Monroe County Community School Corporation  
Administration Center – 315 North Drive – Bloomington, IN 47401

**Overnight or Out-Of-State Field Trip Approval Request**

| School: Bloomington New Technology High School | Date Request Submitted: Jan. 11, 2010 |
| Individul(s) Requesting Trip: Ann Burke |
| Position: Biology Teacher |
| Class/Group: 7 to 15 students (current Freshmen & Sophomores) at New Tech |
| Purpose of Trip: Field Experience, Community Service, Cultural Awareness |
| Date(s) of Trip: June 2, 2010 through June 9, 2010 |
| Time of Departure from Bloomington: Not yet booked* | Time of Return to Bloomington: Not yet booked* |
| Trip Destination: Costa Rica |
| Transportation to be Used: Air and land (all inclusive in trip price) |
| Number of Students: 7-15 | Number of Adults (not including bus drivers): 3 | School Time Missed: None |
| Cost of Trip: $2000 estimate per pupil plus passport and immunizations* |
| Cost Per Student: $2000 (financial aid available for qualified students)* |
| Funding Sources: Individuals. We have also begun fund raising pending trip approval.* |
| Will the cost prevent any student from participating if s/he does not have money to go? Yes [X] No [ ] |
| Is this an overnight trip? Yes [X] No [ ] |

If YES, complete the following information for EACH NIGHT (continue on back if necessary):

Name of Hotel: Varies, please see attached details.*

Address of Hotel:

Type of Accommodations (ex: # per room, adult/student ratio per room, etc.): Students will be housed up to 4 of the same sex per room; chaperones will be housed up to 2 per room

How will students be monitored by chaperone(s) at night?

3 adult chaperones; periodic and random bed checks for students

Rationale for Trip:

* Please see attached.

Signature of Teacher/Sponsor

APPROVAL: Principal's Signature

SUBMIT THIS FORM AND INSURANCE INFORMATION TO SUPERINTENDENT

REF: Policies #2140 & #640 (ADMINIST-Trips – 10/04/09)
School: Bloomington New Technology High School

Individual Requesting Trip: Ann Burke, Biology Teacher

Proposed Trip:
I am asking for permission to travel with a group of up to fifteen students from New Tech High School to Costa Rica for a period of eight days. The trip will be designed and facilitated by Holbrook Travel and will include educational and community service components. Students will participate in active research projects in the biological sciences and will have the opportunity to earn one science elective credit. Students will also complete a community service project.

Rationale:
It is hard to delineate all of the benefits that result from international travel experiences but in general, they include fostering a sense of global citizenship which is one of the learning outcomes of New Tech High School. There really is no other way to fully gain an understanding of life outside of the United States than to experience it. Costa Rica is a stable, safe, peaceful and relatively close country. This trip will allow students to experience another culture and to participate in field research and community service projects in a safe and affordable way.

The educational component of this trip is heavily rooted in the biological sciences. Costa Rica is biologically rich and the most difficult part of planning has been narrowing the focus of the visit so that there is sufficient time to experience each destination. We have chosen a trip that will allow research as well as community service. It will also allow for a rainforest and a marine experience.

Funding:
As this is a public school-based trip, I feel strongly that it should not be limited to only those who are financially “well off.” We have already begun fundraising in the name of “field trips” but that fund will be used for this Costa Rica trip pending School Board approval. All students need to demonstrate a true desire to embrace the opportunities provided by this trip. All students will also need to participate in fundraising efforts as this is an “all or nothing” trip, i.e., all qualified students can go or we don’t go. Students requesting financial assistance will be awarded funds based on “sweat equity” earned by fundraising and trip planning assistance.

Holbrook Travel: (www.holbrooktravel.com)
Holbrook travel has been conducting educational programs in Costa Rica for over 35 years. I have been in personal contact with the company for over 10 years. Holbrook Travel offers educational and in-service learning trips and is willing to tailor them to meet the needs of each group it works with. They are the ultimate professionals and hire educational experts as well as travel experts. Holbrook is widely recognized for their expertise in educational trip planning and facilitating and we will have professionals with us at all times during our travels in Costa Rica.

