

Out of State Travel Application

Please fill out this form, which will go to the School Committee for approval, to the best of your ability. Remember to send the questionnaire to your travel representative before filling out this form, so that you can simply cut and paste their answers into this document.

Your email address (mkitchen@arlington.k12.ma.us) was recorded when you submitted this form.

What is the name of the lead teacher? *

Madalyn Kitchen, Tino D'Agostino

In what department and at which school does the lead teacher work? *

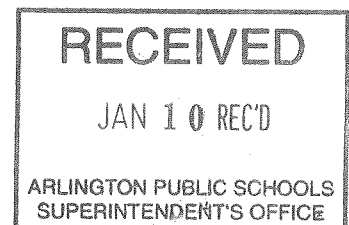
Performing Arts

Trip Basics

Please provide some basic information about this trip.

Destination (City(s)/Country): *

New York City



We will be performing at two different venues while there, one of which will be a local high school. For the students to prepare repertoire to perform while traveling like this is an important and valuable skill and experience, that many have never had before.

Will any school be missed by those attending? (Yes or No) *

Yes

If school will be missed, what steps will be taken to minimize the impact?

The students know they will be responsible for any missed work, there is time while traveling when they can do homework. We are also choosing to travel after the weeks of AP tests to hopefully make the impact less.

Who can attend this trip? Is it geared toward particular students? Grade levels? etc. (Requirements for participation should be clearly stated on the Trip Policy & Behavior Contract to be signed by parents. Edits to this document can be made on your own copy) *

A member of the performing ensembles - choirs, band or orchestra.

How much does the trip cost (an estimate is fine) per student? *

700

Travel Company

If applicable, what is the name of the agency you are working with in planning this trip?

Travel Design Italy

What is the name, phone number and/or email address of the individual agent(s) with whom you have worked?

Giuseppe Tarzia, 011 39 347 6683611, g.tarzia@yahoo.com

Describe the trip insurance plan. (Trip insurance usually includes coverage for emergency travel home, trip cancellation, etc. This is NOT just liability.)

travel protection and trip cancellation (not included in 700)

In the event of cancellation, describe the refund date(s) and policy. (Include a print out of this information attached the Trip Policy & Behavior Contract that is signed by students and parents/guardians) *

to be provided by Giuseppe Tarzia (I don't have details yet)

Pre-Trip Prep

Describe how you will disseminate information about this trip to students. *

Student and Parents Email and class announcements

Describe how you will communicate with parents before the trip. (Parent meetings, informational website, etc) *

We will have an informational meeting and continue through emails.

During the Trip

Please attach your trip itinerary. (Be sure the document includes the lead teacher name, the phrase "Itinerary" and destination city in its title) *

Files submitted:

Arlington NYC - Madalyn Kitchen.pdf

Describe how you will factor emergency expenses into the trip budget. *



Oct . 22 , 2018

Treasures of NYC
Arlington High School
custom tour - 4 days - 3 Nights 17-20 May 2018

Daily Itinerary & Suggested Activities

Dear Sirs,

Below please find itinerary and confidential quotation for May 2019 group, please note that nothing has been reserved at the moment. As soon as you approve program and finalize all details we can proceed with final bookings and confirmation.

Day 1 Fri May 17 : BOSTON/ New York City

Morning departure by Motorcoach from Arlington High School. In the afternoon Arrive in New York City/ NJ area. This afternoon visit the New Jersey school district including visit at a local school around Clifton/ Lynhurst area followed by performance buffet dinner hosted by School. Check in at your hotel.

Day 2 Sat May 18:

Take a walking tour of Midtown including:

9/11 Memorial and Museum

Fifth Avenue

Rockefeller Center

Bryant Park

Make a photo stop in Central Park. Tonight your dinner is at at a local restaurant. Overnight at hotel in NJ.
(D)

Day 3 Sun May 19: In the morning visit the Statue of Liberty and Ellis Island

Marvel at the 151-foot model engineered by Alexandre Gustav Eiffel, of Eiffel Tower fame

Explore the Ellis Island Immigration Museum. This afternoon prepare for concert at local cultural club or Church, tonight Enjoy dinner at a local restaurant. (B,D)

Day 4 Mon May 20 : New York City/Arlington

Morning guided tour of New York

Greenwich Village

SoHo

Chinatown

Little Italy

Visit and free time on Times Square for lunch before departure for Arlington return trip home

Estimate arrival 8-9 pm



LAND DEPOSIT: Please note that hotels have not been requested or confirmed for your group at this time. In order to proceed with land operations, we require a \$ 200.00 per person deposit (make checks payable to TRAVEL DESIGN ITALY).

