

HUDSON SCHOOL COMMITTEE
August 20, 2019
155 Apsley Street – Administration Building
7:00 p.m.

AGENDA

I. Call to Order

II. Approval of Minutes

Regular Meeting: July 30, 2019

III. Public Participation:

In order to efficiently conduct the business of the School Committee and provide for public input, please keep in mind the following:

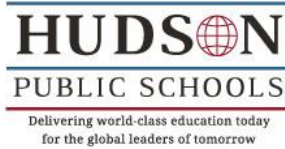
- *Speakers should address their issues and concerns, and avoid personal attacks;*
- *Persons addressing the Committee should refrain from reading long statements. If such statements are considered necessary for background material, then these statements should be furnished to the Committee prior to the meeting; and*
- *Persons addressing the Committee should limit their statements to approximately two minutes.*

IV. Reports and Presentations

- a) Report of the Superintendent: School Readiness Report
- b) Subcommittee Reports
 - Budget Subcommittee (if any)
 - Policy Subcommittee (if any)
 - Strategic Goals Subcommittee (if any)
 - Superintendent's Evaluation Subcommittee (if any)
- c) Student Presentation (if any)

V. Matters for Discussion:

- a) Old Business
 - 1. Update of Calendar
 - 2. Petition to name the Hudson High School Library to honor former teacher Susan Menanson.
 - 3. Petition to name the Hudson High School Auditorium to honor former teacher Paul "Skip" Johnson
- b) New Business
 - 1. FY19 Q4 Student Activity Report



VI. Matters for Action:

- a) Old Business
 - 1. Approval of School Committee Member Assignments
- b) New Business
 - 1. Approval of Contract with Focused Schools in the amount of \$38,725.00 for Professional Development and Executive Coaching
 - 2. Approval of Hudson High School Grade 9 Trip to Washington D.C. April 28, 2020- May 2, 2020
 - 3. Reclassification of Funds

VII. Items of Interest to the School Committee

VIII. Executive Session

Not needed

IX. Adjournment

The Agenda reflects topics that the Chairperson reasonably anticipates will be discussed.

Approval of Minutes

July 30, 2019

**Hudson School Committee
Open Session Minutes**

Meeting Date: July 30, 2019

Location: 155 Aspley Street

Members present: Glenn Maston, Steven Smith, Matthew McDowell, and Michele Tousignant Dufour

Members absent: Adam Tracy, Nina Ryan, Rebecca Weksner

Others present: Dr. Marco C. Rodrigues, Superintendent
Annamarie O'Donnell, Recording Secretary

I. Call the Meeting to Order: 7:00 p.m.

The meeting was called to order by Committee Chair, Glenn Maston.

II. Approval of Minutes:

Regular Meeting: June 11, 2019

A motion to approve the minutes of June 11, 2019 was made by Ms. Tousignant Dufour and seconded by Mr. Smith. On a vote of 4-0, the motion passed.

III. Public Participation:

None

IV. Reports and Presentations

Report of the Superintendent

Dr. Rodrigues gave the following updates to the Committee:

Summer updates

Summer Programs

Student Services had two programs start, one on July 1 and one on July 8. There are 54 staff members are providing services to 100 students into August.

New Transportation Company

There has been a good start with First Student. The bus routes are being created and will be announced in mid-August. Parents will be given advance notice of the routes when the routes are available. There is a meet and greet event scheduled with Hudson Public Schools staff and First Student staff on August 19.

Discussion ensued about drivers, in particular if prior issues with drivers are being considered when First Student is looking at drivers coming over from NRT. Dr. Rodrigues confirmed that this is the case.

Hours of Operation Communication

Adjustments to school start times have been made to all Elementary Schools and Quinn Middle School. Messages are being sent to notify parents.

Subcommittee Reports

Budget Subcommittee

none

Policy Subcommittee

none

Strategic Goals Subcommittee

none

Superintendent's Evaluation Subcommittee

none

Other:

A Buildings and Grounds subcommittee meeting was held on July 16 to begin review of a petition for renaming the Hudson High School library. There will be another meeting on August 5.

Student Report

none

V. **Matters for Discussion:**

a) Old Business

1. Update of Calendar

Dr. Rodrigues stated that the calendar has been updated with MCAS dates that we have received.

b) New Business

1. Receipt of petition to name the Hudson High School Auditorium to honor former teacher Paul "Skip" Johnson

Mr. Maston stated that the School Committee has received an impressive petition to name the Hudson High School Auditorium in honor of former teacher Paul "Skip" Johnson. Mr. Maston stated that this will be moved to a public hearing with the Buildings and Grounds Subcommittee. The subcommittee will make a recommendation to bring the proposal back to the full committee.

VI. **Matters for Action:**

Old Business

1. Approval of School Committee Member Assignments

Mr. Maston stated that members needed to be nominated for the School Councils. Mr. McDowell stated that he could continue on the Quinn School Council. Mr. Maston suggested that since there were three committee members missing that this item be taken up again at the next school committee meeting.

New Business

1. Approval of Student Handbook and Electronic Distribution

Dr. Rodrigues informed the committee that the changes to the student handbooks are outlined in the back up documentation and that there is not a lot of new policy. He stated that some elements have new language as a result of things that happened last year. He also informed the committee that the documents will be distributed electronically and the district is currently working on a method to obtain electronic signatures.

Discussion ensued about the J policy section having to do with students. The attendance and discipline policies are currently being evaluated. The policy subcommittee will bring these two policies when ready to the full committee for approval. Dr. Rodrigues stated that since the handbook will be distributed electronically, we will be able to edit the handbook with the approved changes.

Discussion ensued about when handbook changes would take place.

Discussion ensued about the changes in the VHS approval process.

A motion to approve the Student Handbooks and electronic distribution was made by Mr. Smith and seconded by Ms. Tousignant Dufour. On a vote of 4-0, the motion passed.

2. Approval of Custodians' Contract Ratification

Dr. Rodrigues stated that the contract had been successfully negotiated and that the union has ratified the contract.

Ms. Tousignant Dufour thanked those who worked on the negotiating teams on both sides.

A motion to approve the custodians' contract was made by Ms. Tousignant Dufour and seconded by Mr. Smith. On a vote of 4-0, the motion passed.

3. Approval of 2019-2020 Student Activity Accounts- Hudson High School

Dr. Rodrigues stated that there have been changes in the practice of paying stipends. This was something pointed out to the district by the auditors.

Discussion ensued about the STRIVE activity account.

Discussion ensued about accounts that are closed.

A motion to approve the following four votes by consent agenda was made by Mr. McDowell and seconded by Mr. Smith.

1. Authorize the list of active accounts as presented for the 2019-2020 school year
2. Transfer \$1,468.85 of the inactive student activity funds to the Student Activities General Fund
3. Authorize list of stipends to be paid from the Hudson High School SAF
4. Authorize a \$75,000 maximum balance in the Student Activity Checking Account at Hudson High School.

On a vote of 4-0, the motion passed.

4. Approval of 2019-2020 Student Activity Accounts- Quinn Middle School

A motion to approve the following four votes by consent agenda was made by Ms. Tousignant Dufour and seconded by Mr. Smith.

1. Authorize the list of active accounts as presented for the 2019-2020 school year
2. Transfer \$875.63 of the inactive student activity funds to the Student Activities General Fund
3. Authorize list of stipends to be paid from the David J. Quinn Middle School SAF
4. Authorize a \$9,000 maximum balance in the Student Activity Checking Account at the Quinn Middle School.

On a vote of 4-0, the motion passed.

5. Approval of FY20-305 Title I Grant in the amount of \$310,461.00 (ESTIMATED)
6. Approval of FY20-140 Title II grant in the amount of \$61,539.00
7. Approval of FY20-180 Title III: English Language Acquisition and Academic Achievement Program grant in the amount of \$35,412.00
8. Approval of FY20-309 Title IV, Part A: Student Support and Academic Enrichment Grant in the amount of \$17,353.00
9. Approval of FY20 Safer Schools and Communities Grant in the amount \$60,000.00
10. Approval of FY20-240 SPED IDEA Allocation Grant in the amount of \$719,820.00
11. Approval of FY20-262 SPED Early Education Grant in the amount of \$47,616.00
12. Approval of Alliance Energy gift to the Hudson High School Science Program in the amount of \$500.00
13. Approval of Stop N Shop A+ School Rewards to Hudson High

School in the amount of \$734.38

A motion to approve the above items 5-13 by consent agenda was made by Mr. Smith and seconded by Ms. Tousignant Dufour. On a vote of 4-0 the motion passed.

14. **Reclassification of Funds**

A motion to approve the nine reclassification of funds by consent agenda was made by Mr. Maston and seconded by Mr. McDowell. On a vote of 4-0, the motion passed.

VII. Items of Interest to the School Committee

VIII. Executive Session

At 7:28 p.m., Committee Chair, Glenn Maston stated that Executive Session was needed for the following reason.

To discuss strategy with respect to collective bargaining with union personnel (Hudson Education Association), because an open session may have a detrimental effect on the legal position of the Committee.

Vote by Roll Call:

Mr. Maston	Yes
Mr. Smith	Yes
Mr. McDowell	Yes
Ms. Tousignant Dufour	Yes

IX. Adjournment


At 7:29 p.m. Committee Chair, Glenn Maston, announced that the Committee would enter Executive Session and not return to Public Session.

Respectfully submitted,

Michele Tousignant Dufour, Secretary
Hudson School Committee

Report of the Superintendent

- School Readiness Report




AUGUST 20, 2019

Hudson Public Schools

REPORT OF THE SUPERINTENDENT

MARCO C. RODRIGUES, ED.D.

SUPERINTENDENT EVALUATION RUBRIC
Standard II: Indicators A, B, C, E
Standard III: Indicators A, B, C
Standard IV: Indicators A, C



REPORT OF THE SUPERINTENDENT

1. School Readiness Report

Principals submitted their School Readiness Checklist with information relative to staffing, class size, building facilities, curriculum materials, technology, food service, transportation, evacuation plan, and playground equipment. I am pleased to report that our five schools are ready to open on August 27th and welcome our students and families for the 2019-2020 school year. Building maintenance and the hiring process for some open positions are on-going.

2. Transportation

The bus routes will be posted on the district's website on Wednesday, August 21st and a link can be found on the front page under "Useful Links". Because we have a new transportation provider, the District is publishing the start time of the route. We ask parents/guardians to ensure students are at their bus stops prior to the start time of the route. The length of our bus routes average 30 minutes or less. We expect to publish bus stop times by the second week of school. Parents will be notified, via School Messenger, once the bus routes have been uploaded to the District's website.

3. Student Enrollment as of August 13, 2019

School	Grades	2018-2019 Enrollment	2019-2020 Enrollment
Out-of-District/Hubert	Pre K – 12	93	46/29
Farley Elementary School	Pre K – 4	428	420
Forest Ave Elementary School	K – 4	354	339
Mulready Elementary	Pre K – 4	252	249
Quinn Middle School	5 – 7	638	615
Hudson High School	8 – 12	890	899
Total		2,655*	2,597

*as of June 18, 2019

4. New Student Drop-Off and Pick-up Patterns at Hudson High and Forest Ave Schools

In order to ensure a more efficient traffic flow during student arrivals and dismissals, the Hudson High School and Forest Ave Elementary School have revised their traffic pattern.

At Hudson High School, the student drop-off and pick-up lanes at the parking lot have been changed to ensure that the handicap access lane is free of traffic during arrival and dismissal times. Drop-off signs orienting parents of the new traffic pattern have been posted.

At Forest Ave, the administration worked in partnership with representatives from Safe Routes to School to evaluate and adjust the traffic flow.

- Buses will line up in front of the school entering from Forest Avenue and exiting on Woodrow Street.
- Parents will enter from Woodrow Street only and drive through the Woodrow Parking lot towards the back of the school. Parents will follow along the back of the school, take a right at the far end of the building and exit through Forest Avenue.

5. Students Schedules and Class Assignments Notification to Parents

The District released to parents (on or about August 15th) their students' schedules and class assignments. Elementary school parents received notification, via US Mail, of their child's classroom assignment. At the middle and high school levels, parents received access to Aspen to view their child's schedule.

After receiving feedback from parents at the last Parent Forum, arrangements were made to ensure that middle school parents have access to their child's schedule in Aspen, including homeroom assignment.

6. New Employee Orientation

Approximately 40 new employees will participate in the New Hire Orientation Program on August 21st and 22nd. Participants include teachers, paraprofessionals, ABA therapists, and other support personnel. The two-day agenda will cover topics such as: curriculum, instruction, special education, technology, human resources, union membership, teacher mentorship program, and more.

