## FORM 1

DIRECTIONS

## Field Trip Request Form

To be completed by the Instructor and submitted at least two weeks prior to the planned activity.

TEACHER: Brent Sirois Program: Engineering/Robotics
LOCATION OF THE FIELD TRIP: NE District Event, 121 Technology Dr., Durham, NH
DATE OF THE FIELD TRIP: 3/81, 4/1, 4/2 DEPARTURE TIME: School. RETURN: School.
TYPE OF TRANSPORTATION: (CIRCLE ONE) WALK CAR BUS OTHER SRTC VAN
TOTAL # OF STUDENTS: 12 max TRANSPORTATION COST PER STUDENT:
OTHER STUDENT FEES: TOTAL COST PER STUDENT:
What provisions have been made to assist students who are unable to afford the costs?
N/A
ADDITIONAL TEACHER COMMENTS: I believe this was previously approved.
# 12-13-21 Submitted
# OF CHAPERONES: TEACHERS: VOLUNTEERS: * PLEASE NOTE THAT YOU ARE REQUIRED TO HAVE 1 CHAPERONE FOR EVERY 15 STUDENTS ATTENDING.*
SUBSTITUTE COVERAGE NEEDED: (CIRCLE ONE)  YES  NO
EDUCATIONAL RELEVANCE OF THE TRIP TO THE CURRICULUM: Opportunity to english
performance on surriculum content related to process.
ARE THERE ANY STUDENTS WHO WILL NOT BE ATTENDING THIS FIELD TRIP FOR ANY REASONS? YES NO WHAT PLANS HAVE BEEN MADE FOR THESE STUDENTS? Stocked to the state of th
Signature of Sponsor(s): Date:
Brent D. Sinos 3/23/22
Signature of Director: Mull Tolks Date: 3/23/22

Mutt Nelson

3/29/22

## **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)

Teacher/Advisor Name: Sur Langueau.	School: SRT	
Class or Activity: Academy of Rusines	55 Property on trick to The	~ )  a
	ingrand the Inomas C	olleg
Purpose of Trip: 15 1 Thomas C	ollege Codnissions present to	CM
Attach additional supporting documentation: Ex Programs, Student U	I carolly at a star to	11 12
Attach additional supporting documentation: Ex Programs, Student Li	ists, Accommodations	H.O.
Grade Level(s): 1 th 2th No. of Stud	lents on trip: <u>25</u>	Progra
Date(s) of Trip:		
Destination(s): Thomas College, will	ierville Maine	
Method of Transportation: Bus Student	t Transportation Inc	
Number of Chaperones including teacher/advisor:	2	
Will students be away from home overnight?Ye	es No	
If Yes, explain accommodations:		
in res, explain accommodations.		
Mr. de la companya de		
Funding Source: MRLMAC STONE		
Has this field trip occurred in previous years? Yes	The second secon	
	3/2/22	
and the second s		
Signature of Teacher/Advisor	Date of Submission	
The all	3/28 /27	
Approval and Signature of Building Administrator	Date of Approval	
	26	
	4	
ubmit to Superintendent two weeks prior to requested tr	rip date	
Mutt Nelson	7/29/22	
oproval and Signature of Superintendent Date of Approva	al .	
hool Committee Notified Date:	d Teacher/Advisor: Date:	J
I Notified	u reacher/Advisor: Date:	

## **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)

Teacher/Advisor Name:	Harold Smith	School:	SRTC	
Class or Activity:	Tire Science			**************************************
Purpose of Trip: The	Five Sugar	students	will be	testi
Attach additional supporting docu				
Grade Level(s):	mentation: Ex Programs, Studen No. of St	t lists, Accommodations udents on trin:	i Lij.	***************************************
Date(s) of Trip:				
Destination(s): Fos	ter Tech.	Farming ton	Marina	Bordonitaria and apparente parigina envigore.
Method of Transportation:				
Number of Chaperones include				
Funding Source:  Has this field trip occurred in p		. ×		
Hawld An	und	/es _/_ No	22	
Signature of Teacher/Advisor	Mad	Date of Submit		e .
Approval and Signature of Build	ling Administrator	Date of Approv	/al	
ubmit to Superintendent two v	veeks prior to requested	trip date	1/22	
pproval and Signature of Superi	ntendent Date of Appro	oval	120	
hool Committee Notified Date:	□ Notif	ied Teacher/Advisor: Da	ite:	