Hotels confirmed will be as indicated or similar, depending on space availability at the time of booking. All rooms are based on "run of the house" category and supplements may apply to guarantee specific room preferences. On occasion, hotels may require additional deposits in order to block group space. We will advise you of these requirements if they are requested.

TRAVEL DESIGN ITALY strongly suggests the travel protection and trip cancellation insurance.

I hope this proposal is acceptable to you and your group. Should you have any questions, please do not hesitate to call me. My direct extension is 011 39 347 6683611 and my e-mail address is g.tarzia@yahoo.com or info@traveldesignitaly.com

I look forward to the opportunity of working with you on this, and futures programs to Europe, and hope to hear from you soon.

Sincerely,

Giuseppe Tarzia

Private & Customized Groups

PROPOSAL ACCEPTANCE

On your acceptance of this proposal, we request that a signed copy be returned to us, thus acknowledging your agreement to the program outlined above, and the conditions as attached.

Name

Title

Date:

CANCELLATION POLICY: (Air non refundable) Land Packages:

| Prior to Departure: | Cancellation Charge |
|----------------------------|----------------------------|
| 60-31 days | 50% of package price |
| 20-15 days | 75% of package price |
| 14-0 days | 100% of package price |

**Travel Design Italy
Insurance of Travel**

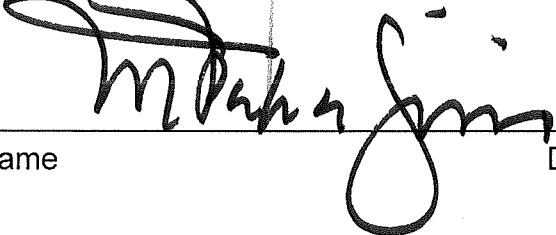
| Benefits Per Person (US Dollars) | Maximum Amount of Coverage |
|--|-----------------------------------|
| Trip Cancellation | Trip Cost |
| Trip Interruption (\$500 Return Air only if \$0 Trip Cost) | 150% Trip Cost |
| Missed Connection | \$500 |
| Travel Delay | \$750 |
| Baggage Loss | \$1,500 |
| Baggage Delay | \$300 |
| Emergency Accident/Sickness Medical Expense | \$25,000 |
| Evacuation / Repatriation | \$100,000 |
| Worldwide Emergency Assistance Services | Included |

REQUIRED DOCUMENTS: Please make a copy of, personalize the copy (if necessary) & print a copy of each for the International Travel Coordinator.


- AHS - Out of State Travel Application (printed by Travel Coordinator)
- Out of State Trip Application - Signature Form
- Legal Documents - Medical Info, Permission to Treat & Release from liability
- Trip Selection Criteria & Behavior Contract

Before submitting the completed application (with all necessary paperwork) to the School Committee, please get approval from your department head then schedule a meeting with the International Coordinator (Mary Villano).

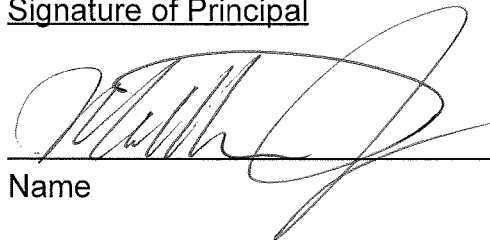
Signature of Department Head


Name _____ Department _____ Date 1/9/19

Signature of International Travel Coordinator


Name _____ Date 1/9/19

Signature of Principal


Name _____ School AHS Date 1/9/19

Signature of Superintendent

Name _____ Date _____