7. Summer Leadership Institute

The Summer Leadership Institute was held on August 13th, 14th, and 15th with thirty-two administrators and selected support personnel participating in this year's event. The Institute titled "Who we are is how we lead" focused on the work of the renowned author Brene Brown and her latest book publication *Dare to Lead*. The Leadership Institute activities were dedicated to developing the action steps for the priority areas included in our new District Improvement Plan for the 2019-2020 school year. We also devoted time for leadership team building and a few housekeeping items. The ELEVATE (Educational Leaders Establishing a Vision Aiming Toward Excellence) Team was highly productive in accomplishing all tasks planned for the three days and each team member demonstrated his/her commitment and level of readiness to start the new year strong.

8. General Assembly

On Monday, August 26th, I will be welcoming the Hudson school community to the new academic year during a general assembly at the High School. I welcome members of the School Committee to attend this event. The assembly will start promptly at 8:30 am.

Matters for Discussion
Old Business

1.) Update of Calendar

Hudson High School
 Quinn Middle School
 Farley Elementary School
 Forest Elementary School
 Mulready Elementary School

978-567-6250
 978-567-6210
 978-567-6153
 978-567-6190
 978-567-6170



Hudson Public Schools
 155 Aspley Street
 Hudson, MA 01749
 978-567-6100
www.hudson.k12.ma.us

2019-2020 SCHOOL YEAR

August/ September 23 days						
Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Aug. 26 Teachers Report
 Aug. 26 Grade 5 Orientation
 Aug. 26 Grade 8 Orientation
 Aug. 27 Students Report
 Aug. 30- Sep 2 No School - Labor Day
 Sep. 12 Quinn Open House
 Sep. 17 Elementary Open House
 Sep. 18 Half Day-Professional Day
 Sep. 19 Hudson High Open House

October 21/44 days						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Oct. 11 No School- Professional Day
 Oct. 14 No School-Columbus Day
 Oct. 17 Hudson High Evening Conferences

November 17/61 days						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Nov. 6 Half Day- Professional Day
 Nov. 11 No School- Veteran's Day
 Nov. 13 Half Day- Quinn Conferences
 Nov. 14 Half Day- Quinn Conferences Evening
 Nov. 18 Half Day- PreK-4 Conferences
 Farley Evening Conferences
 Nov. 19 Half Day- PreK-4 Conferences
 Forest and Mulready Evening Conferences
 Nov. 27-29 No School Thanksgiving Break

December 15/76 days						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Dec. 4 Half Day Professional Day
 Dec. 23-31 No School- December Break

January 21/97 days						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Jan. 1 No School- New Year's Day
 Jan. 15 Half Day- Professional Day
 Jan. 17, 21, 22 Half Day- High School Exams
 Jan. 20 No School- Martin Luther King Jr. Day

February 15/112 days						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Feb. MCAS Biology
 Feb. 12 Half Day Professional Day
 Feb. 17-21 No School- February Break

March 21/133 days						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Mar. 9 No School- Professional Day
 Mar. 10 Half Day - PreK-4 Conferences
 Farley Evening Conferences
 Mar. 11 Half Day - PreK-4 Conferences
 Forest and Mulready Evening Conferences
 Mar. 12 Hudson High Evening Conferences
 Mar. 18 Half Day- Quinn Conferences
 Mar. 19 Half Day- Quinn Conferences Evening
 Mar. 24 MCAS-ELA Gr 10 REVERSE 1/2 Day HHS
 Mar. 25 MCAS-ELA Gr 10 REVERSE 1/2 Day HHS

April 16/149 days						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Apr. 1 Half Day Professional Development
 Apr/May MCAS Testing Window Grades 3-8
 Apr. 7 MCAS-ELA Gr 8 REVERSE 1/2 Day for HHS
 Apr. 8 MCAS-ELA Gr 8 REVERSE 1/2 Day for HHS
 April 10 No School Good Friday
 April 20-24 No School April Break

May 20/169 days						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

May 18 MCAS-STE Gr 8
 May 19 MCAS-Math Gr 8,10 REVERSE 1/2 Day HHS
 May 20 MCAS-Math Gr 8,10 REVERSE 1/2 Day HHS
 May 25 No School- Memorial Day

June 11/180 days						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Jun 2 MCAS-STE Gr 9 REVERSE 1/2 Day for HHS
 Jun 3 MCAS-STE Gr 9 REVERSE 1/2 Day for HHS
 Jun. 7 Hudson High School Graduation
 Jun. 9 Last Day of KN with 0 snow days
 Jun. 11,12,15 Half Day- High School Exams
 Jun. 15 Last Day of School with 0 snow days
 Jun. 30 Last Possible Day of School

denotes no school

denotes district wide half day

Matters for Discussion

Old Business

- 2.) Petition to name the Hudson High School
Library to honor former teacher Susan
Menanson

Matters for Discussion

Old Business

- 3.) Petition to name the Hudson High School Auditorium to honor former teacher Paul “Skip” Johnson

Report of the Buildings and Grounds subcommittee to the
Hudson School committee
For meeting [on August 20, 2019](#)

The Buildings and Grounds subcommittee was convened to review the petitions received to rename the library at Hudson High School for former English teacher Susan Menanson, and to rename the auditorium at Hudson High School for former music and drama teacher Paul Johnson. The two petitions were supported by a combined total of over 2,500 signatures, collected both online and in person. The subcommittee members are Rebecca Weksner, Steve Smith, and Glenn Maston. The subcommittee held two public meetings, on July 16 and August 5. These meetings were well attended, with a total of 25 people coming to provide personal testimony on behalf of the honorees at the two meetings.

For Susan Menanson, the provided Biographic statement described her professional career that led to her teaching at Hudson High school for 25 years. The personal testimony provided much more detailed description of Ms. Menanson's love of reading, and especially Shakespeare, and of her ability to inspire a love of books in all her students and colleagues. She supported the performing arts and worked closely with Paul Johnson to support the HHS theater program. It was described how she served as a class advisor and attended sporting events and earned a 'superfan' award. In summary, all the evidence provided indicates that Susan Menanson was a teacher who had a broad and enduring impact on the Hudson High school community. The subcommittee discussed logistics with the petition supporters, and it was made clear that they would be able to provide funding for the requested lettering. The proposal is to have lettering on the outside of the library next to the entrance that reads "Susan Menanson Memorial Library", and a plaque with photograph and statement will be placed inside the library as well.

For Paul Johnson, the provided Biographic statement described his many professional activities, including his 32 years of teaching in the Hudson school district, as well as his involvement in numerous community music and theater productions. The personal testimony provided much more detailed description of Mr. Johnson's positive demeanor, indicated by his inclusiveness of all students, his ability to bring out the best in his students, and his ability to bring a group together and make them feel like a family. He gave countless hours to support music and theater programs which have set the foundation for one of the defining features of our high school today. In summary, all the evidence provided indicates that Paul Johnson was a teacher who had a broad and enduring impact on the Hudson High school community. The subcommittee discussed logistics with the petition supporters, and it was made clear that they would be able to provide funding for the requested lettering. The proposal is to have lettering on the outside of the Auditorium that says "Paul 'Skip' Johnson Auditorium", and a plaque with photograph and statement will be placed inside the auditorium as well.

A local business, Sign Logic, has been contacted, and they would be able to manufacture the required lettering in a style that will match the existing room labels throughout the building.

Upon consideration of all the evidence received, the subcommittee voted unanimously to bring both petitions forward to the full committee for review and vote.

Submitted by:
Glenn Maston
On behalf of the Buildings and Grounds Subcommittee

Matters for Discussion

New Business

1. FY19 Q4 Student Activity Report

HUDSON
PUBLIC SCHOOLS

Delivering world-class education today
for the global leaders of tomorrow

Central Administration Building
155 Apsley Street
Hudson, MA 01749

Tel (978) 567-6100
Fax (978) 567-6103
www.hudson.k12.ma.us


To: School Committee, Principals, Advisors, Student Officers, Town Accountant and Town Treasurer

cc: Dr. Marco Rodrigues, Superintendent of Schools

From: Patricia Lange, Executive Director of Finance and Operations

Date: 8/20/2019

Re: Student Activities Reporting Period Ending June 30, 2019



Attached are the Student Activity Reports for the period ending June 30, 2019, for Hudson High School and Quinn Middle School. The cover page is the reconciliation of the Agency Savings account to the Town's general ledger. The bottom of the page shows that the totals of the reconciled balances of the Agency savings account and the school checking account total to the subsidiary ledger of the student fund balances. The second page shows the subsidiary ledger, listing the student fund balances.

If you have any questions, or need additional information, please do not hesitate to contact me.

Student Activity Funds Reconciliation				FY19
HHS Account 1217 - AGENCY ACCOUNT				
YTD 6/30/2019				
				Avidia #0050631701
	Town	Bank	VADAR Variance	
	General Ledger	AGENCY ACCT		
Balance at June 30, 2018	90,597.23	210,338.21		
Cash Management Transfer	0.00	(119,740.98)		FY18 4th Qtr. Transfer
Bank Interest	858.01	1,087.00		
Receipts	229,244.26	308,074.68	(78,830.42)	
NSF & Debits Adjustments	(320.00)	(2,007.00)	(2,327.00)	
Expenditures	(323,404.72)	(167,761.12)		
Ending Balance	(3,025.22)	229,990.79	(233,016.01)	
ACTION NEEDED BY TOWN				
Record May Interest	119.23			
Record May Deposits	42,867.23			
Record May NSF	(280.00)			
Record June Interest	109.76			
Record June Deposits	34,631.19			
Record June NSF	(275.00)			
TOWN ADJUSTMENTS				ACTION NEEDED
Cash Management Xfer - Debit		(25,024.48)		Outstanding warrant 4/4/2019
Cash Management Xfer - Debit		(10,092.75)		Outstanding warrant 4/8/2019
Cash Management Xfer - Debit		(6,426.88)		Outstanding warrant 4/12/2019
Cash Management Xfer - Debit		(23,021.10)		Outstanding warrant 5/3/2019
Cash Management Xfer - Debit		(16,874.29)		Outstanding warrant 5/15/2019
Cash Management Xfer - Debit		(29,525.37)		Outstanding warrant 6/13/2019
Cash Management Xfer - Debit		(44,878.73)		Outstanding warrant 6/19/2019
Total Warrants		(155,843.60)		
SCHOOL ADJUSTMENTS				
Total Reconciled Balance	74,147.19	74,147.19	0.00	

Prepared by:

Cristy Morrison

Date: 7/09/2019

7/9/19

Approved by:

P. Fugle

Date:

7/15/19

	June	Outstanding		Reconciled Balance
	Bank Statement	Checks/ Transfers	deposits	
Checking Account	18,519.38	(3,637.20)	44,878.73	\$ 59,760.91
Agency Account	229,990.79	(155,843.60)		\$ 74,147.19
		Total Reconciled Balance		\$ 133,908.10
		Total Subsidiary Accounts		\$ 133,908.10
		Quickbook's Variance		\$ -

1:13 PM

07/03/19

Cash Basis

Hudson High School Student Activity Fund

Profit & Loss

June 2010 through June 2019

	Jun '10 - Jun 19
Income	
Advanced Placement	6,467.51
Advanced Placement Text	572.38
All School Musical	26,442.34
Athletics	
Athletic General	1,593.42
Athletic Ice Hockey	2,240.76
Athletics -Boys' Tennis	725.95
Athletics Boys' Basketball	429.71
Athletics Boys Soccer	375.00
Athletics Cheering	150.00
Athletics Football	481.08
Athletics Girls' Soccer	1,784.14
Athletics Girls Basketball	811.73
Athletics Girls JV Tennis	74.80
Athletics Gymnastics	1,012.64
Athletics Softball	1,914.03
Athletics Volleyball	775.76
Baseball	310.17
Total Athletics	12,679.19
Band	4,018.91
Bank Charges and Interest	5,045.08
Bus Account	961.51
Chorus	2,357.93
Class of 2019	10,421.03
Class of 2020	19,736.91
Class of 2021	6,069.53
Class of 2022	4,062.80
Class of 2023	246.52
Class/Team Fundraisers	
Amazon Trip April	223.89
Athletic Training Field Trip	8.75
Macbeth Field Trip English 10	376.48
Physics Class Field Trip	259.45
Sao Tome Trip	437.87
Total Class/Team Fundraisers	1,306.44
Community Council	922.25
CPR	1,468.85
Earth Council	516.35
General Fund	4,718.61
Germany Trip	1,630.52
Journalism Club	877.26
Junior Honor Society	613.85
National Art Honor Society	683.12
National Honor Society	258.18
Outdoor Club	208.37
S.A.D.D.	2,216.45
School Store	4,544.12
Senior Class Parking	2,287.01
Ski Club	1,007.14
Spain Trip	0.95
Spirit Committee	4,155.53
Strive	1,061.57
TV Studio	1,827.55
Ultimate Frisbee	923.24
UNESCO Trip	3,415.27
Yearbook	183.83
Total Income	133,908.10
Gross Profit	133,908.10
Net Income	133,908.10

