REGULATION 6153(f)
FORM 1

Instruction
Field Trips and Community Service

OVERNIGHT & OUT-OF-STATE FIELD TRIP REQUEST FORM

All overnight and out-of-state field trips require the approval of the Board of Education 60 days in advance of the departure date. All foreign travel field trips must be submitted for Board approval 90 days in advance of the departure date. The following information must be forwarded electronically and in TRIPLICATE (hard copies) 30 days prior to the Board meeting which summarizes the trip. NOTE: A Narrative must be attached justifying this field trip to the school curriculum and/or mission statement. No financial commitments are to be made until Board approval. **This form must be type written and ALL items filled in or marked N/A.**

Name of School: Beman Middle School Date of Request: October 5, 2026

Name of Club or Activity: Beman Robotics Team 99088

Trip To: Walsh Middle School, Framingham, MA Purpose: Robotics Tournament

Number of Students Participating: 46

Number of students eligible to go on the field trip: 46

Dates of Trip: From: Jan 17, 2027 To: Jan 17, 2027 # of school days missed: 0

Names of Teachers and Chaperones:

1. Erin Scholes	5. Parent Volunteer TBD
2. Sydney White	6.
3. Parent Volunteer TBD	7.
4. Parent Volunteer TBD	8.

Number of Non-Chaperone Adults going on trip: 0

Transportation: x Bus Van Train Plane Car Other

Are fund-raising activities planned: Yes If so, describe: Have received grant moneys and hosted car wash

Amount of money raised through fundraisers: Full Cost

Lodging: Hotel/Motel Camp Private Home

Insurance Arrangements for Staff and Students:

Cost per Student: $ $20 Cost per Teacher and/or Chaperone: $ 0

Cost per Nurse: $ *(if necessary)* Cost per Paraprofessional: $ *(if necessary)*

If Travel Agencies are engaged, at least three quotations need to be provided with documentation attached to this form:

a. c.

b. d. Other

Name of teacher making request: Erin Scholes

Approved by Department Head at secondary level: _____

Approved by Principal: _____

Authorized by Chief Academic Officer: _____

Superintendent Approval: _____ Date: 11/4/26

BEMAN MIDDLE SCHOOL
COVER FIELD TRIP REQUEST FORM

DATE OF TRIP: Jan 17, 2027 **TODAY'S DATE: 10/5/26**

TEACHER IN CHARGE OF TRIP: Erin Scholes

GROUP/CLASS: Beman Robotics Team 99088

CHAPERONES ATTENDING: Erin Scholes & Sydney White

CHAPERONES CELL PHONE: 847-507-1354 & 860-948-8125

NUMBER OF STUDENTS ATTENDING: 46

DID YOU SUBMIT NURSES FORM: Yes

DESTINATION:
Walsh Middle School

301 Brook Street,

Framingham, Massachusetts, 01701

DESCRIBE PURPOSE & HOW IT CONNECTS TO YOUR CURRICULUM:
Robotics Competition in Framingham, MA, the robotics teacher in Framingham hosts a high class event. This will give the students the opportunity to compete against a different set of teams that they do not usually encounter in our CT qualifiers. This will help prepare them for more rigorous competition. Through competition students practice the engineering design process as they work to build a robot that solves the problem presented by the game. Students design, build, code, test, and redesign their robot throughout the season. They document all of their work in an engineering notebook. Then share that work through an interview with judges.

TRANSPORTATION: We will be traveling by bus. Since it is just under two hours one way, I would like to get a coach bus. If possible through Dattco.

DEPARTURE TIME FROM SCHOOL: 5am on Jan 17, 2027

DESTINATION DEPARTURE TIME: 5pm on Jan 17, 2027

RETURN TIME TO SCHOOL: 7pm on Jan 17, 2027

PROJECTED COST FOR EACH STUDENT: $20 - registration fee

What will you do to assist students who have a financial burden:
Beman Robotics Team Student Activity Account

TEACHER/ADVISOR SIGNATURE: EPScholes **DATE: 2-27-25**

MIDDLETOWN BOARD of EDUCATION #6153 FORM 3

FIELD TRIP REQUEST FORM

(Please refer to field trip procedures on page 3)

Today's Date: __10___/__5___/_2026_____ Person Requesting Authorization: ___Erin Scholes_____

Date of Trip: ___1__/__17___/__2027____ Origin/School: ___Beman Robotics_____

Destination: _**America's Center Convention Complex**___ Purpose of Trip: __Middle School Robotics Worlds__

Total Number of Students: __46_____ Total Number of Adults: __5_____ Number of Yellow Buses: _
would prefer a coach bus_

