

Instruction REGULATION 6153(f) Field Trips and Community Service 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: Middletown High School

Date of Request: 11/17/25

Name of Club or Activity: MHS Advanced Choir

Trip To: Providence, RI

Purpose: ACDA All Eastern Division Conference

Number of Students Participating: 3

Number of students eligible to go on the field trip: 3

Dates of Trip: From: 2/25/26 To: 2/28/26

of school days missed: 3

Names of Teachers and Chaperones:

1. Stephanie Zak	3.
2.	4.

Number of Non-Chaperone Adults going on trip: N/A

Transportation: Bus Van Train Plane Car Other: parent/guardian responsible for transportation to and from the venue

Are fund-raising activities planned: If so, describe: music department fundraisers

Amount of money raised through fundraisers: depends on student need

Lodging: Hotel/Motel Camp Private Home

Insurance Arrangements for Staff and Students: N/A

Cost per Student: \$ 540

Cost per Teacher and/or Chaperone: \$ 200

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

a. B. c. d. other

Name of teacher making request: Stephanie B. Zak Stephanie B. Zak

Approved by Department Head at secondary level: W. Smith

Approved by Principal: [Signature]

Authorized by Chief Academic Officer: Colleen W. Fitzpatrick

Superintendent Approval: Allen Adair

Date: 11/24/25

MIDDLETOWN HIGH SCHOOL
COVER FIELD TRIP REQUEST FORM

2025 - 2026

DATE OF TRIP: 2/25 - 2/28/26 TODAY'S DATE: 11/17/25

TEACHER IN CHARGE OF TRIP: Stephanie Zak

DO YOU HAVE TEACHER COVERAGE FOR YOUR CLASSES (make sure to connect with Cassy once field trip is approved)? not yet

GROUP/CLASS: Advanced Choir students

CHAPERONES ATTENDING (list all): Stephanie Zak

CHAPERONES CELL PHONE: 860 680 1432

NUMBER OF STUDENTS ATTENDING: 3

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

DESTINATION: ACDA All Eastern Conference, Providence RI

DESCRIBE PURPOSE & HOW IT CONNECTS TO YOUR CURRICULUM: _____

students auditioned for placement in ACDA All Eastern Honor Ensembles + were chosen for a spot

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

_____ Carry-All (Driver: _____)

_____ Train

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

_____ Walking

X Other: parent/guardian responsible

DEPARTURE TIME FROM SCHOOL: _____ DESTINATION DEPARTURE TIME: _____
2/25/26 & RETURN TIME TO SCHOOL: 2/28/26

PROJECTED COST FOR EACH STUDENT: \$540

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

TEACHER/ADVISOR SIGNATURE: Stephanie Zak DATE: 11/17/25

ATHLETIC/ACTIVITIES DIRECTOR APPROVED: [Signature] DATE: 11/18/25

• Final Student list due to activity office no later than attached

• Student grades & attendance must be checked ON Thurs. Feb. 19th

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):

TBD

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 / check in breakfast, lunch, dinner, lights out + GroupMe/text

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

TBD

For shelter (inclement weather):

TBD

Identification of on-site security and first aid: TBD

Identification of field trip co-leader name and telephone number:

Total Adult Supervisors (chaperones) Names/Telephone Numbers:

Name	Cell Phone Number	Name	Cell Phone Number
Stephanie Zalc	8606801432		

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: Stephanie B Zak Date: 11/17/25
Field Trip Location (be specific, include town & state) Omni Providence Hotel + Conference Center Providence RI
On 2/25/26 (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 Stephanie Zak
Teacher/Staff Cell Number 860 680 1432
Departure Date/Time (from school): 2/25/26 Arrival Date/Time (at field trip) 2/25/26
Departure Date/Time (from field trip): 2/28/26 Arrival Date/Time (at school) 2/28/26
Students Attending (attach alphabetized names and grades on separate sheet) on back
Staff/Adult chaperones attending (list names including cell phone numbers of each) 1 (listed above)
Chaperone to go on bus with students _____ Yes _____ No In separate car? ☒ yes _____ No Names & Phone
Numbers of Contact at the Facility TBD

Facility Handicapped Accessible? ☒ Yes _____ No
Bathroom Handicapped Accessible? ☒ Yes _____ No
Facility Provide Food? ☒ Yes _____ No
Eating Lunch at Facility? ☒ Yes _____ No
Time Eating Lunch TBD
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:

rehearsal + concert for ACDA All Eastern Honor Choir Ensemble

ATHLETIC/ACTIVITIES DIRECTOR APPROVED: _____

DATE: 11/18/25

• Finalized student list due to activity office & the nurses no later than _____

attached