

Instruction
Field Trips and Community Service

REGULATION 6153(f)
FORM 1

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 typewritten and ALL items filled in or marked N/A.

Name of School: MBS Date of Request: 11/18/25
Name of Club or Activity: ULTIMATE
Trip To: FREEHOLD, NJ Purpose: TENNIS
Number of Students Participating: 20
Number of students eligible to go on the field trip: 20
Dates of Trip: From: 4/18 To: 4/19 # of school days missed: 0

Names of Teachers and Chaperones:

| | |
|--------------------------|----|
| 1. <u>TREVOR CHARLES</u> | 5. |
| 2. <u>DANIEL KINNEY</u> | 6. |
| 3. <u>AMY SPRICKLAND</u> | 7. |
| 4. | 8. |

Number of Non-Chaperone Adults going on trip: 4

Transportation: Bus Van Train Plane Car Other

Are fund-raising activities planned: YES If so, describe: SCHOOL FUNDRAISERS

Amount of money raised through fundraisers: \$8,000 typically

Lodging: Hotel/Motel X Camp Private Home

Insurance Arrangements for Staff and Students:

Cost per Student: \$ 40.00 US Cost per Teacher and/or Chaperone: \$ 40.00 US

Cost per Nurse: \$ 0 Cost per Paraprofessional: \$ 0
(if necessary) (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: TREVOR CHARLES

Approved by Department Head at secondary level: [Signature]

Approved by Principal: [Signature]

Authorized by Chief Academic Officer: [Signature]

Superintendent Approval: [Signature]

Date: 11/26/27

MIDDLETOWN HIGH SCHOOL
COVER FIELD TRIP REQUEST FORM
2025 – 2026

DATE OF TRIP: 4/18-4/19 TODAY'S DATE: 11/18/25

TEACHER IN CHARGE OF TRIP: TREVOR CHARLES

DO YOU HAVE TEACHER COVERAGE FOR YOUR CLASSES (make sure to connect with Cassy once field trip is approved)? WILL DO

GROUP/CLASS: ULTIMATE

CHAPERONES ATTENDING (list all): TREVOR CHARLES, DAN KINNEY, Amy Smerdon

CHAPERONES CELL PHONE: 860-395-9852

NUMBER OF STUDENTS ATTENDING: 20

IS THE NURSES FIELD TRIP FORM SUBMITTED WITH THIS PAPERWORK? YES

DESTINATION: FREENHOLD, NJ

DESCRIBE PURPOSE & HOW IT CONNECTS TO YOUR CURRICULUM: REGIONAL TOURNAMENT

TRANSPORTATION: Bus (Fill out additional forms attached or extended field trip)

☒ Carry-All (Driver: TREVOR CHARLES)

☐ Train

☐ Plane (Fill out Extended Field Trip Request Form as well)

☐ Walking

☐ Other: _____

DEPARTURE TIME FROM SCHOOL: 5:45 AM DESTINATION DEPARTURE TIME: 5:30 AM
& RETURN TIME TO SCHOOL: 4:15 PM

PROJECTED COST FOR EACH STUDENT: \$40

What will you do to assist students who have a financial burden? FUNDRAISE

TEACHER/ADVISOR SIGNATURE: [Signature] DATE: 11/18/25

ATHLETIC/ACTIVITIES DIRECTOR APPROVED: [Signature] DATE: 11/19/25

- Final Student list due to activity office no later than N/A
- Student grades & attendance must be checked ON N/A

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 AND EMAIL / STUDENT SQUARE

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, ROOM CHECKS

Alternate parking or meeting site (consider where you would meet if the original plan is no longer viable): To exit the field trip site: TD CENTRAL

For shelter (inclement weather): FIELD SITE PROVIDED PLAN

Identification of on-site security and first aid: TRAINER

Identification of field trip co-leader name and telephone number: DAN KINNEY 860 966-7753

Total Adult Supervisors (chaperones) Names/Telephone Numbers:

| Name | Cell Phone Number | Name | Cell Phone Number |
|----------------|-------------------|------|-------------------|
| TREVOR CHARLES | 860-395-7852 | | |
| DAN KINNEY | 860-966-7753 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

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: TREVOR CHARLES Date: 11/18/25

Field Trip Location (be specific, include town & state) FREEHOLD, NJ

On 4/18-4/19 SAT-SUN (day of week and date); (inclusive dates, if overnight or lengthy trip)

Transportation (to & from destination): Bus _____ Train _____ Plane _____ Boat _____ (check all that apply)

Responsible Teacher/Staff in charge TREVOR CHARLES

Teacher/Staff Cell Number 860-395-7852

Departure Date/Time (from school): 4/18 5AM Arrival Date/Time (at field trip) 4/18 8:30AM

Departure Date/Time (from field trip): 4/19 4PM Arrival Date/Time (at school) 4/19 8PM

Students Attending (attach alphabetized names and grades on separate sheet) TBD

Staff/Adult chaperones attending (list names including cell phone numbers of each) TREVOR CHARLES, DAN KINNEY

Chaperone to go on bus with students ☒ Yes _____ No In separate car? _____ yes _____ No Names & Phone

Numbers of Contact at the Facility _____

Facility Handicapped Accessible? ☒ Yes _____ No

Bathroom Handicapped Accessible? ☒ Yes _____ No

Facility Provide Food? _____ Yes ☒ No

Eating Lunch at Facility? ☒ Yes _____ No

Time Eating Lunch NOON

Return to School for Lunch _____ Yes ☒ No

Will Students Purchase Food at the Facility? _____ Yes ☒ No

Will Students bring own lunch? ☒ 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.

Other Information: TOURNAMENT

ATHLETIC/ACTIVITIES DIRECTOR APPROVED: [Signature] DATE: 11/19/25

• Finalized student list due to activity office & the nurses no later than 11/20