Departure Time From School: __5am____ Destination Departure Time: _5pm___ Return Time To School:_7pm____

*****Departure for school buses 9:15 A.M. and return at or before 1:30 P.M*****

Total Time Estimated: _____ x $78.68/hr. x buses: _____ Price Before Terminal Charge=_____
******Terminal charges = (See Note below)******

Bill To: __Beman Robotics_____

NOTE: Terminal Charges are 1 hour of maintenance (½ hr each side of the charter), this will be charged by DATTCO and included in its field trip CONFIRMATION, which will be forwarded to the school secretary and the Field Trip Organizer.
Reunification Plan: *See Page 2*
Total Adult Supervisors (chaperones) Names/Telephone Numbers: *See Page 2*

Field Trip Organizer/Lead Name: (Signed): ___Erin Scholes_____ EPSchl _____
E-mail (Required): __scholese@mpsct.org_____
Cell Phone Number (Required): (_847_)__507__-_1354____
*******By signing above you guarantee that you have the funds for this field trip*******

1. School bus trips will return to school by 1:30 P.M. or after 4:30 P.M. (in town trips).
2. Submit form to BOE Transportation Department.
3. Do not call the bus company for trips.
4. Requests must be in writing 5 school days before the field trip date.
5. Bus capacity is 77 passengers – (3 to a seat)
6. If any of the rules are not adhered to, your trip will be disapproved.
7. Only Dattco can determine if a trip is drop off and pick up.
8. Additional 1 hour terminal charges (1/2 hr. each side of charter).

Approved by: _____ DATE: 10/5/26
Building Principal/(Activity Director-MHS Only)

Transportation Dept. Signature: _____ DATE: _____

Reunification Plan: a reunification plan provides staff and students with a back-up plan in the event groups or Individuals are separated because of unforeseen events (blocked entrance/exit, manmade or natural disasters, lost staff or students, etc.).
Please include:

Communication plan (how will you, the lead, communicate with staff/students at the field trip site and Central Office):
Cell phone / communication with chaperones/use of GroupMe app to communicate with all team members and adults

Staff/student accountability (in what way will the presence of staff and students be accounted for throughout the trip, head count, call-in, etc.):
Head count before all departures and at each arrival location. Check-in throughout the day, monitoring of schedule and student locations, head count before departure from venues

Alternate parking or meeting site (consider where you would meet if the original plan is no longer viable):

To exit the field trip site: We will follow the plans and directions of the host venue
Multiple exits are accessible, meeting point is the main entrance

For shelter (inclement weather): We will follow the plans and directions of the hosts

Identification of on-site security and first aid: Security and first aid will be present - provided by hosts

Identification of field trip co-leader name and telephone number: Sydney White 860-948-8125

Total Adult Supervisors (chaperones) Names/Telephone Numbers:

Name	Cell Phone Number	Name	Cell Phone Number
Erin Scholes	847-507-1354		
Sydney White	860-948-8125		

Other notes:

BOE Central Office Phone: (860) 638-1401
BOE Transportation Office Phone: 860 638-1418 *DATTCO Phone: 860 635-8234*

Provide Copies To: Transportation Department, Principal and Teacher

FIELD TRIP PROCEDURES

1. More than one member of the faculty chaperoning the field trip must have a cellular phone in order to remain in direct contact with the school at all times as well as to communicate with one another in the event a group is separated.

2. One member of the faculty will be designated to call the school at least two times during the time the students and staff are on the field trip, i.e. upon arrival, some time during the trip, or right before the buses depart for school.

3. A primary and secondary plan for evacuation and regrouping of students in cases of emergency must be developed and shared with adult supervisors and chaperones. For example, a primary site for meeting must be established and, in which, all adults involved with the trip are informed, i.e. bus where attendance will be taken. A secondary site for meeting must be established in the event that the primary site is not accessible (see Reunification plan, page 2).

4. A briefing must be held with the school administrator and the staff member in charge of the trip to discuss emergency plans if the field trip site is evacuated or one or more members of the group are separated.

5. Buses will be ready to depart at the assigned time. Students, Staff, and Chaperones must be assembled and ready to go.

6. A master list of students, staff, and chaperones attending the trip must be updated and left with the school administrator prior to leaving the building the day of the trip. All teachers must have copies of the students' emergency cards with them during the field trip.

7. The trip coordinator must meet with the school nurse prior to the trip to ensure that all medical information regarding students is conveyed to staff involved with the field trip.

