

William Cullen Bryant High School

48-10 31 Ave, Long Island City, NY 11103

Tel: (718) 721-5404

Fax: (718) 728-3478

www.wcbryanthhs.org



Carlyn St. Aubain, Principal

TRIP CHECKLIST

Required forms: Trip Plan, Student Permission Slip, Student Emergency Contact List, Student Trip Roster

- Complete "Trip Plan" form
- Attach a pertinent Lesson Plan and a detailed itinerary to the "Trip Plan" form.
- Required Chaperones:
 - Regular Day Trip
For up to the first 30 students, the trip must have 1 staff member AND 1 adult. *Every 15 additional students require 1 adult.*
 - Overnight or Out-of-the-City Trip
For up to the first 30 students, the trip must have 2 staff members AND 1 adult. *Every 15 additional students require 1 adult.*
 - International Trip
For up to the first 15 students, the trip must have 2 staff members AND 1 adult. *Every 10 additional students require 1 adult.*
- ❖ For school trips involving Special Education students, the ratio of staff to students should be at least the same as the ratio mandated for their classes.
- Submit the completed "Trip Plan" form, an Event form, an itinerary, Lesson Plan, tentative trip student roster, and list of proposed chaperones directly to your supervising Assistant Principal. (Room 147 will contact the teacher in charge of the trip with the approval/rejection of the trip.)
- The emergency contact list and copies of the signed Parental Consent forms from every student must be submitted to Room 147 at least 2 days prior to ACTUAL trip date.
- Teachers must provide a list of those students attending the trip to the Attendance Office, Room 149, prior to departing the building on trip. Teachers should provide students with class trip excuses for their missed classes.
- No trips are to be scheduled within one week prior to the end of the Marking Period. No trips are to be scheduled during the months of September, January, May, and June.

In addition, be mindful of weather and duration of the trip to ensure students are accommodated for lunch and prepared for weather conditions.

Trip Review can take a duration of 3 weeks. Please plan accordingly.

TRIP PLAN

A DETAILED ITINERARY MUST BE GIVEN TO THE PRINCIPAL AND ATTACHED TO THIS FORM

1. School: _____ Class(es) _____
2. Destination: No change permitted without new consent form and authorization

3. Purpose of Trip: _____
4. Date(s) of Trip: _____
5. Time of Departure: _____ 6. Time of Return _____
7. No. of Pupils to be Taken: _____ 8. No. of Teachers: _____ No. of Other Adults: _____
9. Transportation Required:
Public _____ Name of Charter Bus Co. _____ Other _____
10. Departure Information (location and carrier): _____
11. Return Trip Information (location and carrier): _____
12. Free Transportation Passes Requested Yes _____ No _____
13. _____ Approved: _____
Teacher-in-Charge Principal
14. Name & Contact Information for Person/Company Who Arranged Travel Plans:

15. Food and Lodging will be Provided by: _____
16. Address & Phone No. of Lodging _____
17. Has the school determined that the facility has adequate insurance consistent with the level of risk involved (e.g., sedentary trip as opposed to outdoor, physically active trip)?
Yes _____ No _____ If yes, attach a copy of the policy.
18. If swimming is involved, the school has determined that a lifeguard will be on duty at all times when students are in the water. Yes _____

OUT-OF-COUNTRY TRIPS

- A. Are there any current travel warnings or advisories issued by the State Department? (www.cdc.gov; www.travel.state.gov) YES _____ NO _____
If yes, please explain: _____
- B. Have you purchased Medical Insurance for each day of an out-of-country trip?
YES _____ NO _____ (attach copy of policy.)
- C. Is medical preclearance required? YES _____ NO _____
If YES, attach a copy of the medical form for each student.
- D. Does each student and staff member have the appropriate documentation necessary for travel to the country/countries being visited and for return to the United States? YES _____ NO _____
- E. Copies of all students' passports shall be maintained by the Trip Coordinator.
- F. At least one staff member accompanying the students must have a phone with international service.
Name of staff member: _____
Telephone number: _____

I CERTIFY THAT ALL REQUIREMENTS OF CHANCELLOR'S REGULATION A-670 THAT RELATE TO THIS TRIP HAVE BEEN FULFILLED.

