

**Instruction REGULATION 6153(f) Field Trips and Community Service 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: Middletown High School                      Date of Request: 3/3/2025

Name of Club or Activity: Office of Diversity, Equity, and Inclusion

Trip To: Washington, D.C. and Baltimore, MD                      Purpose: Visit HBCU colleges and other DC sites

Number of Students Participating: 25

Number of students eligible to go on the field trip:

Dates of Trip: April 2 - April 4 2025    From: Middletown HS    To: Baltimore, MD and Washington, D.C.  
# of school days missed: 3

Names of Teachers and Chaperones:

1. Elba Llantín-Cruz	5. TBD
2. TBD	6. TBD

Number of Non-Chaperone Adults going on trip: 0

Transportation: **Bus** Van Train Plane Car Other Are fund-raising activities planned: NO If so, describe:

Amount of money raised through fundraisers: 0

Lodging: **Hotel**/Motel Camp Private Home

Insurance Arrangements for Staff and Students: No insurance

Cost per Student: \$ No cost for students

Cost per Teacher and/or Chaperone: \$ No cost to chaperones

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:

Name of teacher making request: Elba Llantín-Cruz

Approved by Department Head at secondary level: \_\_\_\_\_

Approved by Principal: [Signature]

Authorized by Chief Academic Officer: [Signature]

Superintendent Approval: [Signature] Date: 3/10/25