

## Lyme Central School District Field Trip/Activity Outside of School Request Form

Submitted by: Mr. Heath Date of Trip: The dates I've put forth to the camp  
6/6, 6/12, 6/11  
 Class/Group Name: Sixth Grade  
 Destination: Camp Wabasso Time of Event: 9:00 am  
 Instructional Objective of Field Trip: 4-H Research Based Curriculum  
including hiking, wildlife education, and more.  
 Cost of Field Trip: CO SER Amount due from student: \$0

Time of Departure	<u>8:15</u>
Arrive Destination	<u>9:00</u>
Leave Destination	<u>2:00</u>
Return to School	<u>2:45</u>
Number of Students *	<u>21</u>
Number of Adults/Chaperones *	<u>1</u>

\* Attach list of names Eric Heath

Substitute for Teacher (circle one) Yes  **No**  Substitute for Chaperone(s): Yes  No

Please indicate when a sub(s) will be needed:

Full day  Half day  Chaperone(s) Full day  Half day

Will you need bag lunches? No  Yes  *If yes, please complete a bag lunch form for the cafeteria.*

Additional Comments: \_\_\_\_\_

[Signature]  
Principal  
[Signature]  
Superintendent

5/16/24  
Date  
5/17/24  
Date

BOE Approval *\*beyond 50 miles (submit 2 weeks before meeting)*

\_\_\_\_\_  
Date

*For office use only*

- Add to LCS Planning Calendar
- Add to website
- Copy to Transportation
- Copy to Cafeteria
- Copy to Office
- Copy to Nurse
- Add to BOE Agenda

Next BOE Meeting: 5/9/24 Board Approval Date: N/A

**Lyme Central School District  
Activity / Facility Use Request Form**

Submitted by: Mackenzie Gehrke Date of Request: 5/6/24

**Please Note: Requests to be submitted only by the person(s) requesting and/or conducting the activity**

Class/Group Name Middle School Chorus Date(s) of Activity: 6/5/24

Activity: Grandparents Day Members performance

Athletic Activity:  District Sponsored (in-season)  Community Sponsored (off-season) \*Please

complete the agency contact information below. LCS Students Only:  Yes  No

Start Time: 10am End Time: 10:30am

Purpose: To meet the requirements of Peter R. Marsh foundation Grant

Facility area needed: \*(cafeteria, gym, outdoor court, stage, etc.) Gym (half)

**\*Dates/approval may be subject to change depending on availability of facility area requested:**

Bldg. Maintenance Dept: [Signature] Date Approved 5/7/24

Equipment needed: (LCD projector, laptop, microphone, etc.) Disers, sound system, piano, microphones, small audience

**Outside Agency Contact Information**

Name: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_  
 Name of Insurance: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Name of the person who has training in the use of a defibrillator \_\_\_\_\_  
 Name of the person who has first aid training \_\_\_\_\_

The individual or organization, while using the building requested, agrees to indemnify and hold the Lyme School District harmless from and against any and all claims and demands for, or in connection with, any accident, injury, or damage whatsoever caused to any person or property arising directly or indirectly out of the activities conducted in the buildings or occurring in or about the building or any part thereof or on the sidewalks adjoining the same, or arising directly or indirectly, from the act or omission of the individual or organization, or their respective licenses, servants, agents, employees, contracts and from and against any and all costs, expenses and liabilities incurred in connection with any such claim or proceeding brought thereon. **Certification of insurance coverage is required, unless a current, updated copy is already on file.**

- Attach a schedule if using facility more than once for same request
- Submit all requests that require BOE approval 2 weeks prior to next scheduled BOE meeting

**For Fundraisers Only:** \_\_\_\_\_  
 \_\_\_\_\_ Comptroller's Signature  
 Principal [Signature]

\_\_\_\_\_  
 Date 5/7/24  
 Date

\_\_\_\_\_  
 Superintendent (Superintendent's signature required **only** for events held by Outside Agency)

\_\_\_\_\_  
 Date

**For office use only**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Add LCS Planning Calendar      | <input type="checkbox"/> Cafeteria       | <input type="checkbox"/> Custodial                   |
| <input type="checkbox"/> Add to website                 | <input type="checkbox"/> Phys. Ed. Staff | <input type="checkbox"/> Groundskeeper               |
| <input checked="" type="checkbox"/> BOE - add to agenda | <input type="checkbox"/> Main Office     | <input type="checkbox"/> Extracurricular Comptroller |

5/9/24