Holbrook Travel Liability Insurance:
A copy of the professional insurance liability policy for Holbrook Travel is attached.
**Student Requirements:**
- must be a current student at Bloomington New Tech High School
- must have passed biology (both semesters) by the start of this trip
- must submit acceptable forms of the following documents by the specified due dates (All forms are attached)
  - Holbrook Travel Participant Enrollment Form
  - Field Expedition, Student Application
  - Behavior Expectations Contract
  - Personal Essay
  - Teacher Referral
  - Parental Medical Consent Form
  - Permission to Travel Form for Minors
- must make all trip payments on time (NOTE: Fund raising efforts will be required by all students. Students requiring financial assistance must be acceptable and enthusiastic candidates willing to complete “sweat equity”)
- must have a valid passport (cost is $75-$85, depending on age; processing time is currently 4 to 6 weeks)
- must have up-to-date CDC recommended immunizations (currently MMR, DPT, polio, hepatitis A & B and typhoid)

**Science Elective Credit:**
In order to receive one science elective credit for this trip, students will be expected to complete the following:
- a daily journal of each day’s activities
- a list of new species of organisms encountered and where and when they were found.
- a final paper or presentation (PowerPoint) of the highlights of the student’s experience
- a reflective essay on the value of the trip
All items must be submitted to the teacher within two weeks of our return from Costa Rica.

**Accommodations:**
Students will sleep with up to four students of the same sex per room. Chaperones will sleep up to two per room. Students will have a curfew each night and will be subject to periodic and random bed checks. There will be one teacher chaperone per seven students as well as a Holbrook representative at each location.
**Proposed Itinerary:**

This program is designed to immerse the students in the biodiversity of Costa Rica and to give them as an authentic experience as possible. Because of this, tourist destinations are avoided and most of the locations we will be staying at are very safe and relatively isolated.

El Centro Natural de Selva Verde Rainforest Discovery Course, 8 days
(approx. $2000 per student, includes all food, transportation, tips and trip insurance)

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**June 2  San José**

**Activities:** - Orientation upon arrival in Costa Rica.

**Overnight:** Hotel Villa Tournon or similar

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**June 3-6 Selva Verde Private Reserve (approximately 2 hours south of San Jose)**

**Activities:**

- participation in workshops on rainforest structure, function and conservation in the rainforests at Selva Verde Private Reserve.
- learning about the importance of sustainable agriculture including visiting a local banana plantation
- observation of aquatic wildlife from a boat while learning about the impact of agriculture on water ecosystems
**Overnight:** Selva Verde Lodge (Photos of student housing below.)

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**June 7-8  Pacific Cost and Punta Leona Private Reserve**

**Activities:**

- participation in biodiversity and conservation workshops in the Punta Leona Private Reserve (transitional zone between dry forests and rainforest), exploration of beaches and trails; community service project focused on community conservation efforts
- exploration of the biodiversity of the Tarcoles River and discussion of the human impact on the river
- exploration of the Carara Biological Reserve for endangered species

**Overnight:** Punta Leona Hotel

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**June 9  Travel to San José and departure for Bloomington, Indiana**

**Activities:** Return home
Declarations
Travel Agents And Tour Operators
Professional Liability Insurance Policy

This insurance is provided by:
Zurich American Insurance Company

Policy Number: EOL.9228820-02

Item 1. Named Insured: Holbrook Travel, Inc.
Address: 3540 NW 13th Street
Gainesville, FL 32609

The Named Insured is: ___ Individual ___ Partnership ___ Joint Venture X Corporation ___ Organization ___ LLC

12:01 A.M. Standard Time at the address shown in Item 1.

Item 3. Coverages:

A. Bodily Injury and Property Damage (except Automobile) Limits of Liability Deductible
   Each Occurrence $3,000,000 $1,000
B. Bodily Injury and Property Damage Automobile (except owned automobile) Each Occurrence
   $3,000,000 $1,000
C. Professional Liability Each Negligent Act or Negligent Omission
   Each Offense $3,000,000 $1,000
D. Personal Injury
   General Aggregate Limit $3,000,000

Item 4. Fire Legal Liability (if applicable)
   Any One Fire $50,000 $1,000

Item 5. Premium:
   2005 Florida Hurricane CAT Fund (FHCF) Surcharge:
   2006 FIGA Emergency Assessment:
   2007 FIGA Regular Assessment:
   Grand Total:

