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: | Middl | Letown Hi | igh Sch | nool | | Date of Rec | | 03/04/ | 24 | | | |
|---|----------------|-------------|------------|-------------|------------|--------------|----------|----------|--------|---------|----------|--------|
| Name of Club or | Activit | y: MPAC | C (MHS | Performin | ng Arts | Classes) | | | | | | |
| Trip To: | New Y | ork, NY | |] | Purpose: | Student | s will | experi | ence a | a live | Broadway | musica |
| Number of Studen | nts Par | ticipating: | 45 | | , | | | , | | | | |
| Number of studen | | | | field trip: | pen to | any MPAC | studer | nt | | | | |
| Dates of Trip: Fr | rom: | 5/17/25 | To: sa | me day | # | of school | days mi | issed: | 0 (8 | SATURDA | (Y) | |
| Names of Teacher | rs and | Chaperone | es: | | | | | | ι | | | |
| 1. | Laure | n Otto | | | 5. | | | | | | | |
| 2. Jillian Kellogg | | | | | | | | | | | | |
| 3. | Katie \ | /andrilla | | | 7. | | | | | | | |
| 4. | | | | | 8. | | | | | ٠, | | |
| Number of Non-C | Chapero | one Adults | going | on trip: | | | | | | | | |
| Transportation: | Bus x | Van | | Γrain χ | Plan | ne | Car | | Othe | er | | |
| Are fund-raising a | activiti | es planned | i: N/A | If s | o, describ | oe: | | | | | | |
| Amount of money | raisec | l through i | fundrais | sers: N/A | | | | | | | | |
| Lodging: | na | Hotel/Mo | tel | Car | np | Privat | e Home | e | | | | |
| Insurance Arrange | ements | for Staff a | and Stu | dents: na | | | | | | | | |
| Cost per Student: | \$ 5 | | (| Cost per Te | acher and | l/or Chape | rone: \$ | 5 | | | | |
| Cost per Nurse: (if necessary) | \$ na | | | Cost per Pa | - | ional: \$ | na | | | |) | |
| If <u>Travel Agencie</u> attached to this for | s are e rm: | ngaged, at | t least tl | hree quotat | ions need | d to be pro | vided w | ith docu | mentat | tion | | |
| a. | na | | | c. | | | | | | | | |
| b. | | | | d. Other | ~ | \bigcirc . | | | | | | |
| Name of teacher n | naking | request: | Laure | n Otto | Jam | w 951 |) | | | | | |
| Approved by Depa | artmen | t Head at | seconda | ary level: | | | | | | | - | |
| Approved by Princ | cipal: _ | (NBO | M | | | | | | | | | |
| Authorized by Chi | ief Aca | demicof | ficer:_ | P | / | | | | , | , | | |
| Superintendent Ap | proval | :_4 | Var | 84 | met | | | Date:_ | 3/1 | 0/25 | | |