Student Activity Funds Reconciliation				FY19
QMS Account 2838 - AGENCY ACCOUNT				
YTD 06/30/2019				
	Town	Bank	VADAR Variance	Avidia #0051801401
	General Ledger	AGENCY ACCT		
Balance as of June 30, 2018	16,781.36	44,079.43		
Cash Management Transfer	0.00	(27,298.07)		FY18 4th Qtr. Transfer
Bank Interest	62.61	70.16		
Receipts	19,392.56	23,629.50		
Expenditures	(28,358.56)	(8,618.40)		
Ending Balance	7,877.97	31,862.62	(23,984.65)	
ACTION NEEDED BY TOWN				
To Record June Deposits	4,236.94			
To record June Interest	7.55			
TOWN ADJUSTMENTS				
		(5,754.91)		Warrant 3/27/19
		(856.06)		Warrant 4/8/19
		(4,470.00)		Warrant 4/29/19
		(3,691.04)		Warrant 6/19/19
		(4,968.15)		Warrant 6/19/20
Total Warrants		(19,740.16)		
SCHOOL ADJUSTMENTS				
Total Reconciled Balance	12,122.46	12,122.46	0.00	

Prepared by:
Date: 8/01/19
Approved by:
Date:

Cristy Morse

8/1/19

8/1/19

	June	Outstanding		Reconciled Balance
	Bank Statement	Checks/ Transfers	Deposits	
Checking Account	1,504.50	(1,325.70)	8,659.19	8,837.99
Agency Account	31,862.62		(19,740.16)	12,122.46
Total Reconciled Balance				\$ 20,960.45
Total Subsidiary Accounts				\$ 20,960.45
Variance				\$ -

**HUDSON PUBLIC SCHOOLS
David J. Quinn Middle School
STUDENT ACTIVITIES ACCOUNT
SUBSIDIARY ACCOUNTS RECONCILIATION**

MONTH of June 2019

Art Club	\$	-
Band/Chorus	\$	1,574.02
Drama	\$	7,942.51
Class Teams:		
Spruce(Amber) Team	\$	108.73
Coral Team	\$	-
Maple(Jade) Team	\$	-
Oak(Onyx) Team	\$	306.60
Bonsai Team	\$	25.06
Magnolia(Sapphire) Team	\$	-
Balsam(Topaz) Team	\$	1,704.24
General Funds	\$	6,038.11
Interest Earnings	\$	450.06
Library	\$	875.63
Ski Club	\$	47.17
Student of the Month	\$	316.12
Yearbook	\$	1,572.20
Total of Student Activity Accounts	\$	<u>20,960.45</u>

Matters for Action
Old Business

1. Approval of School Committee
Member Assignments

HUDSON PUBLIC SCHOOLS

SCHOOL COMMITTEE MEMBERS ASSIGNMENTS

2019-2020

Sub-Committees:

1. Budget: All Committee Members
2. Policy: Steve Smith, Matt McDowell
3. Strategic Goals: Adam Tracy, Glenn Maston, Michele Tousignant Dufour
4. Superintendent's Evaluation: Glenn Maston, Nina Ryan, Adam Tracy

Negotiation Teams:

1. Teachers: Adam Tracy, Steve Smith, Michele Tousignant Dufour
2. Paraeducators: Glenn Maston, Nina Ryan, Rebecca Weksner
3. Secretaries: Matt McDowell, Steve Smith, Michele Tousignant Dufour
4. Custodians: Adam Tracy, Nina Ryan, Steve Smith

School Councils:

1. Hudson High School:
2. Quinn Middle School:
3. Farley:
4. Forest Ave:
5. Mulready:

Other Responsibilities:

1. Teacher Sick Bank: Nina Ryan, Michele Tousignant Dufour, Glenn Maston
2. Special Education Parent Advisory Council (SEPAC) Liaison: Steve Smith
3. English Learners Parent Advisory Council (ELPAC) Liaison: Glenn Maston

2019-2020
School Council
Meeting Days

Farley	Wednesday	5:30-6:30 pm
Forest	Monday	6:00- 7:00 pm
Mulready	Monday	3:30- 4:30 pm
Quinn	Tuesday	4:15- 5:15 pm
Hudson High	Tuesday	4:30- 5:30 pm

Matters for Action

New Business

1. Approval of Contract with Focused Schools in the amount of \$38,725.00 for Professional Development and Executive Coaching

HUDSON PUBLIC SCHOOLS
Office of the Superintendent of Schools
155 Apsley Street
Hudson, Massachusetts 01749

Funding Source: Title IIA, Title IVA, Professional Development Line

Account Number: _____

Contract for Services

Consultant Information

Name: Focused Schools
Address: 1517 North Point St. #341, San Francisco, CA 94123
Social Security #/ Federal Tax Identification #: xxx

Terms of Contract: As an independent contractor you shall maintain all insurances as are necessary for purposes of liability and shall not hold the Hudson Public Schools responsible for any injuries stemming from performance of any duties associated with this job. The Town of Hudson, as required by law, will report all compensation to the Internal Revenue Service, and will provide a copy of this report to you.

Contractors are required to authorize the district to conduct a C.O.R.I. (Criminal Offender Record Information) search through the Criminal History Systems Board. This contract is contingent upon a satisfactory CORI report.

Maximum Contract Dollars and/or Rate: The total compensation for services not to exceed \$38,725.00 (see below).

Payment Schedule: Upon monthly invoicing by contractor.

Description of Services

The Individual Contractor/Agency agrees to perform the following services for the Hudson Public Schools:

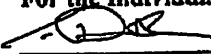
Vendor will provide:

- 2 days - ILT Professional Development sessions
- 6 days - Executive Coaching ensuring implementation is getting results.
- One ½ day - Principal / Coach PD
- 6 days - Offsite Prep and Distance Coaching

Timeline for Services: September, 2019 – June, 2020

Termination: This contract may be terminated for non-performance at any time. In the event of termination, compensation will be adjusted to the percentage of performance completed. In addition, this contract is subject to state and federal appropriations and may be terminated immediately upon cessation of funding by the appropriate funding source. Either party reserves the right to terminate this contract upon providing thirty (30) days notice of the intent to terminate to the other.

For the Individual Contractor/Agency



Signature of Contractor

Date: 8.5.19

Date: _____

School Committee

For the Hudson Public Schools



School Business Manager

Date: 8/5/19



Superintendent of Schools

Date: 8.5.19



Consulting Services Agreement Hudson Public Schools and Focused Schools



TO: Dr. Marco Rodrigues, Superintendent, Hudson Public Schools

FROM: Kerry Purcell and Dillon Rogers, Focused Schools LLC

DATE: June 28, 2019

RE: 2019-2020 Consulting Services Agreement

This Consulting Services Agreement between Hudson Public Schools ("HPS") and Focused Schools ("FS") confirms the terms previously discussed between both parties.

HPS has requested the services of FS from July 1, 2019 to June 30, 2020 ("TERM") and FS agrees to provide the requested consulting services based on the following terms:

- I. FS will deliver support detailed in the chart below that will support the work of HPS to accelerate their school improvement efforts and deepen instructional leadership by:
 - Providing half-day session with principals and instructional coaches on the role of the coach as it relates to teaching and learning
 - Providing 4 half-day ILT Professional Development sessions focused on Year 2 Leadership Expectations
 - Providing 6 days of Executive Coaching ensuring implementation is getting results.

Scheduled Dates and Details:

September 23 - ILT (AM) and Coaching (PM)
September 27 - Principal/Coach Session (AM) and Coaching (PM)
October TBD - Half Day Added Once PLA Dates are Set
December 2 - ILT (AM) and Coaching (PM)
December 6 - Coaching
February 11 - ILT (AM) and Coaching (PM)
February 13 - Coaching
June 3 - ILT (AM) and Coaching (PM)
June 4 - Coaching



Consulting Services Agreement Hudson Public Schools and Focused Schools



Description of Services	Total Months	Totals Days / Month	# of consultants	Total Days	Rate	Total
ILT Professional Development	4	0.5	1	2.0	\$2,300	\$4,600
Executive Coaching	4	1.5	1	6.0	\$2,300	\$13,800
Principal/Coach Professional Development	1	0.5	1	0.5	\$2,300	\$1,150
Offsite Prep and Distance Coaching	N/A	N/A	N/A	6.0	\$2,300	\$13,800
Total Consultative Services				14.5	\$2,300	\$33,350
Total Administration Services				5	\$1,075	\$5,375
Total Travel – Included in Admin Charge						N/A
Total Service Proposal Budget						\$38,725

- A. The Budget in the chart above includes all associated fees for FS consultation services, including all onsite consultation, offsite preparation days, administrative fees and travel costs (to deliver onsite services) for a total cost of \$38,725.
- B. FS is making an exception on the Travel Budget with the understanding from HPS that service sessions are being scheduled around other client work in the area. If the outlined schedule above changes due to "no fault" of FS (for example Snow Days, District Cancellation, etc.) and the service gets rescheduled HPS acknowledges that they will be charged for the full cost of Travel up to, but not to exceed \$1,500 per trip.
- C. Monthly invoices based on FS services provided that month as well as actual travel cost reimbursement will be prepared and sent by email and/or USPS to:

Hudson Public Schools
 ATTN: Dr. Marco Rodrigues
 Superintendent
 155 Apsley Street
 Hudson, MA 01749

Email: mcrodrigues@hudson.k12.ma.us Phone: 978-567-6100 Fax:

1517 North Point Street #341
 San Francisco, CA 94123

Working with district and school leaders to transform
 teaching and learning.
www.focusedschools.com

844-957-2466
 hello@focusedschools.com



Consulting Services Agreement Hudson Public Schools and Focused Schools



D. HPS shall pay all FS invoices within 30 days of receipt. Payments will be by check or ACH per the directions below:

<p>Checks are to be made payable to: Focused Schools, LLC</p> <p>Mailing address for checks: Focused Schools 1517 North Point Street, #341 San Francisco, CA 94123</p>	<p>If paying by ACH, use the following ACH instructions:</p> <p>Bank Name: Digital Federal Credit Union (DCU) Bank Routing #: 211391825 Bank Account Name: Focused Schools LLC Bank Account #: 18231100</p>
--	---

- E. All related operating expenses, including but not limited to, communications and materials are included in FS Consulting Administrative Services fee.
- F. Either party may terminate this Agreement for any reason and without cause, including changes to district funding allocations upon thirty (30) days written notice.
- G. In the event this Agreement is terminated:
 - a. HPS will compensate FS for all documented expenses, and the reasonable value of all services completed by FS up to the date of termination, and;
 - b. FS will refund any HPS funds for FS consultative and administrative services that have been paid but not delivered prior to the Agreement termination notice.


By signing below both parties agree to the terms in this Agreement.



 Dr. Marco Rodrigues, Superintendent
 Hudson Public Schools

8.5.19

 Date



 Dillon Rogers, Finance/Operations Manager
 Focused Schools LLC

8.5.19

 Date

SUPPLY/SERVICE PROCUREMENT FORM

 Ch. 30B

 Ch. 149

 CH. 30 §39m

This form must be submitted to the Executive Assistant for approval of all purchases of supplies or services with an aggregate cost of more than \$4999. Procurements over \$4999 will also require a signed contract authorized by either the Board of Selectmen or School Committee.

Department:
Curriculum, Instruction, Professional
Development

Date: 7/25/19

Department Head: *[Signature]*
(signature)

Detailed Description of Items/Service being purchased (attach additional sheet if necessary):

Focused Schools will provide consulting and professional development services as a continuation of service from the last school year by providing Instructional Leadership Development for teams at each of the 5 Hudson Public schools. Executive coaching with the Principals as well as working with Instructional Leadership Teams will occur over 9 days within the 2019- 2020 school year.

procurement exempt from MGL 30B by virtue of section 1(b)(22) which excepts:
(22) a contract to provide job-related training, educational or career development services to the employees of a governmental body;

Recommended Quote or Bid

Date Quote Received:		Quote: \$38,725	
Company Name: Focused Schools		Written <input checked="" type="checkbox"/> Verbal <input type="checkbox"/>	
Address: 1517 North Point Street #341 San Francisco, CA 94123			
Quote Issued By: Dillon Rogers		Tel.: 844-957-2466	FAX:
Special Conditions/Notes:			

Second Quote or Bid N/A

Date Quote Received:		Quote:	
Company Name:		Written <input type="checkbox"/> Verbal <input type="checkbox"/>	
Address:			
Quote Issued By:		Tel.:	FAX:
Special Conditions/Notes:			

Third Quote or Bid N/A

Date Quote Received:		Quote:	
Company Name:		Written <input type="checkbox"/> Verbal <input type="checkbox"/>	
Address:			
Quote Issued By:		Tel.:	FAX:
Special Conditions/Notes:			

Chief Procurement Officer Action

Approved: *[Signature]* Date: 7/26/19

Comments:

Please attach special conditions, notes, specifications or related documentation to this form.