Item 6. Endorsements Effective At Inception: See Attached Schedule of Forms and Endorsements

Broker: S. A. Van Dyk, Inc.
1010 Jorie Boulevard
Oak Brook, IL 60523

Signed by: ___
Authorized Representative

Date: August 4, 2009

ZURICH

S.A. VAN DYK, INC.
INSURANCE SPECIALISTS

U-THP-319-H FL (04/09)
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HOLBROOK TRAVEL PARTICIPANT ENROLLMENT FORM

Leader Name / School Name: 

Dates of Travel: 

Holbrook Consultant: 

☐ Female ☐ Male ☐ Student ☐ Teacher ☐ Chaperone ☐ Leader 

Name (as appears on passport): 

First Middle Last 

Date of Birth: 

Street Address: 

City: 

State: 

Zip: 

Email: 

Phone: Home ( ) 

Phone: Work ( ) 

Passport Number: 

Issuing Country/Nationality: 

The country you are visiting may require a visa for certain nationalities

Emergency Contact (Parent or guardian not traveling with you for minor): 

Relationship: 

Phone: Home ( ) 

Work ( ) 

☐ I will be rooming with: 

☐ I would like to have a double room ☐ I would like to have a single room 

Teachers Please Complete This Section 

Name of Academic Institution: 

Institution Address: 

City: 

State: 

Zip: 

Email: 

AIR ARRANGEMENTS 

☐ I want Holbrook to make my air arrangements. 

Departure City: 

State: 

☐ Aisle ☐ Window 

Frequent Flier #: Continental: 

Delta: 

American: 

☐ I DO NOT wish to make air reservations with Holbrook Travel. (Please provide a copy of your flight itinerary to us as soon as possible.) 

HEALTH INFORMATION 

☐ I am in good general physical health ☐ I have the following medical or physical conditions that may limit my activities: 

☐ I take the following prescription medications: 

☐ I do not have allergies ☐ I am allergic to: 

Please list dietary or other personal needs: 

- Meals included in Holbrook’s international programs commonly consist of local foods prepared according to local tastes. 

Every effort will be made to accommodate dietary and other special needs/requests but cannot be guaranteed.

PAYMENT INFORMATION 

Please charge my credit/debit card for: ☐ Deposit ($200/Person unless otherwise noted on your itinerary) ☐ Land & Air Balance* 

Credit/Debit Card Number: 

Exp. Date: 

Signature: 

Billing Address and Zip Code: 

* Checking here authorizes Holbrook to charge Land and Air balance 95 days before travel. 

★ Please don’t forget to complete the other side of this form! ★
Statement of Disclosure
Holbrook Travel, Inc. and/or its agents assume no responsibility, or liability in connection with, the service of any train, vessel, carriage, aircraft, motor or other conveyance, which may be used wholly or in part, in the performance of their duty to the passengers. Neither will they be responsible for any act, error, omission, or for any injury, loss, accident, delay or irregularity which may be occasioned by reason of any defect in any vehicle, or through neglect or default of any company or person engaged in conveying the passenger, or for any hotel proprietor, or for any other person engaged in carrying out the purpose for which tickets or coupons are issued. In the event it becomes necessary or advisable for the comfort or well being of the passengers, or for any reason whatsoever, to alter the itinerary or arrangements, such alterations may be made without penalty to the tour operators. Additional expenses, if any, shall be borne by the passengers. No special considerations are made for medical condition or physical handicaps. The passenger accepts full responsibility for evaluating his/her fitness for this expedition, and shall bear any additional expense should he/she be physically unable to participate in any or all portions. The right is reserved to withdraw any or all tours at any time should conditions warrant, also declining to accept or retain any passenger as a member of the tour. In such instances, full or equitable amount will be refunded, but this amount shall not exceed the amount paid by the passengers. No refund can be made for any feature of the program not used by the passenger during operation of the tour. The sole responsibility of any airline used in these tours is limited to that set out in the passenger contract evidenced by the ticket. Airlines and other carriers are not responsible for any act, omission, or events; during the time passengers are not on board planes or conveyances. Similar responsibility as noted above applies to all types of carriers, including car rental companies. The services of any IATA and ATC carrier may be used in connection with these tours. The passenger understands that if he/she books special low cost airfares with penalties, and cancels the reservation, he/she is responsible for any penalties incurred from the airline. All contracts for services provided by Holbrook Travel, Inc., and its affiliates are entered into in the State of Florida and all parties to such contracts submit to the exclusive jurisdiction of the courts of the State of Florida.