19. APPROVED _____ DATE _____
Principal
20. APPROVED _____ DATE _____
Superintendent

* The appropriate Superintendent must approve international trips. If there are travel advisories for the country/countries the students will be visiting, the Superintendent must consult with the Chancellor or the Chancellor's designee prior to making a determination whether to approve the trip.

There are two types of Student Permission Forms attached (Regular Day Trip and Overnight/Extended Trip).

Please use the relevant form for your trips destination and duration.



NOTE: Additional trip information may be attached to this form based upon the unique circumstances of a particular trip. All other modifications require approval of the Office of Legal Services.

PARENT NOTIFICATION/CONSENT FORM

DAY TRIP

Name: _____ Class: _____

School (list additional trip sponsors when applicable): _____ Trip Date: ____/____/____

Trip Coordinator: _____

Destination: _____

Departure Site: _____ Departure Time: _____

Return Site: _____ Return Time: _____

Mode of Transportation: _____

Purpose of Trip: _____

Specific Clothing/Equipment Required for this Trip: _____

This trip will include the following physical and sports activities (e.g., swimming, horseback riding, ice skating, skiing, boating, etc.): _____

- a) I understand that there are risks of injury associated with the above-listed physical and sports activities and I consent to my child's participation in all these activities except for the following:

- b) Please indicate below any permanent or temporary medical or other condition, including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

- c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

- d) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.

- e) I agree and understand that I am responsible for the actions of my child. I release the school from all claims and liability that arise in connection with the trip, except if due to the negligence of school officials.
- f) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.
- g) I understand that alcoholic beverages and/or illegal drugs are prohibited and have discussed this prohibition with my child. I understand that if my child is found in possession of these substances, he/she will be subject to school disciplinary procedures and possible criminal prosecution.
- h) I understand that students who violate the school's discipline code may be excluded in the future by the school from participating in a trip.
- i) In an emergency I can be reached at: Day: () _____ Evening: () _____
Additional Contact: Name: _____ Day: () _____ Evening: () _____
- j) I give my permission for my child to participate in this school trip.

(Signature of Parent/Guardian)

(Date)

STUDENT DECLARATION

(to be signed by Middle School and High School students)

I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school.

(Signature of Student)

(Date)

NOTE: Additional trip information may be attached to this form based upon the unique circumstances of a particular trip. All other modifications require approval of the Office of Legal Services.

PARENT NOTIFICATION/CONSENT FORM

OVERNIGHT/EXTENDED DAY TRIP

Name: _____ Class: _____

School (list additional trip sponsors when applicable): _____ Trip Date: ____/____/____

Trip Coordinator: _____

Destination: _____

Departure Site: _____ Departure Time: _____

Return Site: _____ Return Time: _____

Mode of Transportation: _____

Name of Hotel and Telephone No. (If Overnight Trip): _____

Purpose of Trip: _____

Specific Clothing/Equipment Required for this Trip: _____

This trip will include the following physical and sports activities (e.g., swimming, horseback riding, ice skating, skiing, boating, etc.) _____

- a) I understand that there are risks of injury associated with the above-listed physical and sports activities and I consent to my child's participation in all these activities except for the following:

- b) Please indicate below any permanent or temporary medical or other condition, including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

- c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

- d) I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) while traveling from the departure site to the destination site, and from the destination site to the return site.

- e) I understand that it is within the school's discretion to change travel, accommodations and other arrangements as it deems necessary. I will be informed of such changes as soon as practicable.

