

**NASHOBA REGIONAL SCHOOL DISTRICT
APPROVAL FOR OVERNIGHT FIELD TRIP / TRAVEL**

Please use this form for any field trips/overnight travel you are planning. Superintendent and School Committee approval must be obtained 90 days prior to departure date.

Person Organizing Field Trip: Al Fordiani **Group/Class** NRHS Robotics Club

Approx. # of Students: 14 **Approx. # of Chaperones** 4

Names of Chaperones:

<u>Al Fordiani</u>	CORI [X]	Fingerprinted [X]	_____	CORI []	Fingerprinted []
<u>Aaron Studham</u>	CORI [X]	Fingerprinted [X]	_____	CORI []	Fingerprinted []
<u>Rebecca Stadolnick</u>	CORI [X]	Fingerprinted [X]	_____	CORI []	Fingerprinted []
<u>Heidi Paulter</u>	CORI [X]	Fingerprinted [X]	_____	CORI []	Fingerprinted []
_____	CORI []	Fingerprinted []	_____	CORI []	Fingerprinted []

Destination: Cobo Arena, Detroit, MI

Date(s) planned: Departure 4/23/19 **Return:** 4/28/19 **How many school days will be missed:** 3

Objective of the Trip: (How will this trip be related to the curriculum? What preparation have you given the students and what follow-up activities are planned?) World Robotics Competition

Itinerary: (Provide or attach a brief description of the itinerary) _____

Method of Transportation: Hale’s Bus Company, 37 Kirkland Ave, Clinton, NY 13323 (Sharing bus with NH Team)

Driver: (If staff member list staff member name) _____

Lodging Accommodations: Name: Country Inn and Suites by Radisson

Address: 24555 Michigan Avenue, Dearborn, MI

Phone # (313) 562-8900

Tour Company you are working with: _____

Total Cost of Trip: \$ _____ **Total Cost to Student:** \$ _____

How will this trip be funded? If funded from a school budget, please indicate: _____

_____	_____	_____	_____
TEACHER/ADVISOR SIGNATURE	DATE	PRINCIPAL SIGNATURE	DATE
_____	_____	_____	_____
NURSE SIGNATURE	DATE	SUPERINTENDENT SIGNATURE	DATE
_____	_____	_____	_____
NRSC CHAIR SIGNATURE	DATE		