Posted **Newspaper** **Central Register** **CommBuys** **Website**

Matters for Action

New Business

2. Approval of Hudson High School
Grade 9 Trip to Washington D.C.
April 28, 2020-May 2, 2020

Hudson High School
Office of the Principal
69 Brigham Street
Hudson, Massachusetts 01749

Memorandum



To: Marco Rodrigues
From: Jason Medeiros
Date: August 14, 2019
Re: Request to approve overnight field trip: 9th Grade Washington D.C. Trip for Spring 2020

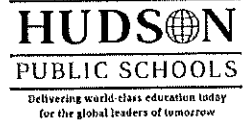
Hudson High School is seeking School Committee approval for the 9th Grade trip to Washington D.C. to be held from Tuesday, April 28, 2020 to Saturday, May 2, 2020. This is a long-standing trip that offers numerous opportunities for students to view and experience the landmarks of our federal government and our nation's history. The attached documents outline the timeline of our planning as well as the expectations for the trip.

Thank you for your consideration.



Hudson High School

69 Brigham Street · Hudson, Massachusetts 01749 · 978.567.6250
 www.hudson.k12.ma.us



Jason W. Medeiros, Principal
 Daniel R. McAnespie, Assistant Principal
 Danica A. Johnston, Assistant Principal

Request for Overnight Field Trip

Staff Member(s) Making the Request	Liz Nockles		
Name of Team, Organization, or Class	Freshman Class		
Title of Trip (be sure to include destination)	Washington, D.C.		
Departure Date and Time	Tuesday, April 28, 2020 – 8:00 am		
Return Date and Time	Saturday, May 2, 2020 – 6:00 am		
Estimated Number of Student Participants	120 +/-		
Estimated Number of Chaperones	12 +/- (based upon number of participants)		
Cost Per Student	Tiered cost based on the number of participants and room choice (\$869 – \$1465) see attached paperwork		
Check One or Both	Curricular	✓	Extra-Curricular

Please answer the questions below. If a question does not pertain to your trip, please indicate that the question is "not applicable."

1. Please describe the trip.

April 2020 Freshman Class overnight trip to Washington D.C. to experience all the fun and excitement that Washington D.C. has to offer while viewing the most popular sights.

2. Please describe how the trip connects to the curriculum or to the purpose of your club or organization.

Freshmen at Hudson High School study the foundations of democracy and functioning of our federalist system in US and the World I, their core Social Studies course. The trip to D.C. allows students to discover the nation's capital up close, supplementing and reinforcing many of the themes explored in this course.

3. What classroom activities will you employ in preparation for and immediately following the trip that will strengthen the connection to the curriculum?

In the winter and spring, students will have learned about the foundations of our democratic system. They will have taken part in simulations on the Constitutional Convention and studied in some depth how our federalist system functions. This provides students with a common framework for understanding so many of the sites and museums on this trip.

4. Please provide a detailed itinerary and name of the organization managing the trip.

The current itinerary is attached. It is subject to change by time or day, but the activities will stay the same.

5. If fundraising activities will be included, please list and describe such activities.

Not applicable

6. If school days must be missed to accommodate this trip, please indicate the number of days missed and the reason why the request includes missed school days (i.e. conference or program only occurs during the specified date range).

Four school days will be missed

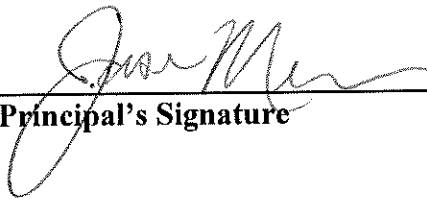
Please attach copies of the following:

X	Permission slip
X	Informational letters, brochures, fliers, etc.
X	Medical forms
	Names of Chaperones



Signature of Staff Member Making Request

8/8/19
Date



Principal's Signature

8/8/19
Date

Date of School Committee Approval:	
------------------------------------	--

WASHINGTON DC 2020

IMPORTANT DUE DATES

Please complete each step in this process by the outlined due date.
It is important to keep the planning process on track.

To create your account, make payments and submit health forms:

www.hemispheretravel.com

HHS ID # 20TA14117

(zero ☐)

✓	Item	Where will you find this? Where will you submit to?	Deadline
	Online enrollment	online	10/17/19
	Hemisphere Health Form & Tour Terms and Conditions	online during enrollment	10/17/19
	HHS eligibility form	Blue form to E204	10/17/19
	Payment 1	online	10/17/19
	Payment 2	online	11/21/19
	Payment 3	online	1/16/20
	FINAL PAYMENT	online	2/27/20
	HHS Health Form	Yellow form WITH any medications to nurse	2/27/20
	SAVE THE DATE! MANDATORY INFORMATION MEETING WEDNESDAY, APRIL 15th OR 16th at 6:30 PM This meeting is mandatory for the student AND a parent.		4/15/20 OR 4/16/20

Questions?

Liz Nockles lnockles@hudson.k12.ma.us

Washington, D.C.
Overnight Field Trip
April 28 – May 2, 2020

Page

1

→→ ELIGIBILITY REQUIREMENTS ←←

We have instituted certain expectations for all students who will be attending this trip. Grades and behavior will both play a role in each student's ability to have the *privilege* of participating on this trip as the year progresses. Students who sign up for this trip represent Hudson High School and our community and are expected to demonstrate the level of responsibility and maturity required to make this a successful venture. If for any reason the guidelines below are not met by your child, his or her participation in this year's trip may not occur. The decision to remove your child from the trip will be made by the administration.

In order for students to be eligible to attend this trip the following criteria **MUST** be met:

1. **Academic eligibility:** In order to be eligible to for this trip, a student must secure a passing grade of 60 (D-) or better in four major courses (4-credit classes) **plus** a passing grade in one semester-based elective course (2-credit class) **during quarter 3**. An incomplete grade is not considered a passing grade. Students not meeting these eligibility requirements at the time of the distribution of the 3rd quarter report card will be officially removed from the trip permanently.
2. **Behavior:** Students must be in good standing with respect to behavior in order to be eligible to participate. Students with disciplinary infractions may be determined to be ineligible by the administration.
3. Any violation of school **drug, alcohol or tobacco** policies will result in immediate loss of eligibility.
4. Any student with **excessive absences or tardiness** will lose eligibility. This applies to each class.

Refunds for trip removal will be issued according to the contract from **Hemisphere Travel**. The trip includes a **travel insurance policy** from *Travel Insured International* that will reimburse 75% of Hemisphere's penalty amount for situations other than emergencies such as grades, behavior or change of plans. The policy will pay 100% of the amount you have paid *for certain emergency situations*. Travel Protection Insurance referenced on the blue handout included in the Hemisphere Educational Travel Participant Packet. More details can be found at www.hemispheretravel.com.

→→ PLEASE KEEP THIS PAGE ←←

SIGN AND RETURN PAGE 2 TO MS. NOCKLES IN E204

**Eligibility Requirement Signature Form
Washington, D.C. Overnight Field Trip
April 28 – May 2, 2020**

Student Name: _____
(Please print CLEARLY)

Parent/Guardian Name: _____
(Please print CLEARLY)

Mailing Address: _____

Parent/Guardian Email Address (REQUIRED-important notifications will be communicated via email):

(Please print CLEARLY)

Student Participant Email: _____ 2023@student.hudson.k12.ma.us
(Please print CLEARLY)

Parent/Guardian phone number(s): Please check the best number to reach you during the day.

Work: _____

Home: _____

Cell: _____

➔ Our signatures below indicate that we have read the eligibility requirements and understand that a student can be removed from the trip for not meeting all eligibility requirements. We have also read and understand Hemisphere's refund policy.

Parent Guardian Signature

Date

Student Signature

Date

➔ **This form must be completed and returned to Ms. Nockles in E204 before you will be added to the tour list.**



Hudson High School

69 Brigham Street · Hudson, Massachusetts 01749 · 978.567.6250
www.hudson.k12.ma.us



Hudson Public Schools

Jason Medeiros, Principal
Danica A. Johnston, Assistant Principal
Daniel R. McAnespie, Assistant Principal

September 26, 2019

Dear Parent/Guardian of 2020 Washington D.C. Participant:

Enclosed, please find two (2) forms that require careful thought and consideration as you complete them. Please understand that preparing for such a school trip involves much time, effort and thought by school personnel to ensure that your child remains safe, that his/her medication needs are met and medications are safely administered. **All medications require a written medication order signed by your child's physician. Medications need to be brought in by an adult, not a student.** Send the Physician Medication Order and Parent Consent form to the physician **NOW** and return both completed forms to the Health Office **along with any medication** by **THURSDAY, FEBRUARY 27, 2020.**

The following directions will require your attention and cooperation:

1. At the **discretion of the School Nurse**, and with physician orders/approval and parental permission, students may carry and self-administer Epi-pens and inhalers. The student will be held responsible for the safe use of this medication.
2. All medication must be in the original pharmacy or manufacturer's container. **Expired medications will not be accepted.**

We hope your child finds his/her overnight field trip experience a valuable opportunity for continued personal and academic growth!

Sincerely,

Sue Bowen, RN, BSN, NCSN
978-567-6250 ext. 13145
sbowen@hudson.k12.ma.us

Pat Emmons, RN, BSN, NCSN
978-567-6250 ext. 13144
pemmons@hudson.k12.ma.us

Health Office Fax: 978-567-6284

Hudson High School

Overnight Field Trip to: WASHINGTON, D.C. Tuesday, April 28 – Saturday, May 2, 2020

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE HHS HEALTH OFFICE!!
THIS IS THE HIGH SCHOOL HEALTH FORM—DO NOT SEND THIS TO HEMISPHERE TRAVEL!!**

Student Name: _____ DOB _____

Address: _____ Tel: _____

Physician's Name: _____ Tel: _____

HEALTH HISTORY: Please note any of the following conditions, which apply to your child:

Seasonal/Environmental Allergies: _____

Circle **serious** allergies: **INSECT STINGS, FOOD** _____, **DRUG** _____, **OTHER** _____

State exactly your child's type of reaction: _____

State the treatment you wish to have implemented: _____

Is **EPI-PEN** required? Yes No

My child is able to administer his/her own Epi-Pen: Yes No Comments: _____

Is Benadryl required? Yes No Comments: _____

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emotional/Anxiety | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Stomach Aches |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Muscular/Skeletal | <input type="checkbox"/> Other |

Date of last tetanus (Td/Tdap) shot: _____ / _____ / _____

Please list any medical restrictions or limitations to your child's physical activities: _____

Please list any dietary restrictions: _____

List Emergency Telephone numbers where you can be reached and the hours that you would be available at these numbers:

Mother: _____ Father: _____

Home No: _____ Hours: _____ Home No: _____ Hours: _____

Work No: _____ Hours: _____ Work No: _____ Hours: _____

Other No: _____ Hours: _____ Other No: _____ Hours: _____

Please notify the following in the event that I cannot be reached in an emergency:

Name: _____ At () _____ Relationship: _____

Name: _____ At () _____ Relationship: _____

The health information listed is accurate to the best of my knowledge. My child has permission to engage in all activities except as noted on this form.

Medical Release

I, _____ Legal Guardian of _____ grant to the adult chaperones of HHS, the right to obtain emergency medical treatment for my child, _____ during the period of the Washington D.C. trip. Payment for any and all medical treatment is the financial responsibility of the parent/guardian.

Parent Signature: _____ Date: _____

Medical Insurance Information

Insurance Company _____ Policy Number _____

Subscriber's Name/Relationship _____ Insurance Co. 800 No. (800) _____

IMPORTANT!!! These COMPLETED FORMS and ALL MEDICATIONS are DUE IN THE HEALTH OFFICE NO LATER THAN Thursday, February 27, 2020

Overnight Field Trip: Physician's Medication Order and Parent Consent

The Commonwealth of Massachusetts **requires** that all students who need medication during school sponsored functions (field trips) must do the following:

1. Present a written medication order signed by the physician.
2. Present a written consent signed by the parent or legal guardian.
3. Bring the medication in the **original** box/container or prescription bottle labeled by a registered pharmacist (Note: the pharmacy will provide you with a second labeled bottle for school if requested).
4. Place container of medication in a ZIPLOC bag that has been labeled with your child's name. **Please check expiration dates.**
5. Provide only the number of doses necessary for the duration of the trip.

School: **Hudson High School, Hudson, MA 01749** Tel: **978-567-6250 ext. 13145** Fax: **978-567-6284**

Student's Name: _____ DOB: _____

Address: _____ Date: _____

Diagnosis: _____ Allergies: _____
(food, drug, seasonal, environmental, etc.)

Medication	Dosage	Times

The signatures below authorize and permit this student to self-carry and self-administer the above medications.

