DOVER HIGH SCHOOL
AND
REGIONAL CAREER TECHNICAL CENTER

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December 12, 2022

Dover School Board members,

This letter is being written in support of Dover High School's Art Club traveling to the Massachusetts Museum of Contemporary Art. The trip will take place from Friday, May 5, 2023 through Sunday, May 7, 2023. This trip provides the opportunity for students in this club to be exposed to a wide array of art as well as continue to develop the skills and relationships built through membership in an extracurricular club. Thank you for your consideration.

Sincerely,

Peter Driscoll
Dover High School Principal

25 Alumni Drive
Dover, NH 03820
11/29/2022

Dear Dr. Harbron and School Board Members:

I am writing this letter to obtain approval for a student trip to MASS MoCA (Massachusetts Museum of Contemporary Art) in North Adams, MA. Since I have been working at Dover High School, I have led ten safe, successful trips to Europe, two weekends in New York City and seven camping trips. I have enjoyed these unique opportunities to bond with my students and to expose them to the world beyond Dover, NH.

For me, the educational value of these experiences is obvious. I spend 180 days every year trying to expose my students to as much of the world of art as I can. I use art history and current artists' work to help guide them in their journey to express themselves. I like to think that they hang on my every word, but realize that when they hear them in a location other than school, the impact is much greater. I show them examples of professional artwork all the time, but a picture on a screen is just not the same as seeing the work in person.

The trip I am proposing for May 2023 will focus on a visit to MASS MoCA (Massachusetts Museum of Contemporary Art). MASS MoCA is the largest center for Contemporary Art in the United States. It is housed on a 13-acre campus of renovated 19th century factory buildings in North Adams, MA. By combining the versatility and sheer size of it's spaces with the new media technologies, MASS MoCA is able to present works that can't be seen anywhere else in the world. One of its most unique resources is a gallery space as big as a football field. Artists come from all over the world to exhibit installation art in this space. This type of exhibit is something my students won't experience anywhere else.

I am proposing that we leave on Friday, May 5, 2023, at 12:00 noon. The students and teachers involved in the trip would be required to miss one half-day of school. That would get us to the cabins before dark and give us plenty of time to settle in. There will be one adult for every four students traveling. The cost being charged the students will be $150.00 plus food. The art club will provide some fundraising opportunities to help students pay for their trip.

I have led many different types of trips while employed by the Dover school system. Many of which were more "exotic" than camping, but there is something very special about this type of trip. There is a special type of bonding that happens hiking up to a breath-taking spot, with a 360-degree view; or sharing secrets around the campfire.

I have done my best to provide you with any information you might need to approve this trip. Please contact me if there is anything else you require. You can call me at work at 516-6965, at home at 953-4810 or email me at f.kontos@dover.k12.nh.us.

Sincerely,

Francine Kontos
World Arts Club Advisor
Dover High School

Itinerary for World Arts Club Camping Trip **May 5, 6 and 7, 2023**

Friday, May 5, 2023

12:00pm	Meet at Dover High School parking lot. Load cars and leave.
1:30pm	Bathroom break and snacks.
3:30pm	Arrive at Copake Falls State Park: Unpack / Settle In
3:30pm	Hike
5:30pm	Return to Camp / Hang Out
6.30pm	Dinner
7:30pm	Activity???
8:30pm	Campfire

Saturday, May 6, 2023

8:00am	Breakfast
9:00am	Depart for MASS MoCA
10:00	Arrive at MASS MoCA
12:00pm-1:00pm	Lunch break on your own
1:00pm	Return to museum
3:00pm	Depart for camp
4:30pm	Return to camp
6:30pm	Community dinner.
8:30pm	Campfire

Sunday, May 7, 2023

7:30-9:00am	Breakfast
10.00am	Head for home.

12:00am	Bathroom break and lunch
3:00pm	Arrive back at Dover High School.

PERMISSION/RELEASE STATEMENTS FOR FOREIGN OR EXTENDED TRAVEL

The undersigned _____,
hereby grants permission for _____ to travel to _____ with _____ as chaperones, as part of a Dover School District extended travel program. The scheduled departure date is _____ and the scheduled return date is _____.

1. The undersigned hereby agrees to indemnify and save harmless the Dover School District, its officials and agents, from any act, default, injury (including death), loss, expense, damage, deviation, delay, curtailment, or inconvenience caused to or suffered by any person, or their property, howsoever arising, which may occur or be incurred by any organization or person, even though such act, default, injury, loss, expense, damage, deviation, delay, curtailment, or inconvenience may have been caused or contributed to by the actions, negligence or default of the chaperones and/or the Dover School District, its officials or agents.
2. The parent/guardian and student acknowledge that they and their personal property, to include baggage, are at all times solely at their own risk. The district strongly recommends the students be adequately insured in respect to illness, injury, or death for the duration of the trip and to insure fully against loss, or damage to their property. The chaperones or the Dover School District shall not, in any circumstances whatever, be liable in respect of any personal injury, illness, or death or in respect of any damage to or loss of property even if the same arises from their negligent actions. The undersigned will accept the authority and decisions of the chaperones during the trip.
3. The chaperones are authorized by the signers of this document to arrange for any medical services deemed appropriate for the student named above by medical personnel while on the trip.
4. It is also agreed that the District reserves the right to remove a student from this program for failure to maintain program standards or if it deems his or her acts of conduct detrimental to or incompatible with the interest of the program. If a student's participation is terminated, only the funds not actually used will be returned and he or she will be sent home at the parent(s)/guardian or student's expense.
5. The undersigned represent that they are parents or guardians of the named student and are authorized to execute this agreement.

IN WITNESS WHEREOF, the parties have signed this agreement on the

_____ day of _____, 20___

_____ _____
Parent/Guardian Signature

_____ _____
Parent/Guardian Signature

_____
Student Signature

Dover High School
25 Alumni Drive
Dover, NH 03820

Statement of Agreement

I agree to adhere to the following rules while on the _____ _____trip with the class:

1. To not consume, purchase, bring with or bring home alcohol or illegal substances.

2. To not purchase body art or piercing services.

3. To not purchase or bring home any type of weapon.

I understand that I am accountable to_____.

I understand that failure to comply with these rules will result in disciplinary action upon returning to Dover High School.

_____ _____
Student's signature

I have read and discussed this agreement with my son/daughter, and I support these rules and regulations.

_____
Parent/guardian's signature

As a chaperone on this trip, I agree to adhere to the same standards of behavior as defined for student participants.

_____
Chaperone's signature

Student Health Record

Student's Name_____Grade_____D.O.B._____

Address_____Phone#_____

Parent/Guardian's Name_____Work Phone#_____

Cell phone#_____

In Case of Emergency Contact_____Phone#_____
(other than parent/guardian)

Date of Last Physical_____

Medical Condition_____
(Diabetic, Asthma, Epilepsy, Allergies, etc.)

List any medication being taken on a daily basis_____

Permission to be given Tylenol, Advil, Maalox, Immodium or Midol
yes_____no_____

Please list any other concerns or medical problems that might be a concern to the chaperones of this trip_____

_____

Name of Health Insurance Company covering student_____

Group number_____ ID number_____

Address_____

<u>In case of emergency,</u> I hereby give permission for to authorize medical treatment while on this school-sponsored trip to

Parent/guardian's signature_____ **date**_____

I hereby agree that the above statements of medical history are accurate and true to the best of knowledge, and give my consent for my son/daughter go on this trip.

<u>Signatures</u>

Parent/Guardian_____Date_____

Parent/Guardian_____Date_____