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: TARA 1-104 CE	school: 5anford Middle	
Class or Activity: JMG - Urbon Adverture	- Challenge Visit	
Purpose of Trip: Students will have the oppo		_
Attach additional supporting documentation: Ex Programs. Student Lists, A Grade Level(s): Sth No. of Student	Accommodations Conference put of	^
Date(s) of Trip: 5/18 - 5/19		_
Method of Transportation: Bowl - Ar Ramaba Number of Chaperones including teacher/advisor: 2	Inorce on the 2nd day	rulle
Will students be away from home overnight? Yes	\mathcal{U}	
If Yes, explain accommodations: Hotel		
Funding Source:		
Has this field trip occurred in previous years? Yes	No	
2 Houle	4/12/23	
Signature of Teacher/Advisor	Date of Submission	
Approval and Signature of Building Administrator	4/ 13123 Date of Approval 58	ford
Submit to Superintendent two weeks price Muth Newson	or to requested trip date 4/14/23 APR 1	4 2025
Approval and Signature of Superintendent,	Date of Approval	Meri
School Committee Notified Date:	Date of Approval otified Teacher/Advisor: Date:	ebau.

FIELD TRIP AUTHORIZATION FORM

FORM 1A

Used for any field trip that will require student 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: 52TC		
Class or Activity: Firefield fing		
Purpose of Trip: State grantical end test.	and the same of th	
Attach additional supporting documentation: Ex. – Programs, Student Lists, Ad	commodations	
Grade Level(s):	-	
Date(s) of Trip:		
Destination(s): 15.3 Farmin for Fall Red Farmin to-		
Method of Transportation: SRTC 20 prosents by and find	up with trailer.	
Number of Chaperones (including teacher/advisor):		
Will students be away from home overnight? YES NO		
If yes, explain accommodations:		
Funding Source:		
Has this field trip occurred in previous years? YES NO		
Herrold Smith 0+/05/23		
Signature of Teacher/Advisor Date of Submission		
Mill Dan 4-7-23		
Approval and Signature of Building Administrator Date of Approval		
Submit to Superintendent two weeks prior to requested trip date		
Mutt Mby 4/14/23	e: RECEIVED	
Approval and Signature of Superintendent Date of Approval	SCENT	
School Committee Notified Date: Notified Teacher/Advisor: Date	e: REPLANTED TO	
Updated 09/2022 SRTC	School Degate	

FIELD TRIP REQUEST FORM

DIRECTIONS: To be completed by the instructor and submitted at least two weeks prior to the planned activity

11 11 /	,
TEACHER: <u>Harold</u> 3mith	PROGRAM:Firefighting
LOCATION OF THE FIELD TRIP: 153 Far	minuten Falls Rd. Formation MC.
DATE OF THE FIELD TRIP:05/83/ 23_	DEPARTURE TIME: 040 hr5 RETURN: 2200 hr5
TYPE OF TRANSPORTATION: (CIRCLE ONE)	WALK CAR BUS OTHER SRTC 20 p. 5. Bu
TOTAL # OF STUDENTS: 23	TRANSPORTATION COST PER STUDENT:
OTHER STUDENT FEES:	TOTAL COST PER STUDENT:
	ST STUDENTS WHO ARE UNABLE TO AFFORD THE COSTS?:
ADDITIONAL TEACHER COMMENTS: Regu	filled testing for contification.
# OF CHAPERONES: TEACHERS: *Please note that you are required to ha	VOLUNTEERS: ave 1 chaperone for every 15 students attending*
SUBSTITUTE COVERAGE NEEDED: (CIRCLE ONE)	V/C (NO)
Lest, Required for C	ertification.
ARE THERE ANY STUDENTS WHO WILL NOT BE A	ATTENDING THIS FIELD TRIP FOR ANY REASONS? YES NO
Signature of Sponsor(s):	Date: 04/05/23
Signature of Director:	Date: 4-7-23

Updated 09/2022 SRTC

