adults/chaperones budgeted for 100 students 1/12
- All Brightspark's Insurances (see bottom left of this page)
- On-line payment services
- One night hotel (Students: Quad Non-paying adults: Double)
- 2 hotel security Guards (one per coach)
- 1 Sit Down Dinner at a restaurant
- 1 hotel breakfast
- 1 lunch voucher at Liberty Island
- Broadway Show Ticket at \$100.00 budget
- Metropolitan Opera Ticket at \$50.00 budget
- Guided Sightseeing of Lower Manhattan en route to Battery Island
- Tour the Sights of Midtown and Times Square
- Statue Cruises Ferry to the Statue of Liberty and Ellis Island with pedestal ticket included

Brightspark Advantage

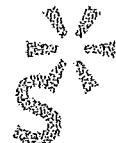
- 30+ Years of Experience
- Member of Student & Youth Travel Association
- Member of American Bus Association
- Member of National Association for Music Educators
- Member of US Tour Operators Association
- Exclusive RGP coverage: Most comprehensive refund guarantee plan in the industry: Optional \$44.00



WHAT IS REFUND GUARANTEE PROTECTION (RGP)?

For parents, student tours are an investment—but they don't have to be a risky one. With RGP, parents can cancel their child's tour at any time, for any reason, and every penny spent on trip payments will be returned to them. Right up until the moment a tour departs, parents are guaranteed a 100% refund on all payments—including the nonrefundable deposit.

*The cost of RGP will not be refunded in case of cancellation.



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 Kralst Cell #: (017-777-6126)

Other teachers/staff attending: Diane Pluffe, Alicia Goliger

Date of field trip: April 18 + 19 Destination: New York City

Departure time: 6:00am Return time: 11:00pm Mode of transportation: Coach Bus

Course name and section # of class(es) attending: Wind Ensemble Chorus
Concert Band Select Chorus
Orchestra Chorus-Chorus

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

NYC musical enrichment to see the Metropolitan Opera, a Broadway Show + Stereobg

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 Pluffe Date: 9/17/19

Assistant Principal: _____ Date: _____

Principal (Extended FT) PPR Date: 9/19/19

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/Plouffe/Koliger

Student name: _____

Date of trip: April 18-19 Destination: In-school-auditorium NYC

Departure time: 6:00am Return time: 11:50am

Mode of transportation: Bus Cost: \$485

Meal arrangements: Included

Educational objective for trip: NYC trip for Music Department

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: Rudsit

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				

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.

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 New York City on April 18 & 18, 2020. (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: _____

