

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: 6/13/25

Name of Club or Activity: MHS 4-H / FFA/ Ag Science

Trip To: ABGA Silver Buckle Show @ Eastern States Purpose: Students will participate in industry sanctioned competitive event

Number of Students Participating: 16 eligible per day

showing school goats, including youth showmanship events.

Number of students eligible to go on the field trip:

3; but teacher will make every effort to rotate

Dates of Trip: From: 9/23/25 To: 9/25/25

of school days missed: students and minimize missed instructional

Names of Teachers and Chaperones:

time once final show schedule is released

1. Amanda Thomson	5.
2. Sarah Mastrobattisto	6.
3.	7.
4.	8.

Number of Non-Chaperone Adults going on trip: 0

Transportation: Bus Van Train Plane Car Other Ag Bus/Truck

Are fund-raising activities planned: No If so, describe:

Amount of money raised through fundraisers: N/A, all expenses covered by UConn 4-H

Lodging: \$0, not applicable Hotel/Motel \$0 Camp \$0 Private Home \$0

Insurance Arrangements for Staff and Students: n/a

Cost per Student: \$ 0

Cost per Teacher and/or Chaperone: \$ 0

Cost per Nurse: \$ 0
(if necessary)

Cost per Paraprofessional: \$ 0
(if necessary)

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

a. Not applicable

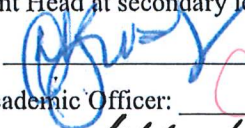
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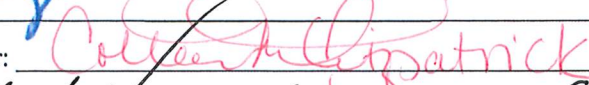
b.

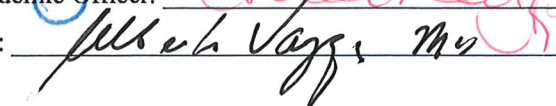
d. Other

Name of teacher making request: Amanda Thomson

Approved by Department Head at secondary level: 

Approved by Principal: 

Authorized by Chief Academic Officer: 

Superintendent Approval: 

Date: 9/3/25