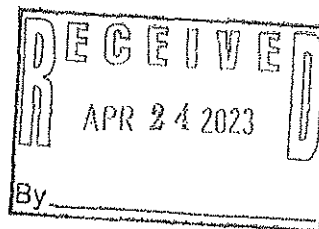


HILLSIDE PUBLIC SCHOOLS

New Possibilities

Erskine R. Glover
Superintendent of Schools

Kimberly Cook
President - Hillside Board of Education



REQUEST FOR CLASS TRIP

School Name: Hillside H.S.

"School Business" will be automatically recorded for teachers in charge, chaperones listed below.
"Request for Absence" not required.

Destination: Town/State Hillside, NJ Facility/Attraction: Community Foodbank
Date of Application: April 18, 2023 Date of Trip: May 2, 2023

Purpose of Trip/Indicate Educational Value of Trip (attach additional sheet(s) if necessary):

Required Service Learning (Planned by Students) Project.
Students will provide assistance at Community Foodbank
warehouse

Number of Students: 20 Grade: 9-12 Means of Transportation: Wack / Bus back from Ct
Describe how students are selected to participate in Trip:
Volunteer

Time of Departure: 8:15am Expected Time of Return: 11:15am Teacher In Charge: Ms G Di02
Chaperones accompany students: Mrs. Martinez

Name of Bus Company: School District Price Per Bus: 0 Total Cost for Buses: 0
(Company must be on current approved list of transportation contractors)

Paid By: Please check if Applies

Cost of Transportation Per Student: \$ <u>0</u>	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Admission Fees Per Student: \$ _____	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Lunch Expenses Per Student: \$ _____	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Other Expenses Per Student: \$ _____	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Total Assessment Per Student: \$ _____ (When paid by Student/Parent)					

Principal's Approval: Erskine R. Glover Date: 4/19/23
(Signature)

Out-of-State Trip Requiring Board Approval _____ (Check by Superintendent)

Date Buildings & Grounds/LRPF Committee will Review (for Out-of-State Trips) _____

Date of Board of Education Meeting to Take Action on Out-of-State Trips _____

Check One

Approved by Board: _____

Rejected by Board: _____

(Superintendent's Signature)

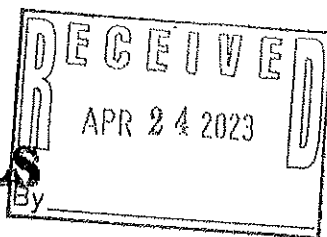
(Date)

HILLSIDE PUBLIC SCHOOLS

New Possibilities

Erskine R. Glover
Superintendent of Schools

Kimberly Cook
President - Hillside Board of Education



REQUEST FOR CLASS TRIP

School Name: Hillside High School

"School Business" will be automatically recorded for teachers in charge, chaperones listed below.
"Request for Absence" not required.

Destination: Town/State Glasboro, NJ

Facility/Attraction: Rowan University

Date of Application: 4/17/23

Date of Trip: 5/17/23

Purpose of Trip/Indicate Educational Value of Trip (attach additional sheet(s) if necessary):

APSAT Student Aide Workshop + Conference

Number of Students: 25 Grade: 9-12 Means of Transportation: Bus

Describe how students are selected to participate in Trip:

At Club, Sports Medicine Class, any other interested students

Time of Departure: 6:45 Expected Time of Return: 3:15 Teacher In Charge: James Buyle

Chaperones accompany students: Paul Skelton

Name of Bus Company: Shore Vans Price Per Bus: 1450.00 Total Cost for Buses: 1450.00
(Company must be on current approved list of transportation contractors)

Paid By: Please check if Applies

Cost of Transportation Per Student: \$	<input type="checkbox"/> Bd of Ed	<input checked="" type="checkbox"/> School Fund	<input checked="" type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Admission Fees Per Student: \$ <u>45</u>	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input checked="" type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Lunch Expenses Per Student: \$ <u>included</u>	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input checked="" type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Other Expenses Per Student: \$	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Total Assessment Per Student: \$ <u>45</u> (When paid by Student/Parent) <u>fund raised \$</u>					

Principal's Approval:

Erskine R. Glover
(Signature)

Date: 4/17/23

Out-of-State Trip Requiring Board Approval (Check by Superintendent)

Date Buildings & Grounds/LRPF Committee will Review (for Out-of-State Trips)