→→ Students are allowed to self-carry Epi-Pens and Inhalers only ←←

Physician Signature: _____ Date _____

Print Name of Physician: _____ Tel: _____

Parent Signature: _____ Date: _____ Tel: _____

Approved by School Nurse

***I grant permission for the nurse to share information with the appropriate trip personnel relative to medications and/or health history as needed. I understand that non-compliance with any request made in regards to medications and/or health and safety will result in my child's exclusion from this trip.**

_____/_____
*Parent/Guardian Signature Date



1375 E Woodfield Road #530
 Schaumburg, IL 60173
 (800) 323-6439 Fax (847) 619-0240
 www.hemispheretravel.com

HEMISPHERE EDUCATIONAL TRAVEL PARTICIPANT TOUR PACKET:

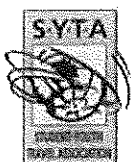
Dear Hudson High School Tour Participant:

We are thrilled that you have decided to attend a tour with Hemisphere Educational Travel. We know that many fun and exciting adventures await you. Please be assured that we are experts in the field and have been sending students on educational tours since 1970. If you have any concerns leading up to your tour, please contact your Tour Leader or your Account Executive at Hemisphere Educational Travel.

We hope you have a wonderful tour!

Jack Golen- President

DOCUMENT IN PACKET	KEEP
Tour Summary/Parent Letter	X
Sample Itinerary	X
Group Tour Participation Agreement Form	X
Tour Terms and Conditions/ Release Form	Complete during online registration or return to Hemisphere with check payment
Medical Form	Complete during online registration or return to Hemisphere with check payment



Washington DC Tour Parent Letter

Hudson High School

April 28 - May 2, 2020

(5 Day / 3 Night Motorcoach Tour)

Transportation Included:

- Deluxe Motorcoaches equipped with air conditioning, reclining seats, lavatory and TV's / DVD
 - Group will have exclusive use of Motorcoach for duration of tour
 - Driver's Hotel Accommodations, Meals, and Gratuities are included

Lodging & Meals Included:

- 3 night hotel accommodations at a hotel similar to the Sheraton Pentagon City
(Occupancy Types: Quad= 4 people per room sharing 2 beds, Triple= 3 people per room sharing 2 beds, Double= 2 people per room with 2 beds, Single= 1 person per room)
- 11 total meals included
 - 3 breakfasts (Full Buffet Breakfast at the hotel)
 - 4 lunches (2 Meal Voucher, 2 Meal Money Allowance)
 - 4 dinners (2 Student Friendly Casual Restaurants 1 Meal Money Allowance at the Ballpark, 1 Medieval Times Dinner & Tournament)

Washington, DC Sites (*sites requiring appointments are based on availability):

- Memorials including Lincoln, Vietnam, Korean, FDR, World War II, Iwo Jima, MLK, Pentagon & Einstein Statue
- Smithsonian Institution Museums
- Arlington National Cemetery
- Capitol Building*, Library of Congress and Supreme Court
- White House Photo-Stop
- Medieval Times Dinner and Tournament
- United States Holocaust Museum*
- Baseball game - \$15.00 Ticket Allowance
- International Spy Museum
- Air & Space Museum
- National Museum of African American History

Other Components Included:

- Night security guard at the hotel hired specifically for your group (10pm to 5am)
- Licensed Professional Step On Guide to accompany group (hours based on itinerary)
- All taxes and gratuities included
- All tour planning and coordinating.
- Travel Insurance is provided by Travel Insured International and has been purchased on your behalf by Hemisphere Educational Travel– Please refer to the 2nd page of the Group Tour Participation form for inclusions.
- Comprehensive Accident/Illness Medical Coverage, Professional Tour Operator's Liability Insurance and consumer protection policies for the duration of the tour
- Access to online payment services for individual participants
- Each participant will receive a luggage tag and a lanyard containing 24 hour emergency contact information
- Each participant will receive a Hemisphere drawstring backpack
- Hemisphere has active memberships in SYTA (Student and Youth Travel Association), ABA (American Bus Association) and NTA (National Tour Association), requiring a standard for financial stability and industry ethics.



1375 E. Woodfield Road; Suite 530
Schaumburg, IL 60173
Toll Free: 800-323-6439 Fax: 847-619-0240
www.hemispheretravel.com

Hudson High School Washington, DC Tour

SAMPLE ITINERARY

DAY 1 Tuesday, April 28, 2020

8:00 AM Deluxe Motorcoach

*Deluxe motorcoach equipped with air conditioning, reclining seats, lavatory, and TVs and DVD player. Group will have exclusive use of the motorcoach for the duration of the tour. *Please note your motorcoach may or may not be equipped with Wi-Fi, and power outlets. If you require these features, please inform your Account Executive as we will attempt to accommodate your request. There may be an additional charge.*

12:00 PM Free Time at Liberty State Park

Lunch- \$10 of Meal Money Included

6:30 PM Dinner- Student Friendly Restaurant

Bubba Gump Shrimp Company- Baltimore, MD

8:00 PM Depart for the Hotel

Washington, DC Area Hotel

Accommodations at a hotel similar to the Sheraton Pentagon City. Please note that we do not hold hotel space for a group without a tour commitment; therefore, tour pricing is subject to change in the event that availability changes at the hotel.

10:00 PM Private Overnight Hotel Security for 7 Hours

Private Security Guard to sit on the floor the group occupies from 10:00 PM to 5:00 AM.

DAY 2 Wednesday, April 29, 2020

7:00 AM Breakfast- Full Buffet Breakfast at the Hotel

Hot Buffet Breakfast may include the following: eggs, pancakes, french toast, or waffles, breakfast potatoes, breakfast meats (bacon, sausage) along with fresh fruit, breakfast breads, etc. Buffet Menus may vary depending on location.

9:00 AM Capitol Hill Tour

The Capitol Hill Tour includes a Capitol Building Tour (pending availability), the outside of the US Capitol Building, Capitol Visitor Center, Supreme Court, and the Library of Congress. Groups can view the outside of the buildings on Capitol Hill. If time permits, they may enter the Supreme Court, where they will have access to the Great Hall that features marble busts of the Chief Justices. Groups may also have time to explore the Library of Congress, the largest library in the world, with millions of books, recordings, photographs, maps and manuscripts in its collections.

11:00 AM Lunch- \$15 of Meal Money Included

Capitol Visitor's Center Cafeteria

1:45 PM National Museum of African American History and Culture

The National Museum of African American History and Culture is a place where all Americans can learn about the richness and diversity of the African American experience, what it means to their lives and how it helped us shape this nation. A place that transcends the boundaries of race and culture that divide us, and becomes a lens into a story that unites us all.

Pending Availability

Hudson High School Washington, DC Tour Continued**SAMPLE ITINERARY****3:30 PM Smithsonian Museums on the Mall**

Visit the Smithsonian Institute Museums on the National Mall, home of over 140 million objects collected from around the world. Highlights include the Wright Brothers' biplane at the National Air and Space Museum, the Hope diamond at the Museum of Natural History and the original Star Spangled Banner at the American History Museum.

7:00 PM Baseball Game- \$15 ticket allowance

Group to spend the evening at a Baseball Game for either the Washington Nationals or Baltimore Orioles, pending final schedules and availability.

Dinner- \$20 of Meal Money Included

Ballpark Concessions

10:00 PM Return to the Hotel**10:00 PM Private Overnight Hotel Security for 7 Hours**

Private Security Guard to sit on the floor the group occupies from 10:00 PM to 5:00 AM.

DAY 3 Thursday, April 30, 2020**7:00 AM Breakfast- Full Buffet Breakfast at the Hotel**

Hot Buffet Breakfast may include the following: eggs, pancakes, french toast, or waffles, breakfast potatoes, breakfast meats (bacon, sausage) along with fresh fruit, breakfast breads, etc. Buffet Menus may vary depending on location.

9:00 AM Lincoln Memorial

"In this temple, as in the hearts of the people for whom he saved the Union, the memory of Abraham Lincoln is enshrined forever." Beneath these words, the 16th President of the United States—the Great Emancipator and preserver of the nation during the Civil War—sits immortalized in marble. As an enduring symbol of freedom, the Lincoln Memorial attracts anyone who seeks inspiration and hope.

Korean Memorial

Here, one finds the expression of American gratitude to those who restored freedom to South Korea. Nineteen stainless steel sculptures stand silently under the watchful eye of a sea of faces upon a granite wall—reminders of the human cost of defending freedom. These elements all bear witness to the patriotism, devotion to duty, and courage of Korean War veterans.

Vietnam Memorial

The Vietnam Wall honors members of the U.S. armed forces who fought in the Vietnam War and who died in service or are still unaccounted for. The Memorial Wall, designed by Maya Ying Lin, is made up of two black granite walls. The memorial also includes the Three Soldiers Memorial and the Vietnam Women's Memorial.

Einstein Statue

Located in a grove of trees near the southwest corner on the grounds of the National Academy of Sciences, the Albert Einstein Memorial honors one of the greatest minds in history. Students may climb on the statue making it an ideal group photo opportunity.

World War II Memorial

Hudson High School Washington, DC Tour Continued

SAMPLE ITINERARY

The World War II Memorial honors the 16 million who served in the armed forces of the U.S., the more than 400,000 who died, and all who supported the war effort from home.

12:00 PM Lunch- Food Coupons Included

1:30 PM Holocaust Museum Permanent Exhibit

The Museum's Permanent Exhibition presents a narrative history using more than 900 artifacts, 70 video monitors, and four theaters that include historic film footage and eyewitness testimonies of the Holocaust, the world's greatest genocide.

Pending Availability

4:00 PM International Spy Museum

Examine over 200 spy gadgets, weapons, bugs, cameras, vehicles, and technologies. Learn about microdots and invisible ink, buttonhole cameras and submarine recording systems, bugs of all sizes and kinds, and ingenious disguise techniques developed by Hollywood for the CIA. Uncover the stories behind the spycraft, why and how these artifacts were developed, and by which side. Survey over 50 years of spy technology, developed by agencies from the OSS to the KGB, and still in use today.

6:00 PM Dinner- Student Friendly Restaurant

Buca di Beppo

7:30 PM FDR Memorial

Located along the famous Cherry Tree Walk on the Western edge of the Tidal Basin, this is a memorial not only to FDR, but also to the era he represents!

Martin Luther King Jr. National Memorial

The Martin Luther King Jr. Memorial is conceived of as an engaging landscape experience. The composition of the memorial utilizes landscape elements to powerfully convey three fundamental and recurring themes of Dr. King's life: justice, democracy and hope. The circular geometry of the memorial, juxtaposed within the triangular configuration of the site, engages the Tidal Basin and framed views to the water.

9:00 PM Return to the Hotel

10:00 PM Private Overnight Hotel Security for 7 Hours

Private Security Guard to sit on the floor the group occupies from 10:00 PM to 5:00 AM.

DAY 4 Friday, May 1, 2020

7:00 AM Breakfast- Full Buffet Breakfast at the Hotel

Hot Buffet Breakfast may include the following: eggs, pancakes, french toast, or waffles, breakfast potatoes, breakfast meats (bacon, sausage) along with fresh fruit, breakfast breads, etc. Buffet Menus may vary depending on location.

9:00 AM Arlington National Cemetery

*Walk among the headstones that chronicle American History and honor our nation's war heroes. View or participate in a Wreath Ceremony at the Tomb of the Unknown Soldier and witness the Changing of the Guards. Make sure to also visit the Kennedy Grave Sites and the Challenger Memorial. **Wreath laying ceremonies are first come first served and book 365 days out from tour date.***



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Hudson High School Washington, DC Tour Continued

SAMPLE ITINERARY

11:00 AM Iwo Jima Memorial

One of the first objectives of the Battle of Iwo Jima in the attack was capturing Mount Suribachi, the highest point on the island. On February 23, 1945, a flag was raised by five Marines and a Navy corpsman. The raising was witnessed by news photographer Joe Rosenthal whose Pulitzer prize winning picture of the flag raising would become a symbol of the war in the Pacific. This event is immortalized through the Iwo Jima Memorial.

11:30 AM Pentagon Memorial

The Pentagon Memorial park consists of 184 memorial units, each of which are dedicated to an individual victim by its unique placement within the collective field. The field is organized as a timeline of the victims' ages, spanning from the youngest to the oldest. This memorial provides a place for future generations to remember and reflect on September 11, and its significance for us and our nation.

12:30 PM Lunch- Food Coupons Included

2:00 PM White House- Photo Stop Only

The White House is the official residence and principal workplace of the President of the United States. Group to stop for photos in front of the most famous house in America. Make sure to look for secret service agents on the roof!

3:00 PM National Air and Space Museum

This museum contains many icons of flight history and space exploration, like the Wright Flyer and the Apollo 11 lunar module, along with hundreds of historic aircraft, rockets, spacecraft, engines and pieces of flight equipment on display.

