

MSAD #71 - TRIPS APPLICATION

Trip Application Cover Sheet

School KHS

Destination Rockcraft @ Sebago Lake

Facilitator Amy Roy & Jen Frizzell

Date(s) October 2nd and 3rd

Signatures

Amy Roy
Jen M. Frizzell
Trip Facilitator

9/8/08

09/08/08
Date

[Signature]
Principal

9/12/08

Date

[Signature]
Business Administrator
[Signature]
Superintendent

Date

9/19/08

Date

Please note: The trip application must be complete prior to forwarding to the Superintendent's Office. In addition, the application must be forwarded to the Superintendent's office within the timelines noted in the Trip Guidelines. (In certain circumstances such as athletic playoffs and Odyssey of the Mind, the deadlines may be flexible.)

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REQUEST FOR FIELD TRIP

Must have a completed application to Administrative Assistant to the Superintendent within the timeline stated in the Guidelines.

School KHS

Trip Facilitator (s) Amy Roy, Jen Frizzell Cell # 649-7813, (508) 769-2432
(Please print name(s))

Destination Address Route 114, Sebago, ME

Phone 846-5118 Contact Person Cathy Croudis

Departure date October 2, 2008 Departure Time 7:45

Return date October 3, 2008 Return time 2:50

Grade level: 10-12 # of Students 23 # of Teachers 2 # of Chaperones 2 *guidance principal*

How many Chaperones are MSAD #71 employees? 4

Purpose of Trip Peer Helper's Retreat

Mode of Transportation (Check all that apply)

MSAD #71 Bus Private Bus Private Car Train

Public Transportation Airline

Itinerary

Please provide a *detailed* itinerary. If space below is insufficient, attach sheets as needed.

See attached.

Peer Helper Retreat Itinerary 2008-2009

Thursday, October 2, 2008

Meet in KHS lobby at 7:30 A.M. on Thursday, October 2nd, 2008.

Depart KHS at 7:45 A.M.

Arrive at Rockcraft Retreat Center at 8:45 A.M

- 8:45-9:00 Review of Rockcraft Rules and Policies with Frizzell/Roy
- 9:00-9:30 Ice Breaker Activity/ Group Norms (Student Leaders)
- 9:30-9:45 Room assignment/ tour of facility.
- 10:00-11:30 Bonding Activity
What does it mean to be a Peer Helper? (Student Leaders/ Frizzell/Roy)
Assign "Getting to Know You" partners for lunch.
- 12:30-1:30 Lunch
- 1:30-2:00 Introduce Lunch Partner to the Group.
- 2:00-4:30 Confidentiality (Doug Cowan from Day One)
Referral
Identifying Red Flag Issues
How to contact a student with the appropriate referral.
- 4:30-5:30 Free Time
- 5:00-6:30 Dinner /Free Time
- 6:30-7:00 Team Building Activity
- 7:30-8:30 Group Share Activity
- 8:30-10:00 Fun Activity
- 10:00-11:00 Students return to assigned floor for free time.
- 11:00 Lights Out

Friday, October 3, 2008

- 7:30-8:45 Breakfast
Room Clean Up
- 8:45-9:15 Team Building Activity
- 9:15-9:45 What are the major issues that KHS students are facing?
- 9:45-11:15 Plan events and activities for the year.
- 11:15-11:45 Report out from individual groups
- 11:45-12:30 Lunch
- 12:30-1:00 Final Pick Up/ Bus Loading
- 1:00 Depart Rockcraft Retreat Center
- 1:50 Arrive at KHS.
- 1:50-2:11 Fill in Retreat Evaluation

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Academic Components

How does is this trip integrated into the curriculum? Day One representative, Doug Cowan, will be presenting an abridged version of the natural helpers curriculum. The students will also be trained in peer helper skills.

What specific standards of the Maine Learning Results are addressed in this trip?

The guiding principles 1-4. Health Education (F) decision making and goal setting; (D) analyze the influence of peers on another's health; (E) communications-listening, oral communications with peers.

What learning activities will be included that meet the stated Maine Learning Results?

Day One representative, Doug, Cowan, will present an abridged version of the natural helpers curriculum. For example; listening strategies, rules of confidentiality, red flag issues, proper referral process, and stress management techniques.

How will the Maine Learning Results be assessed?

All assessments will be completed through the peer helpers reflection. This written reflection will consist of review of goals for the year and steps to implement goals.

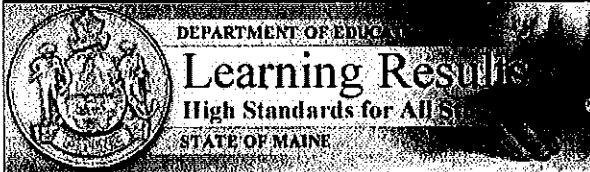
What follow-up activities will occur when the trip is complete?

The students will be trained for Peer Helpers. Follow up activities will expand throughout the year. March stress management, PreProm activities, and through their daily interactions with Peers.

