

Instruction  
Field Trips and Community Service

REGULATION 6153(f)  
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: MNS Date of Request: 11/18/25  
Name of Club or Activity: ULTIMATE  
Trip To: OXFORD, MA Purpose: TOURNAMENT  
Number of Students Participating: 20  
Number of students eligible to go on the field trip: 20  
Dates of Trip: From: 5/16 To: 5/17 # of school days missed: 0

Names of Teachers and Chaperones:

1. <u>TREVOR CHARLES</u>	5.
2. <u>DAN KINNEY</u>	6.
3.	7.
4.	8.

Number of Non-Chaperone Adults going on trip: 4

Transportation: Bus Van Train Plane Car Other CARRY ALL

Are fund-raising activities planned: YES If so, describe: SCHOOL FUNDR

Amount of money raised through fundraisers: \$8,000

Lodging: Hotel/Motel X Camp Private Home

Insurance Arrangements for Staff and Students:

Cost per Student: \$ 0 Cost per Teacher and/or Chaperone: \$ 0

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

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

a.

c.

b.

d. Other

Name of teacher making request: TREVOR CHARLES

Approved by Department Head at secondary level: [Signature]

Approved by Principal: [Signature]

Authorized by Chief Academic Officer: [Signature]

Superintendent Approval: [Signature] Date: 11/26/25

MIDDLETOWN HIGH SCHOOL  
COVER FIELD TRIP REQUEST FORM

2025 - 2026

DATE OF TRIP: 5/16-5/17 TODAY'S DATE: 11/18/25  
TEACHER IN CHARGE OF TRIP: TREVOR CHARLES

DO YOU HAVE TEACHER COVERAGE FOR YOUR CLASSES (make sure to connect with Cassy once field trip is approved)? YES

GROUP/CLASS: ULTIMATE

CHAPERONES ATTENDING (list all): TREVOR CHARLES, DAN KINNEY

CHAPERONES CELL PHONE: 860-395-7852 860-966-7753

NUMBER OF STUDENTS ATTENDING: 20

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

DESTINATION: OXFORD, MA

DESCRIBE PURPOSE & HOW IT CONNECTS TO YOUR CURRICULUM: ULTIMATE  
REGIONAL TOURNAMENT

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

X Carry-All (Driver: TREVOR CHARLES)

       Train

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

       Walking

       Other:       

DEPARTURE TIME FROM SCHOOL: 6:51 AM DESTINATION DEPARTURE TIME: 5:30 AM  
& RETURN TIME TO SCHOOL: 6 PM

PROJECTED COST FOR EACH STUDENT: 0

What will you do to assist students who have a financial burden? N/A

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

• Final Student list due to activity office no later than N/A

• Student grades & attendance must be checked ON N/A



## MIDDLETOWN BOARD of EDUCATION

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**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):

CELL PHONE AND EMAIL

**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, ROOM CHECKS

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

TD CENTRAL

For shelter (inclement weather):

FIELD SITE PROVIDES PLAN

**Identification of on-site security and first aid:**

TRAINER

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

DAN KINNEY 860-966-7753

**Total Adult Supervisors (chaperones) Names/Telephone Numbers:**

Name	Cell Phone Number	Name	Cell Phone Number
TRAVOR PHARLES	860-395-7852		
DAN KINNEY	860-966-7753		

**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: TREVOR CHARLES Date: 11/18/25

Field Trip Location (be specific, include town & state) OXBORO, MA

On 5/16 - 5/17 SAT - SUN (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 TREVOR CHARLES

Teacher/Staff Cell Number 860-395-7852

Departure Date/Time (from school): 6am 5/16 Arrival Date/Time (at field trip) 7am 5/16

Departure Date/Time (from field trip): 5pm 5/17 Arrival Date/Time (at school) 6pm 5/17

Students Attending (attach alphabetized names and grades on separate sheet) TBD

Staff/Adult chaperones attending (list names including cell phone numbers of each) TREVOR CHARLES, DAN KINNEY

Chaperone to go on bus with students ☒ Yes \_\_\_\_\_ No In separate car? \_\_\_\_\_ yes \_\_\_\_\_ No Names & Phone

Numbers of Contact at the Facility \_\_\_\_\_

Facility Handicapped Accessible? ☒ Yes \_\_\_\_\_ No

Bathroom Handicapped Accessible? ☒ Yes \_\_\_\_\_ No

Facility Provide Food? \_\_\_\_\_ Yes ☒ No

Eating Lunch at Facility? ☒ Yes ☒ No

Time Eating Lunch 12:00

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:

ATHLETIC/ACTIVITIES DIRECTOR APPROVED: [Signature] DATE: 11/19/25

• Finalized student list due to activity office & the nurses no later than N/A