Date of Board of Education Meeting to Take Action on Out-of-State Trips

Check One

Approved by Board:

Rejected by Board:

Erskine R. Glover
(Superintendent's Signature)

4/24/23
(Date)



**HIGH SCHOOL STUDENT
AIDE CONFERENCE**

**MAY 17,
2023**

8am-2pm
Rowan University
201 Mullica Hill Road
Glassboro, NJ 08028

What last year's attendees said:

*"It was lots of hands-on
learning and I really enjoyed
meeting other students."*

*"The campus tour was great
and all of the instructors
were very helpful."*

*"I would definitely attend
again!"*

SAVE THE DATE

HILLSIDE PUBLIC SCHOOLS

New Possibilities

Erskine R. Glover
Superintendent of Schools

Kimberly Cook
President - Hillside Board of Education

REQUEST FOR CLASS TRIP

School Name: DGTA

"School Business" will be automatically recorded for teachers in charge, chaperones listed below.
"Request for Absence" not required.

Destination: Town/State: West Orange, NJ Facility/Attraction: Turtle Back Zoo
Date of Application: 4/6/23 Date of Trip: 5/18/23

Purpose of Trip/Indicate Educational Value of Trip (attach additional sheet(s) if necessary):

This trip ties into our Science Curriculum. During the trip, the students will be learning about different insects, plants + animals. They will be able to take their learning experience outside of the classroom.

Number of Students: 34 Grade: 2nd Means of Transportation: BUS

Describe how students are selected to participate in Trip:

Students who demonstrate appropriate behavior prior to this trip. Will be able participate in the grade level activity.

Time of Departure: 9 A.M. Expected Time of Return: 2 P.M. Teacher In Charge: Ms. Ryate & Ms. Jennings
Chaperones accompany students: 2 adult parent volunteers

Name of Bus Company: Rhode Runner Transport Price Per Bus: \$450 Total Cost for Buses: \$450
(Company must be on current approved list of transportation contractors)

Paid By: Please check if Applies

Cost of Transportation Per Student: \$ <u>13</u>	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Admission Fees Per Student: \$ <u>12</u>	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Lunch Expenses Per Student: \$ _____	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Other Expenses Per Student: \$ _____	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Total Assessment Per Student: \$ <u>25</u> (When paid by Student/Parent)					

Principal's Approval: [Signature]
(Signature)

Date: 4-10-23

Out-of-State Trip Requiring Board Approval _____ (Check by Superintendent)

Date Buildings & Grounds/LRPF Committee will Review (for Out-of-State Trips) _____

Date of Board of Education Meeting to Take Action on Out-of-State Trips _____

Check One

Approved by Board: [Signature]

Rejected by Board: _____

(Superintendent's Signature)

(Date)

HILLSIDE PUBLIC SCHOOLS

New Possibilities

Erskine R. Glover
Superintendent of Schools

Kimberly Cook
President - Hillside Board of Education

REQUEST FOR CLASS TRIP

School Name: Deanna G. Taylor Academy

"School Business" will be automatically recorded for teachers in charge, chaperones listed below.
"Request for Absence" not required.

Destination: Town/State West Orange, NJ Facility/Attraction: Turtle Back Zoo
Date of Application: 4/5/2023 Date of Trip: 5/18/2023

Purpose of Trip/Indicate Educational Value of Trip (attach additional sheet(s) if necessary):

This field trip ties into our Science Curriculum. During the time frame of this trip students will be learning about structures of life. Students will get a chance to take their learning experience outside of the classroom and gain new knowledge.

Number of Students: 38 Grade: 3rd Means of Transportation: Bus

Describe how students are selected to participate in Trip:

Students who demonstrate appropriate behavior prior to this field trip will be able to participate in this grade level activity.

