

DOLAN MIDDLE SCHOOL FIELD TRIP REQUEST

PLEASE SUBMIT THIS IN FOR REVIEW AND APPROVAL AT LEAST ONE MONTH PRIOR TO THE TRIP

COG/GROUP: _____ ORGANIZING TEACHER(S): _____

Date Submitted: _____

Field Trip Request: _____

- Description of event(s) and/or activities students will experience (attached support materials as appropriate).
- Briefly outline the content area(s) and curriculum standards that are addressed by participating in this field trip.

Date(s): _____

Mode of Transportation: _____ No # of Buses Needed: _____

of Parent Chaperones: _____ Total Cost of Attendance: _____

Cost of Attendance (per child): _____

Cost of Transportation (per child): _____ Total Cost for Transportation: _____

Other Costs: _____ Describe: _____

Fundraising efforts and expected revenue: \$ _____

Describe: _____

TOTAL COST FOR TRIP PER CHILD: _____ \$ _____

Departing school at: _____ AM/PM

Returning to school at: _____ AM/PM

Other Pertinent Details: _____

HOUSE ADMINISTRATORS APPROVAL: _____ DATE: _____

PRINCIPAL'S APPROVAL: _____ DATE: _____

TO ALL STAFF: PLEASE NOTE, ONLY PRE-APPROVED FIELD TRIPS SHOULD BE BOOKED/FINALIZED. NO CLASSES SHOULD BE INTRODUCED TO TRIPS INFORMATION PRIOR TO ADMINISTRATIVE APPROVAL. THANK YOU.

FIELD TRIP REMINDER

TEACHERS – please submit this form to your house administrator as a friendly reminder / checklist in preparation for your field trip. Please submit at least 24 hours prior to departure.

COG: _____ TEACHER CONTACT _____

TRIP TO: _____ DATE(S) OF TRIP _____

DEPARTURE TIME: _____ RETURN TIME: _____

Please check items that have been completed as of the submission of this form.

_____ **VOLUNTEER APPLICATION:**

*Both sides of the Volunteer Application has been completed and turned in to your house administrator **2 weeks prior to event** for each non-employee chaperone

_____ **TEACHER TO DOs: (check each)**

- _____ *The general understanding is that ALL students will be welcome on ALL trips. If, due to documented discipline / academic concerns, a student's attendance is questionable, see your administrator immediately. Parents must be contacted in advance if administration determines the need for either a parent chaperone or a student be excluded.
- _____ *Notify Specials teachers of schedules
- _____ *Notice in bulletin announcing field trip/participants in advance
- _____ *Check with office staff to assure that dates are on the school calendar

_____ **CAFETERIA:**

*Please be sure the cafeteria is aware of the "X" number of students who will NOT be having lunch on the day you are gone.

- Bag lunches must be requested for all free lunch recipients in advance (see office staff for list).

_____ **NURSE:**

*Please be sure you have arranged to take all medications from the Nurse that your students require.

- Please give the School Nurse at least 48 hours notice.

_____ **ADMINISTRATION:**

*Please be sure the House Administrator has:

- A copy of ALL permission slips
- A list of students not attending and plans for their accommodations (as much in advance as possible so that Specials Teachers are informed)
- A list of all staff who are accompanying your group. And any staff remaining in the building.
- Cell phone number of at least one staff person per bus on the trip.
- NO STUDENT will be excluded from any Dolan Field Trip for financial reasons. Please informally and confidentially poll your students when individual response is slow. Also follow up with parents to confirm reasons for lack of participation. Bring all hardship concerns to your administrator's attention in advance of deadlines.
- Day of the trip – attendance should be sent to the office immediately. A list should be submitted to the house administrator listing which students came to school and are staying behind.

Submitted by: _____

Date: _____

Dolan Middle School FIELD TRIP PREP FORM

COG _____

Students staying behind during _____ field trip:

Chaperones (please indicate parents with an *--**Remember you must complete a volunteer application for all non-employee chaperones!—2 weeks prior to trip**):

Schedule/Plans for students who will remain: (attach information as needed – Specials MUST be informed!)

Teacher(s) staying behind:

Submitted by: _____ Date: _____

*Please submit to your administrator at least 24 hours prior to trip.



Dolan Middle School

51 Toms Road
Stamford, Connecticut 06906
Phone (203) 977-4441 * Fax (203) 977-4880
Website www.dolanms.org

Ms. Charmaine Tourse
Principal

Mrs. Norma Roldán Burnich
Assistant Principal

Ms. Patricia DeCoster
Assistant Principal

VOLUNTEER APPLICATION (Required of All School Volunteers)

Thank you for your interest in becoming a Stamford Public Schools Volunteer. We appreciate your support of our students and teachers and your cooperation in filling out this application. Please be advised that information supplied on this form may be verified. Any individual supplying incorrect or misleading information will not be able to participate in volunteer programs. THANK YOU.

PERSONAL INFORMATION:

NAME _____ **DATE** _____

RESIDENTIAL ADDRESS _____
Street City State Zip

TELEPHONE #: WORK _____ **HOME** _____

E-MAIL: _____

CURRENT EMPLOYER _____ **TELEPHONE #** _____

Please list two references (not related to you):

1. _____ **TELEPHONE #** _____

2. _____ **TELEPHONE #** _____

Have you ever been convicted of any felony or misdemeanor classified as an offense against a person or family, public indecency, or a violation involving a state or federally controlled substance?
Yes _____ No _____

Are you a registered sex offender in any state? Yes _____ No _____

I submit that the information provided is accurate and true and authorize any verification which maybe required.

Signature

Please turn over and complete the other side of this form. Thank you.

STAMFORD PUBLIC SCHOOLS

DOLAN MIDDLE SCHOOL

VOLUNTEER OPPORTUNITIES

FOR THE _____ SCHOOL YEAR

NAME _____

Please indicate your area(s) of interest: (check all that apply)

_____ **Classroom Assistant**

_____ **Tutoring**

_____ **Media/Library**

_____ **Mentoring**

_____ **Speakers Bureau**

_____ **Math**

_____ **Computers/Technology**

_____ **Reading/Writing**

_____ **ESL Tutoring**

_____ **Science**

_____ **Social Studies**

_____ **Fine Arts/Music**

_____ **Other** _____

Please indicate your Day & Time Availability:

Monday___ **Tuesday**___ **Wednesday**___ **Thursday**___ **Friday**___

Time: From_____ **To** _____

Grades/School Preference:

Elementary (K-3) _____ **Elementary (3-5)** _____ **Middle School**_____

High School___ **Adult Education** _____ **Specific School**_____

Please indicate any special skills or interests, and personal qualities you would bring to volunteering:

Please turn over and complete the other side of this form. Thank you.

Volunteer Assignment:_____