Who will write and present the evaluation to the building principal within a month of the trip's completion? Amy Roy & Jen Frizzell

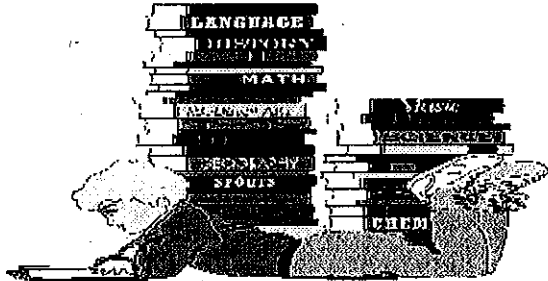
If this trip involves normal school days, what arrangements are being made for students to complete academic work missed during participation? _____

Students are responsible for getting assigned work from their teachers before the retreat.



[Standards](#) > [1997 Learning Results](#) > Building Blocks

[Download](#) the Adobe Acrobat version of this document.



The building blocks for successful and fulfilled adulthood in the 21st century.

Designed and Created by
Sarah Simmonds
Maine Department of Education

Each Maine student must leave school as:

1. **A CLEAR AND EFFECTIVE COMMUNICATOR**
 1. uses oral, written, visual, artistic, and technological modes of expression;
 2. reads, listens to and interprets messages from multiple sources; and
 3. uses English and at least one other language.

2. **A SELF-DIRECTED AND LIFE-LONG LEARNER**
 1. creates career and education plans that reflect personal goals, interests and skills, and available resources;
 2. demonstrates the capacity to undertake independent study; and
 3. finds and uses information from libraries, electronic data bases, and other resources.

3. **A CREATIVE AND PRACTICAL PROBLEM SOLVER**
 1. observes situations objectively to clearly and accurately define problems;
 2. frames questions and designs data collection and analysis strategies from all disciplines to answer those questions;
 3. identifies patterns, trends, and relationships that apply to solutions to problems; and
 4. generates a variety of solutions, builds a case for the best response, and critically evaluates its effectiveness of this response.

4. **A RESPONSIBLE AND INVOLVED CITIZEN**
 1. recognizes the power of personal participation to affect the community and demonstrates participation skills;

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MSAD 71 TRANSPORTATION DEPARTMENT

If the trip will utilize MSAD #71 busses, this form must be received in the Superintendent's office, attention ADMINISTRATIVE ASSISTANT, three weeks prior to trip.

PART I REQUEST FOR TRANSPORTATION Bus size K-6 = 77; 7-12 = 58 maximum capacity

Date of trip 10 / 02 / 08 Rain Date ___ / ___ / ___

Type of Trip: Athletic ___ In District ___ Field Other

Type of and # of vehicles requested: regular bus wheel chair bus ___ Van ___

School: KHS

Name of group or team: Peer Helpers

Specific Address of Destination: Rockcraft Retreat Center Route 114
Sebago, ME
(place/school/site, etc. city/town state)

Determining estimated cost: 198.00 x 198.00 = 396.00 plus ___ x ___ = ___ total estimate \$ 396.00

Pick-up time: 7:45 (a.m./p.m.) Estimated return time 1:00 a.m. (p.m.)

of students/athletes: 23 # of chaperones/coaches 43 Total passengers: 26

Contact person: Amy Roy School phone 985-1110 Cell 649-7813

Trip approval: [Signature]
Please Print
?????????

Building principal/Ad for athletic trips date superintendent/not needed for athletic trips date

SCHOOL PERSONNEL SHOULD PHOTOCOPY THESE REQUESTS FOR YOUR FILES
YELLOW AND WHITE COPIES ARE TO BE FORWARDED TO THE SUPERINTENDENT'S OFFICE

Yellow copy not needed for athletic trips and no superintendent signature is needed as well.

SUPERINTENDENT'S OFFICE WILL FORWARD THIS SHEET TO TRANSPORTATION AFTER THESE TWO SIGNATURES

The information above is confusing. Clarification?

Trip Budget - Estimated Expenses

Trip Destination Rockcraft Retreat Center Trip Facilitator Amy Roy + Jen Trizzell

Trip Dates October 2 - October 3, 2008

Transportation

Private Car	# Cars	# Miles	Total Miles	Cost =
MSAD#71 Bus	# Buses <u>1</u>	# Miles <u>90 x 2</u>	Total Miles <u>180</u>	Cost = <u>396.00</u>
Private Bus	# Buses	Cost/Bus		Cost =
Airfare	# Students	Cost/Ticket		Cost =
	# Chaperones	Cost/Ticket		Cost =
Train	# Students	Cost/Person		Cost =
	# Chaperones	Cost/Person		Cost =
Ground (Subway, etc.)	Type of Transport.	Cost/Person		Cost =
Tolls				Cost =
			Total Transportation	

Accommodation & Meals

Type of Accom.	# Students <u>23</u>	Cost/Room	Cost/Person <u>34.00</u>	Cost = <u>938.00</u>
	# Chaperones <u>4</u>	Cost/Room	Cost/Person <u>34.00</u>	
Meals	# Students <u>23</u>	Cost/Person	<u>34.00</u>	Cost = <u>918.00</u>
	# Chaperones <u>4</u>	Cost/Person	<u>34.00</u>	Cost =
			Total Accom. & Meals	