   The regular school nurse can inform you of the need for a nurse to attend a field trip. Nurses providing health services during the field trip shall complete a timesheet for the total number of hours worked during the trip, mark the timesheet *"Field Trip"*, and submit to payroll for processing

8. The regular classroom teacher can inform you of the need for a paraprofessional to attend a field trip. The paraprofessional(s) attending the field trip shall complete a timesheet for the total number of hours worked during the trip, mark the timesheet *"Field Trip"*, and submit to payroll for processing.

9. The field trip request form must be completely filled out with contact phone numbers in the event of emergency and submitted in the timeline described in district *Field Trip Regulations and Procedures, # 6153.*

MIDDLETOWN BOARD of EDUCATION #6153 FORM 3

Form Middletown Schools Nursing Services
Field Trip Information

(To be submitted to school nurse 3 weeks prior to field trip or 1 month prior to overnight or lengthy field trip. This form must be submitted to the Athletic Office once filled out by advisor/teacher.)

Teacher/Staff completing form: **Erin Scholes** Date: **10/5/26**

Field Trip Location (be specific, include town & state): **Walsh Middle School Framingham, MA**

On **Sunday, January 17, 2027** (day of week and date); (inclusive dates, if overnight or lengthy trip)

Transportation (to & from destination): **Charter Bus**

Responsible Teacher/Staff in charge: **Erin Scholes**

Teacher/Staff Cell Number: **847-507-1354**

Departure Date/Time (from school): **Sunday, Jan 17, 2026 5am** Arrival Date/Time (at field trip): **Sunday, Jan 17, 2026 7am**

Departure Date/Time (from field trip): **Sunday, Jan 17, 2026 5pm** Arrival Date/Time (at school): **Sunday, Jan 17, 2026 7pm**

Students Attending (attach alphabetized names and grades on separate sheet): **See team eligibility roster attached**

Staff/Adult chaperones attending (list names including cell phone numbers of each): **Erin Scholes, Sydney White**

Names & Phone Numbers of Contact at the Facility: **Pascal Chesnais (617)-593-9272**

Facility Handicapped Accessible? __**X**____Yes _____ No
Bathroom Handicapped Accessible? ___**X**____ Yes _____No
Facility Provide Food? ___**X**____Yes _____ No
Eating Lunch at Facility? ___**X**____ Yes _____ No
Time Eating Lunch: **12:00pm**
Return to School for Lunch _____ Yes ___**X**____ No
Will Students Purchase Food at the Facility? ____**X**(they can)___Yes _____No
Will Students bring own lunch? _____X(they can)_____Yes _____ No

Activities Planned: (describe here if day trip: if overnight or lengthy trip, please attach agenda) School nurse will discuss with teacher regarding additional specific information. **Robotics Competition**

Other Information:

_____

ATHLETIC/ACTIVITIES DIRECTOR APPROVED: _____DATE: _____

Beman Robotics Team 99088 Eligibility Roster 2026-27

99088 Team Roster

Last Name	First Name		TEAM
Botello	Christopher	6R	B
Sims	Hugo**	6M	B
Mistry	Priyanshi	6R	B
Aoude	Sammy	6M	B
DePaula	Valentina	6R	B
Cohen	Ace	8R	C
Kolb	Lillee	8A	C
Mack-Muhlbauer	Ollie	7R	C
Gaston-Norton	Rory	7R	C
Mosley	Tyler	7R	C
Kogells	Jay	7M	D
Silberman	Joe	7M	D
Collin	Joey	7M	D
Murphy	Logan	6R	D
Patwary	Jackson	6R	E
Burkey	Lily	7R	E
DiLernia	Oliver	6A	E
Atherton	Winnie	6M	E
Dryden	Alyssa	8R	G
Shukis	Kaden	7A	G
McMullen	Lorelei	6M	G
D'Alesandro	Mateya	7R	G
Bradshaw	Neilai	7A	G
Tynan	Ben	6R	K
McAvay	Brittany**	6R	K
Leidy	Ernie	6M	K
Garcia	Nia	6	K
Salazar	Elias	6M	R
Johnson	Emma	6A	R
Beaudoin	Sammy**	6M	R

Young	Tyler	6A	R
Northrop	Bennett	7A	V
Ficaro	Connor	7A	V
Makula	Daniel	7M	V
Durbak	Luka	7A	V
Patil	Arjun	8M	Y
Aguilar	Daniel	8A	Y
DiLernia	Julian	8A	Y
Nwachuku	Kanayo	8M	Y
Long	Theo	8A	Y
Veale	Walker	8M	Y
Blum	Colton	6M	Z
Lacen	Isaiah	6A	Z
Carini	Lorenzo	6M	Z
Pickman	Mason	6R	Z
Perez	Wyatt	6M	Z