

**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: Middle town High School Date of Request: 10/1/2024  
 Name of Club or Activity: MHS College & Career Fair  
 Trip To: Malcolm Bernard HBCU College Fair Purpose: Students will engage with admissions reps, apply to HBCUs and receive ON SITE decisions, and attend sessions about the HBCU college experience  
 Number of Students Participating: 30  
 Number of students eligible to go on the field trip: 30  
 Dates of Trip: From: 11/16/24 To: 11/16/24 \* # of school days missed: 0

Names of Teachers and Chaperones:

1. <u>Bobbi-jo Wathen</u>	5.
2. <u>Vicky Thong</u>	6.
3. <u>Dawn Brooks</u>	7.
4. <u>Matt Harris</u>	8.

Number of Non-Chaperone Adults going on trip: 5

Transportation:  Bus    Van    Train    Plane    Car    Other

Are fund-raising activities planned: none If so, describe: Paid for by Early College Access Grant

Amount of money raised through fundraisers: N/A

Lodging:                      Hotel/Motel                      Camp                      Private Home

Insurance Arrangements for Staff and Students:

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

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

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

- a. N/A
- b.
- c.
- d. Other

Name of teacher making request: Bobbi-jo Wathen

Approved by Department Head at secondary level: [Signature]

Approved by Principal: [Signature] 10/1/24

Authorized by Chief Academic Officer: [Signature]

Superintendent Approval: [Signature] Date: 10/8/24