

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

Name of School: **Middletown High School**

Date of Request: **6/11/2025**

Name of Club or Activity: **MHS Crew Team**

Trip To: **991 Soldiers Field Rd Boston, MA** Purpose: **Regatta (Head of the Charles)**

Number of Students Participating: **40**

Number of students eligible to go on the field trip: **60**

Dates of Trip: From: **10/19/25 (Dependent on Lottery Entry)** To: **10/19/2025** # of school days missed: **0**

Names of Teachers and Chaperones:

|                   |                  |
|-------------------|------------------|
| 1. Scot Peaslee   | 3. Hannah Breton |
| 2. Melina Metaxas | 4. Jeremy Grimes |

Number of Non-Chaperone Adults going on trip:

Transportation: Bus Van Train Plane Car Other: **Families of athletes arrange transportation**

Are fund-raising activities planned: **Yes** If so, describe: **Booster Fundraisers**  
Amount of money raised through fundraisers: **Approx \$400 total crew club dues go toward crew regattas**

Lodging: Hotel/Motel Camp Private Home

Insurance Arrangements for Staff and Students: **N/A**

Cost per Student: **Crew Dues (see above)** Cost per Teacher and/or Chaperone: **Transportation**

Cost per Nurse: **\$0** Cost per Paraprofessional: **\$0**

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

Name of teacher making request: **Scot Peaslee**

Approved by Department Head at secondary level

Approved by Principal:

Authorized by Associate Superintendent:

Superintendent Approval:

Date: