

STUDENT APPLICATION INSTRUCTIONS 2010 SPRING MARINE MAMMALOGY AND ECOLOGY FIELD TRIP TO KEY LARGO MARCH 26 - APRIL 2, 2010



PLEASE KEEP IN MIND THAT THIS IS AN EDUCATIONAL TRIP, NOT A SPRING BREAK PLEASURE VACATION AND AS SUCH ALL PARTICIPANTS MUST AGREE TO FOLLOW ALL ESTABLISHED TRIP RULES AND POLICIES

How To Apply

The projected trip cost is \$1650 for first time participants. The fee for snorkelers will be less than the divers. The fee for alumni is higher. Alumni should email dschroeter@pnwboces.org for an alumni application. The fee is based on 12 participants. This amount does not include airfare. The final cost will be determined when the total number of participants is finalized. Once the final number of students has been determined, a letter will be sent out indicating the final amount and the balance due. That remaining balance is due in Dorna Schroeter's office at the address below by **February 26, 2010 and is non-refundable, unless the program is cancelled by BOCES. This policy does not apply to airline tickets, as we have to abide by the airline's policy.**

Following is a check list of what must be done so your child can apply for this trip. **Save this list so you are sure you have completed the entire application process.**

Step One:

- ___ Complete Student Application
- ___ Attach a copy of child's photo id to the application
- ___ If your child is a diver, attach 2 copies of his/her dive certification card (C-card) to the application
- ___ Attach letter of reference from a teacher (use form letter included with application)
- ___ Sign and have Permission Slip **NOTARIZED** (attached)
- ___ Complete and have Emergency Release Form **NOTARIZED** (attached)
- ___ Attach a copy of your medical insurance card to the Emergency Release Form
- ___ There is one additional form that must be **NOTARIZED**. The form you use depends on whether your child is a diver or a snorkeler. To download it, go to: www.pnwboces.org/environmental. Go to *Educational Trips* and under *Key Largo High School Trip Information (Spring)* choose either *MR Snorkeler Liability Form* or *MR SCUBA Liability Form*

Step Two:

- ___ Mail in **ALL** above paperwork with a \$500 deposit check made out to **P/NW BOCES CEE** to:
Dorna L. Schroeter
Putnam/N. Westchester BOCES
200 BOCES Dr.
Yorktown Heights, NY 10598

▶ **DEADLINE: November 30, 2009.**

▶ **Deposits are non-refundable after November 30, 2009.**

▶ **Write your child's name on the memo line.**

▶ **Returned checks will be charged a \$20.00 fee.**

Step Three:

- ___ Email Dorna Schroeter at dschroeter@pnwboces.org from any email addresses that you would like to use as contact so she can capture your email. She will send a reply to indicate that your email has been received. All correspondences will be done through email so please make sure that Dorna's email is approved on your server.

Step Four:

- ___ Book your airline ticket (information on how to do this will be provided to you in the welcome letter you will receive after we have processed your application)

Step Five:

Attend the mandatory orientation meeting in late-February with your child and complete all other forms. The date for this meeting will be announced in the welcome letter.

Questions

Contact Dorna Schroeter at 914/248-2335 or dschroeter@pnwboces.org





2010 STUDENT APPLICATION FOR MARINE ECOLOGY FIELD TRIP TO KEY LARGO MARCH 26 - APRIL 2, 2010

(DATES MAY VARY BY ONE DAY DEPENDING ON FLIGHT AVAILABILITY)



NAME _____ GRADE _____ AGE _____ SEX _____

SCHOOL _____ DISTRICT _____

HOME ADDRESS _____

PARENT'S NAMES _____

ADDRESS (IF DIFFERENT) _____

HOME PHONE (IF DIFFERENT) _____

OFFICE PHONE _____

CELL PHONE _____

STUDENT'S E-MAIL ADDRESS (required - write NEAT, make sure your a's and o's are clear!)

FACULTY SPONSOR _____ TEACHER _____ GUIDANCE _____ ADMINISTRATOR _____

OFFICE PHONE _____ HOME PHONE _____

Are you taking this course as:

independent study senior project other none of the above

I am interested in fishing at a local canal if there is time in the schedule.

Will you: scuba dive - How many dives have you completed since you were certified? _____

CHECK ONLY ONE plan to get certified and do check-out dives on the trip (approximately \$350 more)

snorkel

If you would like to get SCUBA certified by doing the class and pool work up here and the check-out dives while on the trip and would like a local dive instructor recommendation please email dschroeter@pnwboces.org and include where you live.