Signature:
If over the age of 18

Parent/Guardian Signature:
If under the age of 18

Important Information
If you become ill or are injured, your local guide, supported by the Tour Operator staff will make every reasonable effort to find medical help. Therefore, it is important that you advise them of any problem when it first arises. Should you become seriously ill or unable to participate in the program for any reason, arrangements will be made to return you home as safely as circumstances allow. Individuals with disabilities are asked to declare and describe in advance their specific conditions or circumstances that require special accommodations or arrangements.

Waiver
I, __________________________________, certify that I am the legal guardian of the child __________________________________ with the authority to execute this agreement on his/her behalf

(†To be completed by parents/guardians of minor children †)

I, __________________________________, intend to be fully bound to the maximum extent permissible under laws, having been informed that my child may be participating in the below activities. While I understand that Holbrook Travel Inc. has made every effort to secure a safe program, I do recognize the inherent risk of travel, including personal injury or death, as well as the risk of property damage or loss of property taken on this trip.

I certify that I have been advised to carry the elective travel insurance for myself/my child.

I agree to indemnify all stated parties in this document of any and all costs, including attorney’s fees, should litigation, mediation or other proceedings occur as a result of participation in any of the below activities:
Hiking, Whitewater Rafting, Swimming, Snorkeling, Diving, Game Safaris, Turtle Tagging, Horseback Riding, Vehicle Transportation, Boat Transportation, Air Transportation

I am aware that in the event of gross misbehavior, (inclusive of drinking, abusive behavior, and disruption to the group itinerary), the operator, sponsoring educator, or Holbrook Travel Inc. has the right to refuse service and may require the participant to return home at additional expense to the participant or parent/guardian. Consult with the sponsoring educator for the rules and regulations of the school or academic institution as well as for policies on disciplinary matters.

(†To be completed by all participants or guardian signed & dated †)

Signature:

If over the age of 18

Parent/Guardian Signature:
If under the age of 18 (Guardian signature required for participants under 18 years of age)

Date:

Terms and Conditions
Land cost includes: Accommodations and meals as specified in the itinerary (including hotel/restaurant taxes, as applicable,) all local transfers, tours and activities as described in the itinerary. Accommodations listed in the itinerary are subject to availability and those of similar or better quality may be substituted.

Land cost does not include: Items not specifically mentioned in the itinerary, airport departure taxes, passport and visa fees, insurance, alcoholic beverages, soft drinks, bottled water, laundry, telephone calls,.cables or any other expense of a personal nature. Neither will it include any tips. In-flight meals not served or missed due to changes are not covered.

Reservations and Final Payment: A deposit of $200.00 per person (unless otherwise noted in your itinerary) is necessary to confirm a booking; this deposit is applied to the total cost of the trip. All final payments are due no later than 95 days prior to departure.

Cancellations and Refunds
Cancellations received 95 days or more prior to departure are refundable less a $100.00 per person processing fee unless otherwise noted on your itinerary. Cancellations received within 95 days of departure are non-refundable. All cancellations must be received in writing; however, they will be considered effective upon advisement of the cancellation. We strongly recommend that you purchase trip cancellation insurance. For more information see www.travelinsured.com Holbrook’s agency number is 15849.
Field Expedition
Student Application

APPLICANT INFORMATION

Legal/Birth Name: ____________________________________________
First                Middle                Last

Nickname: ____________________________________________________

Date of Birth: ___________________ Circle one: Male Female

Street Address: ______________________________________________

City/State/Zip: ______________________________________________

Phone Number: ___________________ Alt. Number: ________________

Grade _______ Homeroom Teacher ___________ Homeroom Number _______

PARENT/GUARDIAN INFORMATION

Mother’s Name: ______________________________________________

Home Phone: ________________________________________________

Address: ____________________________________________________

Place of Employment: _________________________________________

Work Phone: _________________________________________________

Father’s Name: ______________________________________________

Home Phone: ________________________________________________

Address: ____________________________________________________

Place of Employment: _________________________________________

Work Phone: _________________________________________________
Behavior Expectations Contract

Please review the following student behavior expectations. The students’ signature indicates that he/she agrees to demonstrate these behaviors during all pre-departure activities as well as during the excursion.