- f) I understand that the school in arranging for my child's travel and accommodation selected commercial airlines, trains, restaurants, hotels and other services whose performance and service cannot be controlled by the school. Consequently the school is not responsible for the actions of these commercial entities, including but not limited to, lost luggage, unsatisfactory quarters, and refunds.
- g) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.
- h) I agree and understand that I am responsible for the actions of my child. I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.
- i) I understand that students who violate the school's discipline code may be excluded by the school from participating in a trip. Additionally, I understand that if a serious or reported violation occurs while on the trip, it is within the school's discretion to send my child home from the program, of which I will be informed. I understand that if my child is sent home early, I am responsible for all costs associated with such early departure and forfeit any monies paid that are not refunded to the school.
- j) I understand that students who violate the school's discipline code may be excluded by the school from participating in a trip.
- k) In an emergency I can be reached at: Day: () _____ Evening: () _____
Additional Contact: Name: _____ Day: () _____ Evening: () _____
- l) I give my permission for my child to participate in this school trip.

(Signature of Parent/Guardian)

(Date)

STUDENT DECLARATION

(to be signed by Middle School and High School students)

I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school.

(Signature of Student)

(Date)

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EVENT FORM 2023-2024

INSTRUCTIONS: After you have completed all of the requested information below, you **MUST** have this application approved and signed by the supervising assistant principal of the activity. Then please submit the completed form to Ms. Mason, Room 121.

School Event:

Date(s) Requested:

Room(s):

Time Requested:

Actual Time:

of Attendees:

Deans Requested:

Supervising Assistant Principal _____

Sound System Required: YES ____ NO ____ If yes, please check- in with Mr. Weisman (B49) **at least** one week prior to your event to confirm equipment and set up. If not contacted, your request may not be accommodated as requested.

Personnel Involved/Extension _____

Staff Member Making Request _____ Date Submitted _____

For Fundraising Events: see Chancellor's Regulation A-610, Fund Raising and Collection of Money from Students or see Erica in Room 139A for further details.

Assistant Principal Mason _____ APPROVED DENIED Date _____

Roman Mirecki, Custodial _____ Date _____

PERMIT #

OF SSA

OF SSA3

IF THE DATE, LOCATION OR TIME OF AN EVENT NEEDS TO BE CHANGED, YOU MUST SUBMIT ANOTHER EVENT FORM TO THE SECURITY OFFICE INDICATING ON THE FORM CHANGE BEING REQUESTED.

c: Principal's Office

Ms. Sepulveda

Mr. Goldenberg
Custodians Office

AP Henry
AP Morales

Mr. Weisman

Ms. Hoover

Ms. Leon

Ms. Falco

Mr. Juan Velez

AP Mason

Level III

Ms. Ames

Add event to Bryant Website Calendar (circle): Yes / No

This event needs to be photographed by Yearbook (circle): Yes / No

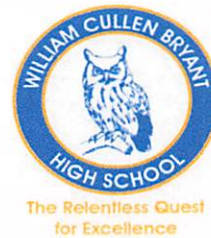
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CHAPERONING INSTRUCTIONS

Before You Leave the Building

1. The lead teacher must be familiar with Chancellor Reg A-670.
2. Check that ALL students have a permission form signed by their guardian. Copies of each permission form must be submitted to Room 147 before leaving the building.
3. All participating students must sign the attendance sheet. A copy of the attendance sheet must be submitted to Room 149 before leaving the building.
4. All participating students must fill out the emergency contact sheet. A copy of the emergency contact sheet must be submitted to Room 147 before leaving the building.
5. The lead teacher must ensure the trip has the acceptable number of chaperones in accordance with Chancellor Reg A-670.
6. Norms and Expectation of behavior for the trip must be shared with student.
7. The lead teacher must have the contact information of the supervising AP.

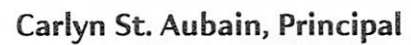
During the Trip

1. The chaperones must have a copy of the emergency contact list.
2. The students must be actively supervised throughout the trip. If a situation arises, then contact your supervising Assistant Principal.

Returning to the Building

1. All students must be accounted for before returning to the building. If a student is unaccounted for, then immediately call your supervising AP for further directions.
2. Upon arriving at the building, ensure the students are properly dismissed.

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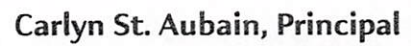
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