



# KENNEDY CATHOLIC HIGH SCHOOL



July 28, 2010

Dear Parents,

Your child has expressed an interest in attending our college tour through Rhode Island November 4<sup>th</sup>-7<sup>th</sup> 2010. They will be excused from classes on Thursday, November 4<sup>th</sup>. To ensure the most successful trip we have instituted an application process. Traveling with Kennedy Catholic High School is a privilege, not a right.

Please find enclosed the following documents:

Travel application process  
Travel Itinerary  
Confidential Character Reference  
Permission Form/Medical Information  
Code of Conduct  
Roommate Request

**To be considered for travel, please submit Travel Application Process form as well as a \$100 deposit to hold a spot on the trip.  
(Deposit will be returned if application to travel is denied).**

**The Character Reference Form must be submitted to a faculty member by Wednesday, September 15<sup>th</sup>.**

**All remaining forms included in this packet, including \$ 499 balance must be submitted to Ms. Morando for processing by September 22<sup>nd</sup>, 2010.**

**The Total Cost: \$ 599**

Thank you for your cooperation with this process. Any questions, please feel free to phone or email Ms. Morando at Kennedy Catholic.

Sincerely,

Ms. Dana Morando  
Guidance Counselor/College Tour Coordinator



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## TRAVEL APPLICATION PROCESS

To apply for permission to travel with Kennedy Catholic High School a student must be:

1. In good financial standing with Kennedy Catholic.
2. A sophomore or junior in the year of travel.
3. A clean disciplinary record and Dean approval.
4. Submit Character Reference Form to a 1 faculty member.

Student Submits: \$100 deposit (will be returned if application to travel is denied)

Dean Submits: Disciplinary Record

**The decision of the committee is final. No information contained in the confidential character reference will be shared with the student or his/her parents.**

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Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Please Print)

My parents/guardians and I have read and understand the process for applying to travel with Kennedy Catholic High School. We understand that the decision of the committee will be final and based upon disciplinary history to ensure a safe trip for everyone.

Student Signature: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

**\*Attached to this form must be your \$100 deposit**



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## TRAVEL ITINERARY

We will be traveling by coach bus on a college trip through the Rhode Island Area. The bus will leave early morning on Thursday, November 4<sup>th</sup> and we will return the evening of Sunday, November 7<sup>th</sup>.

### **Colleges:**

Brown University  
Bryant University  
Johnson & Wales University  
Providence College  
Roger Williams University  
Salve Regina University  
University of Rhode Island

### **Lodging Accommodations:**

Courtyard Providence Downtown- 32 Exchange Terrace at Memorial Blvd, Providence  
Newport Marriott- 25 America's Cup Avenue Newport

**The Total Cost: \$ 599**

**Cost includes lodging, transportation by coach bus, breakfast, lunch and dinner each day, college tours and all nightly activities (arcade games, movies, show).**

**\*There will be no cancellations or refunds once you accept a spot.**

**\*Final payment due no later than September 22<sup>nd</sup>.**

Please see Ms. Morando if you have any Questions.



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## CONFIDENTIAL CHARACTER REFERENCE

**Students, please hand this form to 1 faculty member for a character reference. The faculty member you choose will submit it to Ms. Morando on your behalf.**

Date: \_\_\_\_\_

Faculty Member: \_\_\_\_\_

(Student)\_\_\_\_\_ has submitted an application to travel with Kennedy Catholic to Rhode Island for a college tour over November 4<sup>th</sup>-7<sup>th</sup>. This is a privilege, not a right. Given the serious breach of conduct and trust committed by previous student travelers, we have instituted an application process.

We are looking to take only those students whom we can trust to follow rules and guidelines set for them and to resist the temptation to “sneak” alcohol and cigarettes during free time and we must be able to trust them beyond a shadow of a doubt.

This form is confidential and your specific responses will not be shared with the student or his or her parents or guardians. We thank you for taking the time to fill out this form.

**Please submit to Ms. Morando for approval by September, 17<sup>th</sup> 2010.**

	Poor	Average	Above Average	Good	Excellent
Respect for Rules					
Respect for Authority					
Maturity					
Responsibility					

Have you observed any sneaky behavior?     Yes     No

Do you believe this student can be trusted given free time and temptations?     Yes     No

Recommendation:     Highly Recommend     Recommend w/ Reservation     Do Not Recommend

Please use the space below to elaborate:



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## Overnight Field Trip Permission Form

Dear Parents/Guardians:

John F. Kennedy Catholic High School is sponsoring a **College Tour to Rhode Island**  
We will leave from: Kennedy Catholic High School at 6:30 am on Thursday, November 4<sup>th</sup> 2010.

Transportation will be provided by: Leprechaun Lines, Coach Bus.

We will return to school on Sunday, November 7<sup>th</sup> at approximately 5:00 pm.

### **Medical Information And Release**

Student has medical insurance coverage with (company): \_\_\_\_\_

Policy or ID number \_\_\_\_\_.

I, \_\_\_\_\_ (Parent/Guardian) certify that my son/daughter is physically able to participate in the trip. However, the following special health problems (such as severe reaction to bee stings, other severe allergy, hemophilia, diabetes, heart disease, etc.) should be noted: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of accident or emergency, if I cannot be reached by phone, call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

My son/daughter also has permission to use the following over-the-counter medications (Aspirin, Tylenol, Advil, etc.): \_\_\_\_\_

### **Permission Statement:**

I give my permission for my son/daughter: \_\_\_\_\_ to participate in the field trip described above. The chaperones have my permission to seek necessary emergency medical aid from the most convenient doctor, clinic, or hospital. I further agree to the following:

1. Medical Release (Information supplied above)
2. Code of Conduct
3. Statement of Disciplinary Action

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

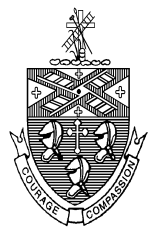
\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF THE STUDENTS INSURANCE CARD**

**Student's Cell Phone #** \_\_\_\_\_



# KENNEDY CATHOLIC HIGH SCHOOL



## CODE OF CONDUCT

1. Show courtesy and respect toward others at all time.
2. No possession or use of tobacco products.
3. No consumption or possession of alcohol, other drugs or paraphernalia.
4. No use of vulgar or obscene language or acts of lewdness.
5. All rules, including schedules and curfew, will be strictly adhered to.

## STATEMENT OF DISCIPLINARY ACTION

The following are examples of disciplinary action that may be taken in the event that the Code of Conduct or school policies are not followed.

1. Sent home immediately at his/her expense.
2. Placed in the care of a chaperone.
3. Confined to a specific area.
4. Referred to school administration.
5. Students found in violation of the school policy, regarding, but not limited to, use/possession of alcohol, other drugs or paraphernalia shall be subject to expulsion, suspension, or discipline which could result in loss of credit, denial of diploma or removal from school activities, such as, but not limited to, commencement, trips, athletics, etc.

**Student Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## Roommate Request Form

Students are permitted to choose their own roommates for hotel accommodations. Each room must have either 3 or 4 students in occupancy. Please make sure each student in the room is in agreement and every effort will be made to honor your request, but cannot be guaranteed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **Please Circle your meal selection for the Newport Dinner Train:**

1. Award Winning Baby Back Ribs
2. Chicken Forrestiere
3. Baked Stuffed Filet of Sole
4. Pasta Primavera with Marinara Sauce