Miscellaneous

Travel Documents	# Students	Cost/Person		Cost =
	# Chaperones	Cost/Person		Cost =
Personal Funds	# Students	Cost/Person		Cost =
	# Chaperones	Cost/Person		Cost =
Other (List)				Cost =

			Total Miscellaneous	
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Total Trip Cost (Add Transportation, Accommodation, Meals, Miscellaneous)

\$ 2,232

Trip Budget - Revenue

Trip Destination Rockcraft Retreat Center Trip Facilitator
Jennifer Frizzell + Amy Roy

Trip Dates October 2-3, 2008

Revenue

	Source	Amount
District Funds		
Grants	600 Steering Prevention Grant	600.00
Students		460.00
Chaperones		
Fund Raising		
Donations		
Misc. Contributions	funds in account	1,172
	Total Revenue	2232.00

Budget Summary

Cost/Student 83.00

Cost/Person 83.00

Budget Narrative

Please explain any item in the budget that does not 'fit' into a stated category.

Chaperone Commitment

We, Jennifer Frizzell and Amy Roy, agree to chaperone the 23 KHS students going on the Peer Helper retreat to the Rockcraft Retreat Center in Sebago, Maine on October 2-3, 2008.

Date: 09/12/08

J. Frizzell
Amy Roy

Chaperone Commitment

I, Peter Dawson, agree to chaperone the 23 KHS students going on the Peer Helper retreat to the Rockcraft Retreat Center in Sebago, Maine on October 2-3, 2008.

Date: 9/12/08

Peter M. Dawson

Chaperone Commitment

I, Laurie Hall, agree to chaperone the 23 KHS students going on the Peer Helper retreat to the Rockcraft Retreat Center in Sebago, Maine on October 2-3, 2008.

Date: 9/12/08

Laurie Hall

MSAD# 71 – Trips

INFORMED CONSENT, ASSUMPTION OF RISK, INDEMNITY AND POWER OF ATTORNEY FOR EXTENDED DAY, OVERNIGHT, AND/OR OUT OF STATE TRIPS

THIS INFORMED CONSENT, ASSUMPTION OF RISK, INDEMNITY AND POWER OF ATTORNEY is given by the undersigned parent ("Parent") and/or guardian of _____ ("Student") and is given by the Parent(s) and the Student on the Student's behalf, in favor of Maine School Administrative District 71 ("the School District").

1. Parent and Student realize that all travel involves risk. To prepare for this risk, Parent and Student have participated in an orientation program that presents expected behavior and attire, culture of the destination, protocol, etiquette, transportation, medical facilities and processes, safety and security issues, and emergency procedures. Parent and Student acknowledge the risks and agree to the expected behaviors as provided in the orientation.
2. In consideration of the permission granted to the Student by the School District to participate in the Extended Day, Overnight, and/or Out of State Trip to _____ on _____, 20____, Parent and Student hereby release the School District, its agents, and employees from any and all claims, causes of action, damages or demands of any kind whatsoever which Parent and Student may have against the School District and the other described parties herein for all damages, including all personal injuries known or unknown which Student has or may incur or which may arise during the Extended Day, Overnight and/or Out of State Trip, including, without limitation, damages which may arise from any action taken by _____.
3. Parent and Student, realizing and appreciating the risk and danger in allowing Student to participate in the Extended Day, Overnight, and/or Out of State Trip, assume the risk of any and all damages, including personal injury, which the Student may incur as a result of student participating in the Extended Day, Overnight, and/or Out of State Trip.
4. Parent and Student hereby indemnify, defend and hold the School District harmless from any and all claims, liabilities and causes of action, including attorney fees and costs for injury of any person or for damages to or destruction of property resulting during the Extended Day, Overnight, and/or Out of State Trip, including, without limitation, any injury or damages resulting from any action taken by _____ pursuant to the power of attorney granted herein.
4. Parent hereby delegates to _____, whom I designate as my attorney in fact for this purpose, all of my power regarding custody and well being of Student, including, but not limited to, any consent or waiver necessary for medical treatment, or for any other reason requiring such waiver or consent. This delegation does not include power to consent to marriage or adoption. This delegation shall commence on _____, 20____ and shall terminate on _____, 20____.
5. Parent acknowledges that I have previously consented and authorized the School District to obtain any necessary medical and/or emergency treatment of Student by signing the School District's form entitled "Annual Enrollment Record and Emergency Information."

We the undersigned, have read this Informed Consent, Assumption of Risk, Indemnity, and Power of Attorney and understand all of its terms. We execute it voluntarily and with full knowledge of its significance. IN WITNESS WHEREOF, we have executed this Release, Assumption of Risk, Indemnity, and Power of Attorney effective on the date written below.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name

Student Name

Parent/Guardian Address

Date

Home: _____ Office: _____ Cell: _____
Parent/Guardian Phone Number