



Lowell Public Schools
Lowell High School
50 Fr. Morissette Blvd
Lowell, Massachusetts 01852-1050



Michael Fiato
Head of School

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January 5, 2024

Liam Skinner, Interim Superintendent
Lowell Public Schools
155 Merrimack Street
Lowell, MA 01852

SUBJECT: OVERNIGHT OUTDOOR ADVENTURES CLUB

I am writing to request permission for the Outdoor Adventures Club to participate in an overnight winter adventure excursion supported by the Appalachian Mountain Club's Youth Opportunity Program. 15-20 club members will travel with two chaperones (Kendra Bauer & Donna Newcomb) to the Noble View Outdoor Center in Russell, Massachusetts from March 1, 2024 - March 3, 2024.

The cost to students is the AMC cabin rental fee, transportation, breakfast, lunch and dinner. The club will travel via school bus or van, which will be paid for by the students and partially subsidized by Student Activities. The AMC will provide us with needed outdoor equipment. Each student will pay \$60 toward these expenses.

This is a great opportunity for our students to learn outdoor skills, engage with nature, and develop leadership skills. Additionally, this trip fits into our SIP specifically under **High Leverage Goal 4.1**: Educators, students, families, and community partners develop a culture and climate of shared, consistent high academic and behavior expectations for all students.

Identify partnerships with community organizations = Appalachian Mountain Club (AMC)
local agencies = Youth Opportunities Program (YOP)

The trip will fulfill the following health education **Massachusetts state curriculum standards**:

- Students will, by repeated practice, acquire and refine a variety of manipulative, locomotor, and non-locomotor movement skills, and will utilize principles of training and conditioning, will learn biomechanics and exercise physiology, and will apply the concept of wellness to their lives.
- Students will gain the knowledge and skills to select a diet that supports health and reduces the risk of illness and future chronic diseases.
- Students will gain knowledge of the interdependence between the environment and physical health and will acquire skills to care for the environment.

Thank you for your consideration.


Michael Fiato
Head of School

January 5, 2024

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Thank you for your consideration.

Respectfully,



Kendra Bauer



This is a tentative itinerary for our trip. You should be flexible and up for adventure.

Friday, March 1, 2024

9:00am - Leave Lowell
11:30am - Arrive at Noble View
11:30am - Group Games / Intro to Outdoor Center
12:00pm - Lunch
12:45pm Setting up bunks
2:30pm - Intro to snowshoeing
5:30pm - Dinner
6:30pm - Environmental Ethics/games
8:00pm - Fireside stories

Saturday, March 2, 2024

8:00am - Wake-Up-Get ready for day
8:30am - Breakfast
9:30am - Snowshoeing
12:00pm - Lunch
1:00pm - Snowshoeing/snow tubing
5:30- Dinner
6:30pm - Astronomy
8:00pm - Fireside stories/Night Hike?

Sunday, March 3, 2024

8:00am - Wake-Up-Get ready for day
8:30am - Breakfast
9:30am - Pack up gear
10:00am - Head for Lowell
12:30pm - Arrive back at Lowell

Itemization of all costs associated with Trip:

Noble View March 1 - 3, 2024

Expense	Item number	cost	Total
Cabin Rental Costs	2 nights	\$ 200.00	\$ 400.00
Food (breakfast, lunch, dinner)	3 days	\$ 125.00	\$ 380.00
Bus	2 bus	\$ 750.00	\$ 1,500.00
Cost to Students	18 students	\$ (60.00)	\$(1,080.00)
AMC - Mini grant	1	\$ (400.00)	\$ (400.00)
Student Activities	1 bus	\$ (800.00)	\$ (800.00)
Total			\$ -

Cost to Student	60.00
aprox. # of students	18

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A
WORKSHOP/CONFERENCE/FIELD TRIP/ACTIVITY

ALLOW 4 WEEKS FOR PROCESSING

(6 WEEKS IF SCHOOL COMMITTEE APPROVAL IS NEEDED)

~Please fill out all provided fields to avoid any delays of the approval process~

REMIT TO: Curriculum, Instruction & Assessment Office

Name of Staff Member: Donna Newcomb

School: LHS Grade Level: 9-12 Subject: Science

Workshop Title: Outdoor adventures club overnight

Organization/Department Presenting Workshop: LHS OAC Cost: _____

Date(s) of Workshop: 3/1/24 - 3/3/24

Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State *Out of State () *Overnight (Please one)

** Letter to the Superintendent of Out of State/Overnight attached **

Signature of Applicant: Donna Newcomb Date: 1/5/24

Signature of Approval by Principal: [Signature] Date: 4/5/24

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
SPED			
Other Grants/Programs (Provide Grant/Program Name & No.#)			

Signature of Central Administrator: _____ Date: _____

Sub Reserved: _____ Date: _____

Request Denied by: _____ Date: _____

*A letter to the Superintendent for all out-of-state or overnight activities is required at the time the Lilac Form is submitted and the "completed package" is to be sent to the Lowell Teacher Academy for processing.

