Field Trip Authorization Form

Used for any field trip that will require **students to travel over 100 miles one way** and/or remain **away from home overnight** must be submitted to the Superintendent for approval prior to arrangements being made by the staff member involved. (Per Policy IICA)

Alyssa McLean Teacher/Advisor Name:	Sanford High School	
Camden Conference in the Classroom		
Class or Activity:		
We will be meeting with the other participating high schools across Purpose of Trip:		
the state to discuss the foreign policy concepts presented by the experts at conference		
Attach additional supporting documentation: Ex Programs, Student Lists, Accommodations		
Grade Level(s): 9, 10, & 12 No. of Students on trip: 5		
Date(s) of Trip:	4-791D-F-/4-9-9-9	
Destination(s):U Maine @ Orono		
Personal vehicle (approved by school)		
Method of Transportation:		
Number of Chaperones including teacher/advisor:		
Will students be away from home overnight? Yes	No	
If Yes, explain accommodations: We will be staying at the Black Bear Inn - which		
is being provided through conference funds		
Funding Source: Camden Conference in the Classroom organization		
X		
Has this field trip occurred in previous years?Yes	No	
	n.	
Oliver K. Mg. (see	02/01/22	
Signature of Teacher/Advisor	Date of Submission	
	02/01/22	
	02/01/22 Date of Approval	
Approval and Signature of Building Administrator	bate of Approval	
Submit to Superintendent two weeks prior to requested trip date		
Matt Nelson	2/2/22	
Approval and Signature of Superintendent	Date of Approval	
School Committee Notified Date:	fied Teacher/Advisor: Date:	

FORM 1A

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Teacher/Advisor Name: I'm Tected	_School:_SCTC	
Class or Activity: SKILLSUSA STAT	E OFFICER	
Purpose of Trip: PREP FUR STATE	CONFERENCE OPENING	
CEREMUNY		
Attach additional supporting documentation: Ex Programs, Student Lists, Accommodations		
Grade Level(s): No. of Students or	,	
Date(s) of Trip: MARCH 17 th ~ 18 th		
Destination(s): EMCC BANGUR		
Method of Transportation: OWN - STATE OFFICER ADVISOR WILL AND		
Method of Transportation: WN - STATE OFFICEA ADMSUR WILL FROM PARENT'S DRIVE TO PURTUNO CHARLENE DESMOND PROPUND Number of Chaperones including teacher/advisor: C 7.57 - 705 - 7339		
Will students be away from home overnight? Yes No		
If Yes, explain accommodations: FAIREIELD INV. ODLIN RD		
BANGUR 1(207) 990-0001		
Funding Source: SKILLS	SATES WILL RETURN	
Has this field trip occurred in previous years?Yes	_ No 3/18,	
Chille	2/17/2032	
Signature of Teacher/Advisor	Date of Submission	
Med Had	2/17/2027	
Approval and Signature of Building Administrator	Date of Approval	
Submit to Superintendent two weeks prior to requested trip date 2/16/22		
Approval and Signature of Superintendent Date of Approval		
School Committee Notified Date:		