

MILFORD BOARD OF EDUCATION MEETING  
Parsons Complex, Milford Board of Education Room  
Amended February 22, 2013

February 25, 2013  
7:00 – 9:00 P.M.

- I. Call to Order
- II. Magnet Schools Discussion
- III. Adult Education Update
- IV. Overnight Field Trips
  - 1. Vermont Ski Trip
  - 2. Foran & Law Wrestling Field Trips
- V. Public Comment

**PUBLIC COMMENT**


Speakers may offer objective comments about school operations and programs. However, Public Comment is limited to agenda items only. The Board encourages speakers not to express personal complaints or defamatory comments about the Milford Board of Education personnel or any person associated with the Milford Public School System. Security issues and matters relating to negotiations/grievances will not be permitted. Consistent with the principles of the Federal Education Right to Privacy Act, discussion of students is prohibited absent parental waiver.

- VI. Board Comment
- VII. Adjournment

**Milford Public Schools  
Milford, Connecticut**

**MEMO**

To: Elizabeth E. Feser, Ed.D  
Superintendent of Schools

From: John Scalice   
Supervisor of Student Development

Date: February 22, 2013

Re: RECOMMENDATION FOR APPROVAL OF TRIP to  
Providence, Rhode Island –  
Joseph A. Foran High School Wrestling  
Jonathan Law High School Wrestling

Mr. Frank Peters, Head Coach for the Joseph A. Foran High School Wrestling Team and Mr. Matt Schoonmaker, Head Coach for the Jonathan Law High School Wrestling Team, are asking for approval for a trip to the New England Championship in Providence, Rhode Island. This trip is pending the outcome of participants at the Connecticut State CIAC tournament on 2/23 and 2/24/2013.

There will be 14 student athletes representing Joseph A. Foran High School.  
There will be 2 student athletes representing Jonathan Law High School.

JS/cmh  
File: JAF Wrestling Trip  
JLHS Wrestling Trip

**MILFORD PUBLIC SCHOOLS**  
**EDUCATIONAL FIELD TRIP/ACTIVITY**

Trip # \_\_\_\_\_

All overnight field trip proposals must be submitted to the Board of Education for review five (5) days prior to the Board's First October meeting (for 1<sup>st</sup> semester trips) or the first February meeting (for 2<sup>nd</sup> semester trips)

SCHOOL NAME: Foran CURRENT DATE: 2/12/13

CLASS OR GRADE MAKING THE FIELD TRIP: Wrestling team  
Teacher (s) sponsoring the trip: Frank Peters Available Cell Phone (203) 804 0534

Date(s) of Trip: March 1 - March 2 Time of Departure 3/1 11:00 AM Time of Return 3/2 9:00 PM  
Destination of Class Providence Career & Technical Center  
Providence RI, New England Champ. Field Trip Overnight: Yes ☒ No ☐

Parents or other chaperones in addition to teachers: Dave Esposito

Number of expected students 14 (Pending Qualification) What is the chaperone/ student ratio 1:7

Estimated cost per pupil \$ \_\_\_\_\_ (If Applicable)

Students are expected to travel by: \_\_\_\_\_

Transportation will be paid for by: \_\_\_\_\_ PTA \_\_\_\_\_ Student Activity Funds \_\_\_\_\_  
Board of Education (P. Oakes)  
Special Education Dept. \_\_\_\_\_ Students \_\_\_\_\_

TRANSPORTATION PURCHASE ORDER NUMBER \_\_\_\_\_

For special transportation needs (lift van, etc.), you must contact the Special Education Dept. at ext. 3453.  
at least 2 weeks prior to trip date for Special Educ. P.O. # \_\_\_\_\_ Amount Quoted \_\_\_\_\_

If transportation is to be provided by private vehicles, proof of insurance (with a minimum of \$300,000 liability) must be submitted to this office.

**EDUCATIONAL VALUE**  
Give brief statement of the educational benefit of this trip: Qualifying athletes will compete in high school wrestling's New England Championship

You must submit a Medical Form with each Field Trip Form. (Medications sent on field trips will be those ordered for daily administration, as well as those used for emergencies.)

Teacher's/Coordinator's Signatures [Signature] Date 2/12/13  
Nurse's Signature [Signature] Date 2/19/13  
Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Administrator's Signature [Signature] Date 2/20/13

**PLEASE RETURN THIS APPLICATION TO THE OFFICE OF:**  
John Scalice, Supervisor of Student Development  
Parsons Complex  
70 West River Street  
Milford, CT 06460 783-3492

2/21/13



# MILFORD PUBLIC SCHOOLS EDUCATIONAL FIELD TRIP/ACTIVITY

Trip # \_\_\_\_\_

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SCHOOL NAME: Jonathan Law CURRENT DATE: 2/22/2013CLASS OR GRADE MAKING THE FIELD TRIP: Wrestling Team  
Teacher (s) sponsoring the trip: \_\_\_\_\_ Available Cell Phone \_\_\_\_\_Date(s) of Trip: March 1, 2 / 2013 Time of Departure: 11 AM Time of Return: 9 PMDestination of Class: Providence RI - Providence Center and Tech Center Field Trip Overnight: Yes ☒ No ☐Parents or other chaperones in addition to teachers: Matt SchoonmakerNumber of expected students: 2 - pending Qualification What is the chaperone/ student ratio: 1 : 2Estimated cost per pupil \$ 25 (If Applicable)

Students are expected to travel by: \_\_\_\_\_

Transportation will be paid for by:	_____ PTA	_____ Student Activity Funds
	_____ Board of Education	_____ (P. Oakes)
	_____ Special Education Dept.	_____ Students

TRANSPORTATION PURCHASE ORDER NUMBER \_\_\_\_\_

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**EDUCATIONAL VALUE**

Give brief statement of the educational benefit of this trip: New England Championship S  
Qualifying Athletes will compete in high school wrestling's  
new England Championship

You must submit a Medical Form with each Field Trip Form. (Medications sent on field trips will be those ordered for daily administration, as well as those used for emergencies.)

Teacher's/Coordinator's Signatures \_\_\_\_\_  
Nurse's Signature \_\_\_\_\_  
Principal's Signature [Signature]  
Administrator's Signature [Signature]

Date \_\_\_\_\_  
Date 2/22/13  
Date 2/22/13

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70 West River Street  
Milford, CT 06460 783-3492