

REQUEST FOR FIELD TRIP FORM

MIDWAY

HIGH SCHOOL

Submit completed form to HS Principal Mrs. Smith for approval. Out of state requests fwd. to Superintendent

| | | | |
|--|------------------------|--------------------------------------|--|
| Organization/Class HOSA | | Sponsor/Teacher Tara Stepanski | |
| Number of Students Participating 2 | | Number of Adults 2 | |
| Destination/s Indianapolis, IN | | Sponsor Phone Number 580-445-0507 | |
| Cost of Trip 4,400 | | Funding Source CTE | |
| Date of Trip 06/16/26 - 06/19/26 | Departure Time 9 AM | Return Time 1 PM | |
| Total Cost Per Student Approximately \$1100 | | | |

Describe Educational Purpose/Objectives:

To develop leadership, technical, and academic competencies in students pursuing healthcare careers bridging classroom instruction with compassionate quality healthcare delivery.
(Escorting national qualifiers)

Alison Smith
Signature of Principal

5/4/26
Date

Signature of Superintendent

Date