## **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:	School:
Class or Activity: Olympia Snowe Women's Lead	
	credits, scholarships, and award
announcements. Graduation ceremony for	seniors.
Attach additional supporting documentation: Ex Programs, Stud on this Grade Level(s): 11th & 12th No. of Stud	s s, Acc anmo detions
Date(s) of Trip:	
Destination(s): Bates College, Lewiston, ME	
Private Vehicle (Mrs. K Method of Transportation:	umka's van)
Number of Chaperones including teacher/advisor:	
Will students be away from home overnight? Ye	es X No
If Yes, explain accommodations:	
None needed	
Funding Source:	
Has this field trip occurred in previous years? X Ye	sNo
CKumka	3/22/23
Signature of Teacher/Advisor	Date of Submission
in 2	3/22/23 anford
Approval and Signature of Building Administrator	Date of Approval
	RED DE 2013
Submit to Superintendent two weeks	s prior to requested trip date $3/29/23$
Approval and Signature of Superintendent	Date of Approval
School Committee Notified Date:	☐ Notified Teacher/Advisor: Date:
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