1. I will make every effort to attend all pre-departure meetings and activities.
2. I will come prepared with all materials necessary for full participation.
3. I will use common courtesies at all times.
4. I will try my best to maintain a positive, accepting attitude during the entire experience.
5. I understand that I am an ambassador for my school, community, and country and will treat everyone I meet with respect.
6. I am willing to try new experiences, make new friends, and try new foods as a participant in this program.
7. I understand that I am expected to participate in all programs and activities during the program. I am willing to take directions from all those in charge including the group leaders, chaperones, instructors, and guides.
8. I understand that I am not allowed to bring any personal electronic items such as GameBoys, CD players, hair dryers, etc.
9. I understand that I am held to district policies about behavior.
10. I understand that in the event of gross misbehavior I may be sent home at additional expense to my parent/guardian.
11. Finally, I understand that my acceptance into this program is conditional and if at any time I fail to live up to these responsibilities, I may be removed from the group.

Student Signature __________________________ Date __________

The behavior expectations outlined above are crucial for the success of our program. The group leaders must be confident in each student’s ability to be cooperative and dependable before we can escort them outside of the United States. Your signature indicates that you understand and agree with the student behavior expectations as expressed here and are confident in your child’s ability to uphold them.

Parent/Guardian Signature __________________________ Date __________
Personal Essay

Please write a one-page essay that addresses the following questions:

- Why do you want to participate in this program?
- What do you hope to learn?
- How will the group benefit from your participation?
Teacher Referral
Each applicant must solicit a written referral from a current or past-year teacher. Please choose a teacher who knows you well and will vouch for your behavior, cooperation, and dependability in and out of the classroom.
Parental Medical Consent Form

I hereby grant permission to ___________ to consent to first aid, emergency medical care and all other medical or surgical care they deem reasonably necessary for the health and well being of my son or daughter.

Also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital.

Student’s Name

Parent or Guardian’s Signature

Date

Printed name of parent or guardian: ________________________________

State of ______________________ County of ______________________

on this ____________ day of ____________ before me personally came

______________________________________________________________ known to me and know by me to be the parent or guardian of ________________________________.

Notary Public: ______________________________________
Permission to Travel form for Minors

Minors under the age of 18 traveling from the United States to any foreign destination, when not accompanied on the trip by parents, must have a notarized affidavit from the parent not accompanying the child that:

1. The child is traveling out of the United States with the permission of the parent.
2. That the non-traveling parent is aware that the child is leaving on the departure date
3. The name(s) of the person(s) accompanying the child.

If the minor child is leaving the country without either of his or her parents, both parents must provide notarized signed affidavit as outlined.

(“Name of School or Group”) is asking all minors to have BOTH PARENTS sign two (2) permission forms, which MUST be notarized. If parents are not together, parent consent from both parents is still necessary. If one parent is the custodial parent, there MUST be legal proof/documentation of this status. We have enclosed the forms for you if you are under 18. Please see that it is properly completed and brought TO YOUR GROUP LEADER prior to your last pre-trip meeting. YOU WILL NOT BE ABLE TO BOARD THE INTERNATIONAL FLIGHT ABROAD WITHOUT IT, IF YOU ARE UNDER 18.

PERMISSION TO ENTER FOREIGN COUNTRY FOR MINORS (under the age of 18)

This certifies that __________________________ has the permission of his/her undersigned parents/guardians to enter __________________________ (country) to participate in an international student field expedition for the dates of __________________________. 

Thank you for permitting this student into your country.

Names of responsible adults that will be accompanying the minor:

1. __________________________
2. __________________________

Signature of mother or guardian: __________________________

Printed name of mother or guardian: __________________________

Signature of father or guardian: __________________________

Typed name of father or guardian: __________________________

State of __________________________ County of __________________________

on this __________________________ day of __________________________ before me personally came __________________________ known to me and know by me to be the parent or guardian of __________________________.

Notary Public: __________________________