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 Future Farmers of America (FFA) attending the annual Winter Leadership Camp. This year the trip will take place from Friday, January 13, 2023 through Sunday, January 15th, 2023. This camp provides the opportunity for students in this organization to continue to develop their leadership and public speaking skills while networking with other state chapters.

Thank you for your consideration.

Sincerely,

Peter Driscoll
Dover High School Principal

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2017 2018 FIELD TRIP REQUEST **Date:** 12/1/2022

THIS REQUEST MUST REACH THE PRINCIPAL AT LEAST 10 DAYS BEFORE THE DATE OF THE FIELD TRIP. PERMISSION SLIPS MUST BE OBTAINED FROM PARENTS/GUARDIANS BEFORE STUDENTS MAY PARTICIPATE.

Teacher Requesting the Trip: Carrie Hough

Destination of Field Trip: Winter Leadership Camp

Date of Field Trip: 1/13-1/15 Time of Departure: 3:00 pm Time of Return: 12:00 1/1

Number of Students: 20 Cost Per Student: $100.00

Number of Adults Going: 3 Method of Transportation: First Student

LIST ALL CHAPERONES: Carrie Hough and Katherine Green

*****Chaperones who are not employees of the district must fill out a Volunteer Service Form two weeks prior to the field trip. *****

A LIST OF STUDENTS WHO WILL BE ATTENDING MUST BE SENT TO THE ATTENDANCE OFFICE PRIOR TO THE FIELD TRIP.

Are all phases of the trip handicap accessible? Yes ◉ No ○

Non-participating teachers will be notified two weeks prior to the trip: Yes ◉ No ○

Submit a list of non-participating students to the attendance office one day prior to the trip.

Have provisions been made for students **NOT** going on the trip that are the responsibilities of the teacher(s) attending?
Yes ◉ No ○

What is the educational purpose of the field trip?

Leadership skills and public speaking

What instructional classroom preparations will be done prior to the field trip?

FFA leadership unit

What follow-up classroom activities will take place after the field trip?

Summary of event and presentation share to peers

Approval of Appropriate Administrator (AC, CTC Director:) Kevin A. Konuch

*******PLEASE RETURN THIS FORM TO THE PRINCIPAL'S SECRETARY*******

✓ Trip Approved _____ Trip Disapproved

Reason for Denial: _____

Principal's Signature: [signature] Date: 12/5/22

Revised 7/2017

School: Dover High School

DOVER SCHOOL DISTRICT

FIELD TRIP NOTIFICATION AND PERMISSION FORM

Dear Parents & Guardians,

Your child's class will be participating in a school sponsored activity away from school. The information for this activity is as follows. **Please note that no child will be allowed to attend a trip without a signed permission slip.**

Please sign and return to your child's teacher by: 12/17/2022

Description of Activity: Winter Leadership Camp

Purpose of Activity: Learn leadership skills and public speaking

Destination: Alton Transportation Provided By First Student

Date: 1/13-1/15/23 Departure Time: 3:00 pm Return Time 12:00 Sun.

Cost: $100 Please make check payable to: Dover FFA

We Need Chaperones for this Trip: YES ◯ NO ◉

_____ I understand I must complete fingerprinting for a criminal records check at least three (3) weeks in advance of the field trip at the SAU 11 office before attending this trip.

_____ I have completed the fingerprinting for a criminal records check at the SAU 11 office.

Recommended clothing, equipment, supplies, etc.:

School appropriate clothes/ Warm/ See Packing list

_____ **School/Field Trip Permission Form**

I/we have been informed as to the nature of the activity and acknowledge that there are always certain risks for those who participate. We realize that all efforts will be made by the teachers and chaperones to ensure the safety of the students, but understand that the school cannot assume responsibility for unreasonable accidents and/or injuries. I/we agree that our child must adhere to all safety rules and regulations, as well as all instructions from the adults. Failure to do so may result in exclusion from this or other activities. If there is important information, medical or otherwise, that the school staff should know, I/we agree to provide it to the nurse and/or teachers before the trip. I/we understand the risks and requirements for our child to participate and give our consent to attend the trip to:

I hereby give permission for my child to be transported to a hospital or other emergency medical facility and to receive emergency medical treatment. Emergency contact phone number: _____

Student Name: _____ **Teacher Name:** Mrs. Hough/ Mrs. Green **Grade:** _____

Trip Date & Destination: Winter Leadership Camp- 1/13-1/15/23

Parent/Guardian Signature: _____ **Date:** _____

Home # _____ **Work #** _____ **Cell #** _____

In case of an emergency and you cannot be reached, whom do you want us to call?

