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)

Diana Walker	High School
Teacher/Advisor Name:	School:
Mt. Major Hiking Trip	
Class or Activity:	
Real life experience involvi	ng physical activity
Purpose of Trip:	NAME OF THE PARTY
Attach additional supporting documentation: Ex Programs, Stude	
	tudents on trip: 200
Tues. May 24th Raindate: Th	nurs.May 26th
Date(s) of Trip:	The second secon
Mt.Major Alton Bay, NH	
Destination(s):	
Buses	
Method of Transportation:	A transfer of the second secon
10	U
Number of Chaperones including teacher/advisor:	X
Will students be augustram hama avarnight?	15-18-
Will students be away from home overnight?	No
If Yes, explain accommodations:	
ir res, explain accommodations.	Company to the second section of the second
Co-curricular Budget	and the second s
Funding Source: •	
X	100 100 100 100 100 100 100 100 100 100
Has this field trip occurred in previous years?	_ Yes No
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Sieno-Wem	-42
Signature of Teacher/Advisor	Date of Submission
	4/4/22
	11162
Approval and Signature of Building Administrator	Date of Approval
<u>\$</u> .	
	Management and Manage
Submit to Superintendent two w	eeks prior to requested trip date
MA H M/	11/1/-
flay heles	9/6/22
Approval and Signature of Superintendent	Date of Approval Notified Teacher/Advisor: Date: RECEIVED 2/28/12
2 10	Salled
School Committee Notified Date:	☐ Notified Teacher/Advisor: Date:
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Field Trip Authorization Form – V2 - Policy IICA	2/28/12