7:00 PM Medieval Times Dinner and Tournament

Inside the stone walls of an 11th century-style castle, Medieval Spain comes to life as six knights, donning authentic armor, clash in a jousting tournament for the title of King's Champion.

9:00 PM Motorcoach Departs for School

DAY 5 Saturday, May 2, 2020

6:00 AM Approximate Arrival at School



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GROUP TOUR PARTICIPATION AGREEMENT

The undersigned Participant agrees to participate in the following tour subject to the following "Tour Terms and Conditions/ Release Form" on page 5 & 6, and subject to the Tour Contract executed with the Tour Leader:

WEB CODE / ACCOUNT #: 20TA14117

GROUP NAME: Hudson High School Washington, DC Tour

TOUR DATE(S): Tuesday, April 28, 2020 until Saturday, May 2, 2020, 5 Days and 3 Nights

TOUR Leader: Elizabeth Nockles

PER PERSON PRICING* (Quad = 4 Students Sharing 2 Beds, Triple = 3 Students Sharing 2 Beds, etc)

80-99 Paid Participants Per 2 Coaches:	Quad: \$869.00	Triple: \$935.00	Double: \$1,069.00	Single: \$1,465.00
110-119 Paid Participants Per 3 Coaches:	Quad: \$899.00	Triple: \$965.00	Double: \$1,099.00	Single: \$1,499.00
100-109 Paid Participants Per 3 Coaches:	Quad: \$945.00	Triple: \$1,015.00	Double: \$1,145.00	Single: \$1,549.00
120-145 Paid Participants Per 3 Coaches:	Quad: \$869.00	Triple: \$935.00	Double: \$1,069.00	Single: \$1,465.00

*Registration is on a first come first served basis. A wait list will be formed if your tour reaches the maximum capacity listed above.

*Prices are based on current taxes and fuel prices. In the event of a tax increase or fuel surcharge, participant will be responsible for the increase in cost.

*Cost per participant is based upon the number of paid participants listed above at the final payment deadline date. If the minimum is not met, the price per person will increase on a pro-rata basis as provided in the Tour Contract executed with the Tour Leader.

*Adults are responsible for single occupancy if they do not have a roommate.

PAYMENT SCHEDULE (payment and forms must be received to be registered):

DEPOSIT #1 DUE: 10/17/2019	AMOUNT: \$215.00 PER PERSON
DEPOSIT #2 DUE: 11/21/2019	AMOUNT: \$215.00 PER PERSON
DEPOSIT #3 DUE: 1/16/2020	AMOUNT: \$215.00 PER PERSON
FINAL PAYMENT: 2/27/2020	AMOUNT: BALANCE DUE. Please refer to Statement for payment amount.

TO REGISTER ONLINE AND PAY BY CREDIT CARD - VISIT www.hemispheretravel.com;

1. Click on the Account Login button at the top of our home page.
2. Click here to register or make a payment for a tour.
3. First time users click on the 'First time users click here' link OR enter your login information if you have previously set up an online account.
4. Enter your Web Code - YOUR HEMISPHERE WEB CODE IS 20TA14117. Proceed to enter in the requested information.
5. Once information is completed, you will receive a confirmation email.
6. Your confirmation email will provide a link for you to fill out the Permission for Medical Treatment form online.
7. You may log into your account by using your email and password to make future payments.

IF PAYING BY CHECK: All checks/money orders must indicate the participant's name, school name and Your Tour Web Code, 20TA14117 on the lower left portion. Please make checks or money orders payable to "HEMISPHERE" and SEND TO: 1375 E. Woodfield Road, Suite 530, Schaumburg, IL 60173. Hemisphere processes all checks immediately. No post-dated checks accepted. The Tour Terms and Conditions Form and Medical Form must be mailed in with your payment.

FOR GROUPS TRAVELING BY AIRPLANE:

- **Checked baggage fees are not included in the above price.** Details will be distributed at the final parent meeting before your tour.
- Passengers under the age of 18 are not required to have any photo ID with domestic travel. Passengers under the age of 18 must provide full legal name, including middle name, and date of birth.
- Passengers 18 years and older must register with the name that appears on your driver's license or government issued photo identification.
- Flight deviations from the group's flight schedule will be assessed a \$200 service fee plus any difference in the fare (per ticket). There will be a \$150 name change fee per ticket and any other changes will be subject to additional fees.



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GROUP TOUR PARTICIPATION AGREEMENT (CONT)

HEMISPHERE OFFERS OPTIONAL TRAVEL PROTECTION:

The **Student Protection Plan with Cancel for Any Reason Benefit** policy has been purchased on your behalf. Refer to your Plan Document for complete plan details and benefits. Plans offer benefits for Trip Cancellation/Interruption and more!

CFAR coverage is 75% of the nonrefundable trip cost. Trip cancellation must be 48 hours or more prior to schedule departure. CFAR must be purchased at the time of plan purchase and with, or before your final payment. This benefit is not available to residents of New York State.*

This product is administered by Travel Insured International Inc. and has been purchased on your behalf by Hemisphere Educational Travel.

**The Travel Protection Insurance is non-refundable.
Hotel Supplements must be paid by the final payment due date.**

**If you need to file a claim or have any questions about this coverage, please contact
Travel Insured at 1-844-440-8113 - REFER TO GROUP # 111775**

HEMISPHERE'S CANCELLATION POLICIES WILL APPLY AS OUTLINED BELOW AND ON THE TOUR TERMS AND CONDITIONS FORM, PARAGRAPH 5.

PARTICIPANT CANCELLATION- Cancellations must be submitted to Hemisphere in writing before any refund will be considered. All refund checks will be mailed to the issuer within thirty (30) days after the scheduled Tour Date. If payments came from multiple issuers, refund will be issued in the participant's name. If a participant is cancelled from the tour by the group's tour leader for any reason, all cancellation charges will still apply. Cancellations received after business hours will be posted on the next business day.

E. If a Participant shall cancel his or her reservation at least seventy-one (71) days prior to the Tour Date, the Participant shall be entitled to a refund of the deposits made, less a fifty (\$50.00) dollar administrative service charge and less any non-refundable deposits and expenses paid on the Participants behalf as provided pursuant to the Tour Contract governing the Tour.

F. If the Participant shall cancel his or her reservation seventy (70) days to forty-six (46) days prior to the Tour Date, the Participant shall be assessed a cancellation charge of 25% of the tour cost plus any non-refundable deposits and expenses made on the participants behalf as provided pursuant to the Tour Contract governing the Tour.

G. If a Participant shall cancel his or her reservation forty-five (45) days or less prior to the scheduled Tour Date, the Participant shall be responsible for 100% of the tour cost as provided pursuant to the Tour Contract governing the Tour.

H. All cancellations must be submitted to Hemisphere in writing before any refund will be considered.



Note to Parent: Don't Forget to Pack Travel Protection!

Being a parent can be extremely stressful. Letting your child travel without you is probably even further out of your comfort zone. Although you probably can't chaperone, you can consider travel protection for your child's trip.

Travel Protection Checklist Which situations might apply to your student?

Not all plans offer Cancel for Any Reason (CFAR), and CFAR is not available to residents of New York State.

- The weather caused an overnight **flight delay** on the way to the final destination. Student Travel Protection may reimburse expenses paid to purchase meals and a hotel room near the airport for the night.
- A **family member is sick** with a long-term illness and the future is unknown. Student Travel Protection has Trip Cancellation or Interruption coverage that can reimburse your student's insured trip costs.
- The **airline lost your student's baggage**. Student Travel Protection can cover necessities like clothing and toiletries until he or she is reunited with their bags.
- Your child's **instrument gets damaged** on the plane. We can help cover the cost to replace their instrument.
- Your child just got the schedule for **sports tryouts**, and if they don't attend, they'll miss the season. Student Travel Protection can provide Cancel for Any Reason trip cost reimbursement in case the trip interferes with important dates.
- There is a family **medical emergency at home** and you need to get your child back home as soon as possible. Trip interruption may reimburse unused non-refundable travel arrangements and added transportation costs.
- Your child gets into an **argument with their friends** and doesn't want to go on the trip anymore. Student Travel Protection can include Cancel for Any Reason to reimburse their insured trip cost.
- Your child received their **report card**, and you're not too happy about it. Student Travel Protection can include Cancel for Any Reason for trip cost reimbursement in case you make the decision that the trip is off.

Non-Insurance Assistance Services (provided by OnCall International)

- Your child is shopping with friends when their **wallet with credit cards is stolen**. The assistance services help them report the theft and to cancel and replace the credit cards.
- Your child **misplaced their eyeglasses**. The assistance services can cover eyeglass replacement.
- The panic sets in when your child lost their **important prescription drug**. These services provide assistance to replace the medication.



Worldwide Trip Protection and
24/7 Non-Insurance Assistance Services

Insurance benefits are subject to limitations and exclusions, including an exclusion for pre-existing conditions.

This document contains highlights of the plans. The plans contain insurance benefits underwritten by the United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2018. The plans also contain non-insurance Travel Assistance Services that are provided by an independent organization, and not by United States Fire Insurance Company or Travel Insured International. Coverages may vary and not all coverage is available in all jurisdictions. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travel Insured at 800-243-3174.

02.05.2019
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STUDENT DELUXE

GROUP TRAVEL PROTECTION

SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES

Trip Cancellation**	Trip Cost*
Trip Interruption**	150% of Trip Cost
Travel Delay – 6 hours	\$750 (\$150/day)
Missed Connection – 3 hours	\$500
Baggage/Personal Effects	\$1,500
Baggage Delay – 24 hours	\$300
Non-Medical Emergency Evacuation	\$150,000
Accident & Sickness Medical Expense	\$25,000
Emergency Medical Evacuation, Medical Repatriation & Return of Remains	\$100,000
Cancel for Any Reason (CFAR)***	
Non-Insurance Worldwide Emergency Assistance Services (Provided by OnCall International)	Included

Coverages may vary and not all coverage is available in all jurisdictions.

* Subject to the maximum benefit amount of \$10,000.

** For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only.

*** CFAR coverage is up to 75% of the nonrefundable trip cost (subject to \$10,000 maximum). CFAR is optional and available for individuals or your entire group. Trip cancellation must be 48 hours or more prior to scheduled departure. CFAR is available if purchased at the time of original plan purchase and with, or before your final payment for your trip, and you paid your Travel Supplier for the full cost for all non-refundable trip costs for your trip prior to your cancellation of your trip. For \$0 Trip Cost there is no CFAR. This benefit is not available to residents of New York State.

PER PERSON RATES

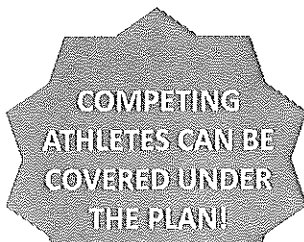
Cost of Trip	Rates	With CFAR*	Cost of Trip	Rates	With CFAR*
\$0		N/A	\$4,001 - \$4,500		\$181.50
\$1 - \$200		\$18.00	\$4,501 - \$5,000		\$202.50
\$201 - \$400		\$25.50	\$5,001 - \$5,500		\$223.50
\$401 - \$600		\$31.50	\$5,501 - \$6,000		\$244.50
\$601 - \$800		\$37.50	\$6,001 - \$6,500		\$265.50
\$801 - \$1,000		\$45.00	\$6,501 - \$7,000		\$285.00
\$1,001 - \$1,500		\$61.50	\$7,001 - \$7,500		\$306.00
\$1,501 - \$2,000		\$81.00	\$7,501 - \$8,000		\$327.00
\$2,001 - \$2,500		\$102.00	\$8,001 - \$8,500		\$349.50
\$2,501 - \$3,000		\$121.50	\$8,501 - \$9,000		\$370.50
\$3,001 - \$3,500		\$141.00	\$9,001 - \$10,000		\$391.50
\$3,501 - \$4,000		\$162.00			

The above rates are for trips up to 30 days – for each day over 30 add \$3.00 per person per day.

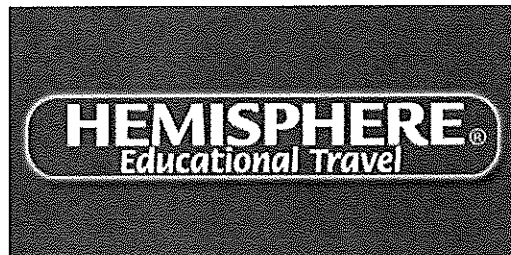
*Cancel For Any Reason (CFAR) benefit not available to residents of New York State

All of the above rates are for the plan which includes insurance and non-insurance services.