REQUEST FOR PROFESSIONAL DAY(S) TO ATTEND A
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~Please fill out all provided fields to avoid any delays of the approval process~

REMIT TO: Curriculum, Instruction & Assessment Office

Name of Staff Member: Kendra Bauer
 School: LHS Grade Level: 12 Subject: ELA
 Workshop Title: outdoor adv. overnight
 Organization/Department Presenting Workshop: LHS OAC Cost: _____
 Date(s) of Workshop: 3/1/24 - 3/3/24
 Substitute Coverage Needed? No Yes (Please circle one)

If Para is to serve as the coverage, indicate Para's name here: _____

In State *Out of State () *Overnight (Please one)
 ** Letter to the Superintendent of Out of State/Overnight attached **

Signature of Applicant: Kendra Bauer Date: _____
 Signature of Approval by Principal: [Signature] Date: 1/9/24

****Please provide source of funding, account number and/or grant name, and number for workshop and substitute****

<u>Funding Source</u>	<u>Workshop</u>	<u>Substitute</u>	<u>Initials of Approval Department</u>
Title I School			
Title I District			
Individual School Fund #			
Professional Development District			
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Lowell High School Field Trip Request Form
(Must be turned in 4 Weeks in advance)

A trip is considered an official Lowell High School Field Trip when it is connected to any LHS class, student activity, club, sport or special program whether they occur on a school day or on a weekend.

A field trip form MUST be filed with the Main Office for the Head of School's signature 4 (four) weeks prior to the event. The Head of School's signature is required for ALL trips. Keep a copy of this request for your files.

Name: Kendra Bauer Date: 1/5/24
Name and cell phone of staff member on trip: Kendra Bauer 617.817.3772

Date(s) of the trip: Friday March 1 - Sunday March 3, 2024
(day and date)

Hours: Leaving: 9:00 am Friday Returning: 12:00 pm Sunday

Number of Students: 18 Number of Chaperones: 3

Description of Field Trip: Noble View overnight hiking explorations and astronomy

Type & Number of Vehicles: bus 1 Approximate Mileage: _____

Charges to Student (per person)	Charges to School Department
Transportation: <u>bus 20</u>	Transportation: _____
Entry Fees: <u>10</u>	Entry Fees: _____
Meals: <u>30</u>	Meals: _____

How many substitute teachers are you requesting? 2

Full Day OR Specific mods _____
(list all mods needing coverage)

- You are required to meet the following conditions:
- Obtain parental and teacher permission
 - Notify House Dean of students attending
 - Meet all requirements of the field trip site
 - File a post-trip report to the Head of School if requested
 - Arrange for students to be returned to LHS or home

Reviewed by: Skyc Date: 1/9/24
Department Head: _____

Approved by: [Signature] Date: 1/9/24
Head of School: _____

Lowell Public Schools:
OVERNIGHT FIELD TRIP CHECKLIST

The School Committee recognizes that first-hand learning experiences provided by field trips are a most effective and worthwhile means of learning. It is the desire of the Committee to encourage field trips as an integral part of the program of the schools.

Specific guidelines and appropriate administrative procedures shall be developed to screen, approve and evaluate trips and to ensure that all reasonable steps are taken for the safety of the participants. These guidelines and appropriate administrative procedures shall ensure that all field trips have the approval of the Head of School and that all overnight trips have the prior approval of appropriate Administrative level.

Approval of the School Committee must be granted prior to money being collected, arrangements being made, or parental consent being issued for all overnight field trips.

The following guidelines are set to implement the planning of field trips as part of, and directly related to, classroom learning activities. All guidelines must be included in the request.

X

The application for approval for an overnight field trip which requires students to miss a day or more of school must include written justification from the teacher proposing the trip.

X

The application for approval for an overnight field trip which requires students to miss a day or more of school must include a written statement of the learning standards the trip will address.

X

The application for approval for an overnight field trip must include an itemization of all costs associated with the trip and the funding source.

All proposed field trips must have the approval of the school building administrator.

All day trips must be within budgetary allotments for such purpose and be approved by the superintendent. Any trip, for which there is no budget allotment, must have advance approval of the School Committee.

X

Each student who goes on a field trip must have written parental permission. ✓

X

Enough supervision must be provided so that discipline on the trip is effective.

X

All trips must be well planned, properly timed, and related to regular learning activities.

X

All Chaperones/other adults MUST be corried. Please list chaperones that are attending:

Donna Newcomb

Kendra Bauer

Signature of Head of School: _____

Signature of Central Administrator: _____

Date: 1/9/21

Date: _____