Time of Departure: 9:00am Expected Time of Return: 2:00pm Teacher In Charge: Ms. Davis & Mrs. McQueen
Chaperones accompany students: Ms. Muhammad, 1 parent volunteer

Name of Bus Company: Goode Runner Transport Price Per Bus: \$450 Total Cost for Buses: \$450
(Company must be on current approved list of transportation contractors)

Paid By: Please check if Applies

Cost of Transportation Per Student: \$ <u>12</u>	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Admission Fees Per Student: \$ <u>12</u>	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Lunch Expenses Per Student: \$ <u> </u>	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Other Expenses Per Student: \$ <u> </u>	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Total Assessment Per Student: \$ <u>24</u> (When paid by Student/Parent)					

Principal's Approval: [Signature] Date: 4-7-23
(Signature)

Out-of-State Trip Requiring Board Approval _____ (Check by Superintendent)

Date Buildings & Grounds/LRPF Committee will Review (for Out-of-State Trips) _____

Date of Board of Education Meeting to Take Action on Out-of-State Trips _____

Check One

Approved by Board:

Rejected by Board: _____

[Signature]
(Superintendent's Signature)

4-24-24
(Date)

New Pathways

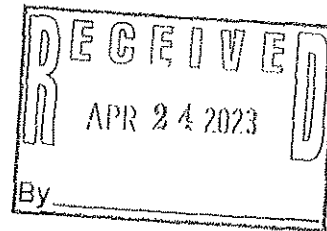


HILLSIDE PUBLIC SCHOOLS

New Possibilities

Erskine R. Glover
Superintendent of Schools

Kimberly Cook
President - Hillside Board of Education



ED#31-4/23

REQUEST FOR CLASS TRIP

School Name: APM / ECC

"School Business" will be automatically recorded for teachers in charge, chaperones listed below.
"Request for Absence" not required.

Destination: Town/State Bloomfield, N.J.

Facility/Attraction: Field Station Dinosaurs

Date of Application: 4-24-23

Date of Trip: 5-24-23

Purpose of Trip/Indicate Educational Value of Trip (attach additional sheet(s) if necessary):

All Kindergarten students will learn about the different dinosaurs & STEM related activities

Number of Students: 235 Grade: K Means of Transportation: Bus

Describe how students are selected to participate in Trip:

All will participate

Time of Departure: 9:30 Expected Time of Return: 2:00 Teacher In Charge: Theresa Kennedy
Chaperones accompany students: 40

Name of Bus Company: T&K Bus Service Price Per Bus: _____ Total Cost for Buses: 550.00
(Company must be on current approved list of transportation contractors)

Paid By: Please check if Applies

Cost of Transportation Per Student: <u>\$2.34</u>	<input type="checkbox"/> Bd of Ed	<input checked="" type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Admission Fees Per Student: \$ <u>0</u> <u>\$15.00</u>	<input type="checkbox"/> Bd of Ed	<input checked="" type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Lunch Expenses Per Student: \$ _____	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Other Expenses Per Student: \$ _____	<input type="checkbox"/> Bd of Ed	<input type="checkbox"/> School Fund	<input type="checkbox"/> Student	<input type="checkbox"/> PTA	<input type="checkbox"/> Other
Total Assessment Per Student: <u>\$17.34</u> (When paid by Student/Parent)					

Principal's Approval: [Signature] Date: 4-23-24
(Signature)

Out-of-State Trip Requiring Board Approval _____ (Check by Superintendent)

Date Buildings & Grounds/LRPF Committee will Review (for Out-of-State Trips) _____

Date of Board of Education Meeting to Take Action on Out-of-State Trips _____

Check One

Approved by Board:

Rejected by Board: _____

[Signature]
(Superintendent's Signature)

4-24-24
(Date)

Office of the Superintendent, Hillside Public Schools
195 Virginia Street, Hillside, New Jersey 07205 2798
Ph: 908/352-7664 x 6400, Fax: 908/282-5831; Email: eglover@hillsidek12.org



NEW JERSEY

INVOICE

INVOICE TO:

AP Morris Theresa Kennedy
tkennedy@hillsidek12.org
9083527664

PAY TO:

Field Station
Dinosaurs
365 Broad St
Bloomfield, NJ 07003

ORDER ID:

123697

Item	Quantity	Price
School Student @ \$15	235	\$3525.00
School Additional Chaperone @ \$15	40	\$600.00
School Comp Chaperone 1 for every 20 students	12	\$0.00
Group Booking Fee (Non-Tax)	1	\$5.00
Total Attendance Schools	287	\$0.00

Subtotal: \$4130.00

Total Discount: (\$0.00)

Tax: \$0.00

Grand Total: \$4130.00

Payments: (\$0)

Total Due: \$4130.00

May 10th Purchase Order Due

Booking Details

Event: School Group Non-Taxable

Package: School Group Non-Taxable

Date/Time: Wed May 24, 2023 10:00 AM

Payments