Travel Insured International
844-440-8113
groups@travelinsured.com
www.travelinsured.com



TRAVEL INSURED INTERNATIONAL
A CRUM & FORSTER COMPANY



Hemisphere Educational Travel
1375 E. Woodfield Rd. #530
Schaumburg, IL 60173
(847)541-7575

FOR QUESTIONS ON BENEFITS AND COVERAGE PLEASE CONTACT TRAVEL INSURED INTERNATIONALS GROUP DEPARTMENT AT 1-844-440-8113

GENERAL LIMITATIONS AND EXCLUSIONS

Insurance benefits are not payable for any loss due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating in skydiving or parachuting, hang gliding or bungee cord jumping; 7. piloting or learning to pilot or acting as a member of the crew of any aircraft; 8. being intoxicated as defined in the Plan, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 9. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 10. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 11. dental treatment (except as coverage is otherwise specifically provided in the Plan); 12. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Plan's Schedule of Benefits; 13. due to a Pre-Existing Condition, as defined in the Plan. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 14. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 15. a mental or nervous condition, unless hospitalized for that condition while the Plan is in effect for You; 16. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

The following limitation applies to Trip Cancellation: All cancellations must be reported to the Travel Supplier within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects: Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked or unattended vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Purchase Up to Final Trip Payment Due Date for Pre-Existing Condition Waiver!

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased at or before final payment due date for the trip, for the full non-refundable cost of the trip and you are not disabled from travel at the time you pay the plan cost.

PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.

Hemisphere Educational Travel is not an insurer and does not have any liability for any coverage amounts. As a travel retailer, Hemisphere Educational Travel is not qualified or authorized to answer technical questions about the benefits, exclusions or conditions of any of the insurance coverages in the plan or to evaluate the adequacy of your existing insurance coverage. Hemisphere Educational Travel and its employees may offer and disseminate travel insurance under the direction of Travel Insured International (TII). You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this plan with your existing life, health, home, and automobile insurance policies. If you have any questions about this coverage, contact TII at 844-440-8113. Purchasing a travel protection plan is not required in order to purchase any other products or services offered by Hemisphere Educational Travel.

This document contains highlights of the plans. The plans contain insurance benefits underwritten by the United States Fire Insurance Company under form series T210 et. al. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2018. The plans also contain non-insurance Travel Assistance Services that are provided by an independent organization, and not by United States Fire Insurance Company or Travel Insured International. Coverages may vary and not all coverage is available in all jurisdictions. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travel Insured.

TOUR TERMS AND CONDITIONS / RELEASE FORM – MULTI-DAY TOURS

This form must be approved during your online registration or returned to Hemisphere by Oct 17, 2019

1. **NO RESPONSIBILITY FOR LOSSES OR DELAYS.** Hemisphere Travel, Inc. d/b/a Hemisphere Educational Travel ("Hemisphere") acts only in the capacity as agent for the Participant. Hemisphere does not own or operate any ships, airplanes, busses, trains, autos and shall not be liable for any delay, loss or accident occasioned by fault or negligence of any carrier or other person or company obligated to perform transportation services, furnish accommodations, or otherwise in connection with the Tour. Specifically, but not by way of limitation, Hemisphere shall not be responsible for any loss, expense or inconvenience caused by late arrivals and departures or ships, airplanes, busses, trains, autos, or any change of schedule, acts or inaction of carriers, hotels other third parties or other events or occurrences beyond the reasonable control of Hemisphere. Hemisphere shall also not be liable for loss or damage to baggage or any other article of personal property of Participant. The airline tickets issued by the airline shall constitute the sole contract between the airline and the Participant in the Tour relating to transportation. Hemisphere and the transportation company shall have no liability to Participants who are late for departure or who otherwise miss scheduled departures. In most cases, airline tickets are non-refundable, and Hemisphere shall not be held liable if a group or individual loses their tickets. In the event the Tour Group of which Participant is a member shall breach the Tour Contract, all payments made by Participant shall be retained by Hemisphere to be applied to damages incurred by Hemisphere; provided further; that such retention of payment shall not prevent Hemisphere from seeking recovery of additional damages from the Tour Group caused to it by reason of any such breach.
2. **RATE CHANGES, CHANGES TO ITINERARY.** Rates quoted are based on current taxes, tariffs and fuel costs in effect at the present time & are subject to change without notice. In the event of a tax increase or fuel surcharge, participant agrees to pay the additional cost. If participant chooses to cancel due to the increase in cost, all cancellation penalties will apply as listed below in #5. Although no revisions to the itinerary are anticipated, Hemisphere reserves the right to make any changes, with or without notice, that may become necessary, and Participant agrees to pay any additional expenses or costs attributable to such changes in the Itinerary.
3. **RULES APPLICABLE TO TOUR PARTICIPANTS.** Tour leaders, chaperones or school administration have the right to remove a tour participant anytime prior to the tour if the tour participant does not meet school's or group's eligibility or code of conduct requirements and all cancellation penalties will apply. Authorization is hereby given to the tour leaders/chaperones to act on behalf of any participant who shall require hospital, surgical or medical treatment in any situation deemed an emergency by such chaperone. Tour leaders/chaperones are hereby authorized to give non-prescription pain killing remedies to Participants upon request if, in the tour leaders'/chaperones' opinion, such is deemed reasonably necessary. Any medications or medicines a Participant will be taking on Tour, must be submitted to the tour leaders/chaperones prior to commencement of the Tour. The tour leaders/chaperones are to be notified by the Participant of any known allergies to medication. Participant agrees to fully and completely comply with all rules and regulations of various governmental and commercial agencies and that any violation of such rules and regulations, as well as any behavior deemed by the tour leaders/chaperones to be detrimental to the Tour Group, will, at the sole discretion of the tour leaders/chaperones, subject the Participant to immediate suspension and/or dismissal from the Tour. No refunds shall be made in any such event and the Participant, or the parent/guardian of the Participant, will be financially responsible for any costs (including transportation costs) to return the participant and a chaperone home. If the Tour Leader permits the use of cell phones or electronics on the Tour, they shall be used with headphones only. Use of drugs, alcohol, possession of explosives, firearms, or any other articles of an illegal nature shall subject the Participant to immediate dismissal from the Group. The Participant is to notify the tour leaders/chaperones of any specific items of food or beverages brought on the Tour to determine whether such items are acceptable. Participant agrees to be responsible for all damages caused by the Participant to the applicable hotel, any hotel room, any motor coach, or any other property. Hemisphere is not responsible or liable for any items lost or stolen while on the tour. The signature below indicates that the participant is permitted to go swimming only with School board approval (if applicable) and only in the presence of their assigned tour leaders or chaperones. Hemisphere, the School, or the tour leaders/chaperones, shall not be liable for any injury/death as a result of swimming (at hotel pool or other water activity on the tour).
4. **DEPOSITS AND PAYMENTS**
 - A. The 1st deposit requested by Hemisphere, must be received by Hemisphere according to the date indicated on the Payment Schedule.
 - B. All deposits shall be sent to Hemisphere (unless otherwise indicated in your tour paperwork.)
 - C. Fund Raising monies must be submitted no later than 2 weeks prior to the "Final Deposit Due" Date. Any fundraising received after this date will not be accepted. The Tour Leader will provide a check with the total Fund raising amount and a list of the students' names indicating how much to credit each. If participant cancels from tour, all fundraising amounts earned by that participant will be returned to the issuer of the fundraising check less any applicable penalties.
 - D. All Tours must be paid in full by the deadline date listed on the Tour Leader Contract/Group Tour Participation Agreement. A payment made after the final payment deadline date must be in the form of a credit card, money order, cashier's check or cash. No personal checks will be accepted after the final payment deadline date.
 - E. Transfer of money from Participant to Participant in any circumstance is not permitted.
 - F. Deposit dates Indicated on Payment Schedule must be adhered to. NO EXCEPTIONS.
 - G. If the final deposit is not made by the due date, the Participant will be canceled from the Tour and all charges below will apply.
 - H. NSF checks and Credit Card Chargebacks will be charged \$35.00 and replacement must be by Cashier's Check or Money Order.
5. **REFUND POLICY, NON-REFUNDABLE PAYMENTS, & CHARGES.** Participant agrees to the following refund policy and non-refundable payments.

GROUP CANCELLATION: all cancellations must be submitted to Hemisphere in writing before any refund will be considered. All refund checks will be issued and mailed to the issuer(s) within thirty (30) days after the scheduled Tour Date. Cancellations received after business hours will be posted on the next business day.

 - A. If Tour Group cancels due to lack of participation, the group has until 2 weeks after the first scheduled deposit date to cancel without penalty. Lack of participation is defined as a number of paid participants that is less than the lowest tiered pricing indicated on the Group Tour Participation Agreement.
 - B. If Tour Group cancels the Tour at least seventy-one (71) days prior to the Tour Date, due to lack of participation or unforeseen circumstances, Hemisphere will refund an amount equal to the deposits made, less all non-refundable deposits and expenses made on behalf of the group, and less a fifty dollar (\$50.00) per person administrative service charge, as provided in the Tour Contract governing the Tour.
 - C. If Tour Group cancels the Tour seventy (70) days to forty-six (46) days prior to the Tour Date, Tour Group shall be assessed a cancellation charge of 25% of the tour cost plus any non-refundable deposits and expenses made on behalf of the group, as provided pursuant to the Tour Contract governing the Tour.
 - D. If a Tour Group cancels the Tour forty-five (45) days or less prior to the scheduled Tour Date, the Tour Group shall be responsible for 100% of the tour cost as provided pursuant to the Tour Contract governing the Tour.

Emergency Cancellation by Hemisphere. Hemisphere may cancel a Tour by reason of any event or occurrence which it deems to create a concern for travel safety, or if any major component of a Tour (i.e., transportation or accommodations) shall be canceled as a result of any such event. In such event, Hemisphere's sole liability to Participant shall be to refund to Participant such amount as Hemisphere receives as a refund from its vendors applicable to Participant's participation in the Tour, less such administrative fee as it deems necessary to cover Hemisphere's costs to the date of such cancellation in connection with such Tour.

PARTICIPANT CANCELLATION: Cancellations must be submitted to Hemisphere in writing before any refund will be considered. All refund checks will be mailed to the issuer within thirty (30) days after the scheduled Tour Date. If payments came from multiple issuers, refund will be issued to the person who initially registered the participants. If a participant is cancelled from the tour by the group's tour leader for any reason, all cancellation charges will still apply. Cancellations received after business hours will be posted on the next business day.

 - E. If a Participant shall cancel his or her reservation at least seventy-one (71) days prior to the Tour Date, the Participant shall be entitled to a refund of the deposits made, less a fifty (\$50.00) dollar administrative service charge and less any non-refundable deposits and expenses paid on the Participants behalf as provided pursuant to the Tour Contract governing the Tour.
 - F. If the Participant shall cancel his or her reservation seventy (70) days to forty-six (46) days prior to the Tour Date, the Participant shall be assessed a cancellation charge of 25% of the tour cost plus any non-refundable deposits and expenses made on the participants behalf as provided pursuant to the Tour Contract governing the Tour.
 - G. If a Participant shall cancel his or her reservation forty-five (45) days or less prior to the scheduled Tour Date, the Participant shall be responsible for 100% of the tour cost as provided pursuant to the Tour Contract governing the Tour.
 - H. All cancellations must be submitted to Hemisphere in writing before any refund will be considered.

Tour Participant Replacement Policy (must be approved by Hemisphere Travel and Tour Leader). If a tour participant cancels with a same day replacement less than 45 days prior to the scheduled tour date, the canceling participant shall be entitled to a refund of the deposits made, less a \$100 administrative service charge plus applicable airline ticket name change fees and any additional hotel room charges if an extra hotel room is needed due to the replacement. The refund for the cancelled tour participant will not be issued until the new tour participant is paid in full. The replacement participant will not be charged a \$50 late add fee.
6. **TOUR COSTS - TOUR PRICING IS LOCKED AT FINAL PAYMENT DATE** specified on Tour Leader Contract or Group Participation Agreement (with the exception of any fuel surcharges). Any late cancellations or additions will not affect the final established price at the final payment date. Any new tour participants that sign up for the tour after the final payment deadline date will be charged an additional \$50 fee (2 day tours) or \$100 fee (3+ day tours), plus any additional airfare cost if applicable. All late additions are subject to availability and will not be accepted within 2 weeks prior to departure. The cost of the Tour is based on a certain minimum number of Participants per sightseeing coach, based on the preferred occupancy selected, and is subject to change if less than the stated numbers of Participants agree to participate. In such event, Participant agrees to pay any applicable additional charge as Hemisphere reasonably determines, or in the alternative, Participant may cancel its participation in the Tour and may receive a refund of the deposit, less any applicable charges as above provided. The costs stated herein are for student Participants only. Costs for adult Participants will be greater and will be quoted on request. For Air tours, once the airline reduction date has passed, a new participant will be responsible for any additional airfare to obtain an additional seat, if available.

Authorized FREE tour leaders/chaperones cannot be divided between more than one participant and cannot be redeemable for cash or the reduction in other tour participant's tour costs. The tour leader is considered the First Authorized FREE chaperone. It is the Tour Leader's Responsibility to provide the Chaperone needs indicated on the Tour Leader Contract (Or a minimum of 1 adult for every 15 students).