STUDENT

DATE

PARENT

DATE

FACULTY SPONSOR

DATE



2010 STUDENT APPLICATION FOR MARINE ECOLOGY FIELD TRIP TO KEY LARGO TEACHER LETTER OF RECOMMENDATION



STUDENT'S NAME _____

TEACHERS' NAME _____

RELATIONSHIP TO STUDENT _____

HOW LONG HAVE YOU KNOWN THIS STUDENT? _____

IN WHAT CAPACITY? _____

This is an educational trip, not a spring break pleasure vacation. On this trip, students will be snorkeling and/or diving on the reef and in the mangroves, kayaking to a mangrove island and camping out, swimming with dolphins, participating classes and living in close quarters with other students of their age for a week. They must be flexible, easy to get along with, responsible, willing to follow all rules and policies, interested in marine biology and capable of mature, responsible behavior.

Would you recommend this student for this program? Why or why not?

Would you be willing to travel and live with this student for a week if you were chaperoning this trip?
Why or Why not? (This unfortunately, is not an invitation, but an attempt to get a true assessment of the student.)



PERMISSION SLIP

MARINE ECOLOGY AND MAMMALOGY FIELD TRIP

MARCH 26 - APRIL 2, 2010



I hereby give permission for my child, _____ to accompany the chaperones of the Marine Mammalogy and Ecology Field Trip, sponsored by the Putnam/Westchester BOCES Center for Environmental Education. I understand that upon arrival in Florida, my child will be riding in mini vans driven by the trip's chaperones. During the trip, my child will be participating in programs that includes, but is not exclusive to: traveling on a boat to the reef to snorkel in water 10' - 30' deep or for those certified to dive, diving in water up to 45' deep, kayaking in the mangroves, riding in an airboat in the everglades, swimming in pens with dolphins and snorkeling in the seagrass beds off the Sunset Cove Motel's beach.

To assure that my child _____ will receive adequate medical attention, I hereby give my consent in the event all reasonable attempts to contact me at the telephone number(s) listed on the Emergency Medical Information Form have been unsuccessful, for any of the trip chaperones to authorize hospital personnel to provide emergency and/or non-emergency treatment to my child, _____.

Such authorization includes the consent of any x-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to my child under the general or special supervision and on the advice of any physician or surgeon licensed to practice.

If my child expressed an interest in fishing on his/her application, he/she may have the opportunity to borrow a fishing rod from the motel, buy his/her own bait and fish the canal which runs through Dolphins Plus that can be up to 15' deep, and has to be entered from the main road. They will be supervised by a chaperone.

This letter also gives permission for _____ to fly out of a New York airport to an airport in Florida and return from Florida to New York with the BOCES group.

Signed: _____
Parent/Guardian
Date

Notarized: _____ Date: _____



STUDENT EMERGENCY RELEASE FORM MARINE ECOLOGY FIELD TRIP



STUDENT'S NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ PARENT CELL PHONE _____

PARENT'S NAMES _____

ADDRESS _____

E-MAIL ADDRESS _____

MOTHER'S HOME PHONE _____ BUSINESS PHONE _____

FATHER'S HOME PHONE _____ BUSINESS PHONE _____

NAME OF FAMILY PHYSICIAN _____ PHONE _____

IN THE EVENT OF ANY EMERGENCY AND NEITHER PARENT CAN BE REACHED:

_____ PHONE _____ IS AUTHORIZED TO GRANT PERMISSION FOR EMERGENCY MEDICAL CARE.

IF THE TRIP COORDINATORS ARE NOT ABLE TO REACH EITHER OF THE ABOVE, DO YOU GIVE THE TRIP COORDINATORS PERMISSION TO GRANT THE FOLLOWING EMERGENCY CARE:

X-RAY ____ ANESTHETIC ____ EMERGENCY OPERATION ____ ASPIRIN ____

IN THE EVENT OF AN ACCIDENT, I HEREBY AUTHORIZE THE TRIP COORDINATORS TO CALL A DOCTOR OF THEIR CHOICE FOR TREATMENT IF NONE OF THE PARTIES ABOVE CAN BE REACHED BY TELEPHONE.

PLEASE LIST ALL ALLERGIES: _____

DATE OF LAST TETANUS SHOT _____

MY CHILD IS CURRENTLY TAKING THE FOLLOWING MEDICINE (NAME AND DOSAGE) _____

PARENT SIGNATURE

DATE

NOTARIZED:

DATE:

YOU MUST ATTACH A COPY OF BOTH SIDES OF THE FAMILY HEALTH INSURANCE CARD FOR USE IN AN EMERGENCY SITUATION