Name: _____ **Home #** _____ Work # _____ Cell # _____

First Student

Caring for students today, tomorrow, together.

8 Lafayette Rd
North Hampton, NH 03862

CHARTER BUS REQUEST FORM

PHONE: 603-964-2322
FAX: 603-964-2375

Ms Mason Use Only

Customer Requesting Charter: _____ Phone: _____

Billing Address: 25 Alumni Drive Fax: 603-516-6975

City: Dover ST: NH Zip: 03820 Date Ordered: 12/1/2022

Trip Date: 1/13/2023 Day of the Week Req. Friday ☐ Round Trip ◉ One Way

Trip Times: (Include AM or PM)

Load Time: 3:00 ○ AM ◉ PM

Depart Time: 3:10 ○ AM ◉ PM

Return P/U: ○ AM ◉ PM

Arrival at Home: ◉ AM ○ PM

TRIP INFORMATION: New Order ◉ Change Order ☐

Bus Size	3 Per Seat	2 Per Seat		# of Buses

PASSENGER COUNT

CHILDREN	20
ADULTS	3
TOTAL	23

Group Name / Activity: Dover FFA/ Animal Science

Pick Up Information:

P/U Location: Dover Career and Technical Center

Address: 25 Alumni Drive City: Dover NH Zip: 03820

Special Instructions: _____ Bus to stay: Yes ☐ No ◉

Destination Information:

P/U Location: Camp Brookwoods

Address: 34 Camp Brookwoods Rd City: Alton NH Zip: 03809

Special Instructions: _____ Bus to stay: Yes ☐ No ◉

Ordered By: Carrie Hough

First Student Office Use Only

Confirmation#: _____ Conf Fax Date: _____ #Buses: _____

Estimated Cost: _____ GL#: _____ # of Passengers: _____

Customer #: _____ Price Code: _____ COD: ☐ INV: ☐ P.O.# _____

First Student

Caring for students today, tomorrow, together.

8 Lafayette Rd
North Hampton, NH 03862

CHARTER BUS REQUEST FORM

PHONE: 603-964-2322
FAX: 603-964-2375

Ms. Mason Use Only

Customer Requesting Charter: _____ Phone: _____

Billing Address: 25 Alumni Drive Fax: 603-516-6975

City: Dover ST: NH Zip: 03820 Date Ordered: 12/1/2022

Trip Date: 1/15/2023 Day of the Week Req. Sunday ◯ Round Trip ◉ One Way

Trip Times: (Include AM or PM)

Load Time: 11:00 ◯ AM ◉ PM

Depart Time: 11:10 ◉ AM ◯ PM

Return P/U: ◯ AM ◉ PM

Arrival at Home: 12:00 ◯ AM ◉ PM

TRIP INFORMATION: New Order ◉ Change Order ◯

Bus Size	3 Per Seat	2 Per Seat		# of Buses

PASSENGER COUNT

CHILDREN	20
ADULTS	3
TOTAL	23

Group Name / Activity: Dover FFA/ Animal Science

Pick-Up Information:

P/U Location: Camp Brookwoods
Address: 34 CAmp Brookwoods City: Alton NH Zip: 03809

Special Instructions: _____ Bus to stay: Yes ◯ No ◉

Destination Information:

P/U Location: Dover Career Technical Center
Address: 25 Alumni Drive City: Dover NH Zip: 03820

Special Instructions: _____ Bus to stay: Yes ◯ No ◉

Ordered By: Carrie Hough

First Student Office Use Only

Confirmation#: _____ Conf Fax Date: _____ #Buses: _____

Estimated Cost: _____ GL#: _____ # of Passengers: _____

Customer #: _____ Price Code: _____ COD: ◯ INV: ◯ P.O.# _____