7. **INSURANCE COVERAGE.** Hemisphere agrees to provide the following insurance coverage for the duration of the Tour: American Income Life Insurance Company-Illness and Accident Policy, covers all Tour Participants for the duration of the Tour for \$5,000.00 for loss of life, \$1,000.00 for illness, \$500.00 Dental caused by accidents, and \$5,000.00 for Medical Expense caused by accidents. Optional Travel Protection may be available to Participant for an additional charge. It is important to note that if a medical emergency prevents the student and chaperone to travel back with the group, it will be up to the parents to pay any additional transportation expense for the student and chaperone to return home. By signing this release, I give permission for my child to travel home with the chaperone (without the group). The insurance included as part of the tour package only covers medical expenses and transportation expenses only for an ambulance to the hospital; It does not cover any other form of transportation or lodging expense related to an accident. The Optional Travel Protection offers benefits for accident and sickness medical expense and more.
8. **PROMOTIONAL MATERIAL RELEASE.** The undersigned hereby irrevocably consents to the unrestricted use by Hemisphere, its successors and assigns, of Participant's name and likeness in any and all photographs or video footage of Participant taken on the tour for all advertising purposes, promotional purposes, or purposes of trade in any and all mediums, including social media, and the undersigned waives any right to compensation therefore and any right to inspect or approve such pictures, video footage, advertising, material or promotional material used in connection therewith.
9. Acceptance, release and indemnification. In consideration of Hemisphere's acceptance of the below-named participant for participation in the tour, the undersigned hereby agrees to the foregoing tour terms and conditions and waives and releases on behalf of himself or herself and his or her heirs and successors, and agrees to indemnify, Hemisphere Travel, inc., the tour sponsor and the tour leader participating in the tour, their successors and assigns and their shareholders, directors, officers, employees and agents, as applicable, from, any and all manners of action, suit, debts, damages, claims and demands whatsoever, in law, in admiralty or in equity, which said participants may have or may hereafter acquire by reason of death or injury as a participant of said tour, loss or damage to property, or otherwise arising out of or in connection with participation in said tour, including, but not limited to, any and all damages claimed for delays and other causes beyond hemisphere's reasonable control. Specifically, but not by way of limitation, neither Hemisphere, the tour sponsor, or any tour leader shall be liable for any death or injury resulting from any participant who goes swimming (at hotel pool or other water activity on the tour) while on the tour. In addition, Hemisphere assumes no responsibility and shall not be liable for any videos shown on any motor coach which have not been supplied by Hemisphere. The deposit of the participant's initial payment by Hemisphere shall constitute acceptance of the above named participant for participation in the tour.
10. This Agreement shall be governed by the laws of the State of Illinois. The parties agree that any claims or other actions arising out of this Agreement may be litigated in the federal or state courts in Cook County, Illinois, and each party hereby submits to the jurisdiction of such courts. Any claims asserted against Hemisphere shall be litigated exclusively in such courts.

**This form must be approved during your online registration or returned to Hemisphere by Oct 17, 2019
Hudson High School Washington, DC Tour (ACCOUNT# 20TA14117)**

PRINT PARTICIPANT'S First Name _____ Middle Name(Required) _____ Last Name _____
Provide name as it appears on your driver's license or passport (if minor, provide legal name)

TOUR PARTICIPANT'S DATE OF BIRTH (REQUIRED): ___/___/___ TOUR PARTICIPANT'S GENDER: MALE OR FEMALE (CIRCLE ONE)

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell / Secondary Phone: _____

Emergency Contact _____ Phone # _____

E-MAIL address (Used for payment reminders & tour updates only) _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE – PRINT PARENT OR GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE or ADULT PARTICIPANT SIGNATURE _____

By signing above you agree to all terms and conditions of the two page document entitled 'Tour Terms and Conditions / Release Form-Multi Day Tours'

EACH PARTICIPANT MUST FILL OUT THIS SECTION AND MAKE 1ST DEPOSIT TO BE REGISTERED

1. **SELECT YOUR ROOM PREFERENCE (subject to change based on final room assignments made by your tour leader):**
___ QUAD (4 People Sharing 2 Beds) ___ TRIPLE (3 People Sharing 2 Beds) ___ DOUBLE (2 People with 2 beds) ___ SINGLE (1 Person 1 bed)

2. **YOUR FIRST DEPOSIT OF \$215.00 IS DUE BY Oct 17, 2019 (payment must be made with this form to be registered)**



1375 E. Woodfield Road; Suite 530
Schaumburg, IL 60173
Toll Free: 800-323-6439 Fax: 847-619-0240
www.hemispheretravel.com

PERMISSION FOR MEDICAL TREATMENT - Fill Out Online in Your Online Account

If no online account, sign & return to Hemisphere by Oct 17, 2019, via info@hemispheretravel.com, fax or mail

SCHOOL / GROUP NAME: Hudson High School

DESTINATION and DATES: Washington, DC Tuesday, April 28, 2020 until Saturday, May 2, 2020, 5 Days and 3 Nights

PARTICIPANT'S FULL LEGAL NAME: _____

DATE OF BIRTH: ___ / ___ / ___ PARENT / GUARDIAN NAME: _____

HOME PHONE NUMBER: _____ CELL/SECONDARY PHONE: _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN _____ PHONE# _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

Since the group's tour leader will not receive these forms until just prior to the tour departure, please also personally inform the group's tour leader of such conditions and/or limitations, as it may require special arrangements which may alter tour components.

LIST FULLY ANY **MEDICAL CONDITIONS AND/OR PHYSICAL LIMITATIONS** PARTICIPANT MAY HAVE (i.e. wheelchair accessible motorcoach, food allergies, etc. Please note that this trip involves considerable walking): _____

LIST ANY **ALLERGIES** PARTICIPANT HAS, IF NONE, PLEASE INDICATE SO : _____

LIST ANY **MEDICATIONS** PARTICIPANT MUST TAKE, INCLUDING TIME SCHEDULE: _____

(We recommend placing students' medications in a plastic bag, marked with name and given to the tour leader)

The accident insurance included as part of the tour package covers medical expenses and transportation expenses only for an ambulance to the hospital. IF MEDICAL TREATMENT SHOULD BE REQUIRED FOR A NON-TOUR RELATED INCIDENT, I AUTHORIZE THE USE OF OUR FAMILY MEDICAL INSURANCE POLICY. (A copy of the insurance card is not necessary)

INSURANCE COMPANY NAME: _____ PHONE #: _____

POLICY HOLDER NAME: _____ POLICY #: _____

It is understood and agreed that the tour sponsors and chaperones will exercise reasonable care with respect to the health and physical well-being of each participant. This permission also authorizes chaperones to observe students who must take any such medications as Tylenol, Anti-diarrhea medication or medications designed for relief of minor problems as they become necessary. I have read the foregoing and agree to the stipulations there in: I hereby authorize any medical treatment necessary & the transfer of the student or participant to any reasonably accessible hospital, pursuant to the foregoing conditions:

Parent/Guardian or Adult Participant Signature _____

Should a medical emergency prevent the tour participant (and a chaperone if the participant is under 18 years old) from traveling back with the group, I hereby give my permission for the tour participant to travel with that designated chaperone (without the group) once the participant has been released from the place where medical attention was given. For minors; the mode of return travel for a student will be determined by the both the Chaperone in charge and the Parent/Guardian of the participant. I also understand that I will be responsible for the travel expense for both the tour participant and the Chaperone (if the participant is under 18 years old) to return home. If you purchase Optional Travel Protection Insurance, part of this expense may be covered. If the Optional Travel Protection Insurance was not offered to your group, please contact Hemisphere to see what insurance coverage would be available for the type of tour you are taking.

Parent/Guardian or Adult Participant Signature _____

SWIMMING AND OTHER PHYSICAL ACTIVITIES: AS A PARENT/GUARDIAN OR TOUR PARTICIPANT, I ACKNOWLEDGE THAT IN CONNECTION WITH SWIMMING AND OTHER PHYSICAL ACTIVITY I HAVE FULLY ADVISED THE TOUR LEADER OF ALL LIMITATIONS THAT MY CHILD OR MYSELF MAY HAVE IN PARTICIPATING IN THE TOUR ACTIVITIES. I UNDERSTAND THAT SWIMMING, WITH OR WITHOUT A LIFEGUARD PRESENT, ARE AT ONE'S OWN RISK. I HEREBY RELEASE HEMISPHERE EDUCATIONAL TRAVEL, THE GROUP, THE TOUR LEADERS AND CHAPERONES FROM ANY RESPONSIBILITY FOR PERSONAL INJURY OR OTHER LOSS WHICH MIGHT OCCUR WHILE ENGAGING IN SWIMMING OR OTHER TOUR ACTIVITY UNLESS SUCH INJURY OR LOSS IS CAUSED BY THE GROSS NEGLIGENCE OF HEMISPHERE EDUCATIONAL TRAVEL OR THE CHAPERONES. **PLEASE CHECK WITH YOUR TOUR LEADER TO SEE IF SWIMMING IS PART OF YOUR GROUP'S ITINERARY.**

I HEREBY AGREE TO ALL OF THE TERMS ASSOCIATED WITH THIS RELEASE FORM.

Parent/Guardian OR Adult Participant Name (please print) _____

Parent/Guardian OR Adult Participant Signature _____ DATE _____

EVERY TOUR PARTICIPANT (STUDENTS AND ADULTS) MUST SIGN AND RETURN A SEPARATE FORM TO HEMISPHERE. THE TOUR LEADER WILL HAVE THIS FORM IN THEIR POSSESSION WHILE ON TOUR FOR EMERGENCY PURPOSES.

Matters for Action
New Business

3. Reclassification of Funds

Posting Date: _____
Batch/Block: _____

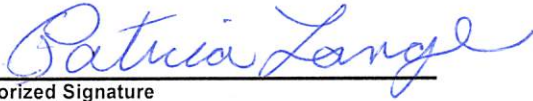
FY20

PAYMENT Adjustment Request TOWN ONLY

Date: Friday, June 28, 2019
To: Ruifan Zhang, Assistant Finance Director
From: School Department

Please record the following payment adjustment (s):

Payment Adjustment Number 1	TO:	Account Number	Account Description	Amount	Amount
		<u>595</u>	<u>Prior Year Encumbered Payroll</u>	\$ <u>15,852.32</u>	
	From:	<u>366</u>	<u>Substitutes -Custodians</u>		\$ (1,557.00)
		<u>508</u>	<u>Early retirement/Sick buyback</u>		\$ (6,429.32)
		<u>511</u>	<u>Workshops</u>		\$ (7,050.00)
		<u>1820</u>	<u>ADM Technology Support</u>		\$ (816.00)
				<u>\$ 15,852.32</u>	<u>\$ (15,852.32)</u>



Authorized Signature

Prepared by: Cristy L. Morrison

Authorized Signature(s):

Reason for reclassification:
To charge encumbered payroll for FY19

Please note:

- 1 Post date subject to final determination by Town Accountants Office.
- 2 Reclassifications and transfers must net out to zero.
- 3 Supporting documentation must accompany request.
- 4 If authorized signatures are not needed, please explain.

Posting Date:

Batch/Block:

FY19

RECEIPT

Reclass Request

Date: Tuesday, August 20, 2019

To: Ruifan Zhang, Assistant Finance Director

From: School Department

Please record the following receipt re-class adjustment (s):

		Account Number	Account Description	Amount	Amount
Receipt Re-Class Adjustment Number 1	From:	<u>3279</u>	<u>FY18 Startalk</u>	\$ <u>(5,950.00)</u>	
	To:	<u>3273</u>	<u>Metrowest HHS TAS</u>		\$ <u>5,950.00</u>
Receipt Re-Class Adjustment Number 2	From:	<u> </u>	<u> </u>	\$ <u> </u>	
	To:	<u> </u>	<u> </u>		\$ <u> </u>
Receipt Re-Class Adjustment Number 3	From:	<u> </u>	<u> </u>	\$ <u>0.00</u>	
	To:	<u> </u>	<u> </u>		\$ <u> </u>
Receipt Re-Class Adjustment Number 4	From:	<u> </u>	<u> </u>	\$ <u>0.00</u>	
	To:	<u> </u>	<u> </u>		\$ <u> </u>
Page Total:				\$ <u>(5,950.00)</u>	\$ <u>5,950.00</u>

[Handwritten Signature] 8/5/19

Authorized Signature

Prepared by: Sharon J. Gooch-Zebal

Authorized Signature(s):

Reason for reclassification:

Deposit #61189 posted to incorrect account

Please note:

- 1 Post date subject to final determination by Town Accountants Office.
- 2 Reclassifications and transfers must net out to zero.
- 3 Supporting documentation must accompany request.
- 4 If authorized signatures are not needed, please explain.