

**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 Fodiani Group/Class Robotics Team

Approx. # of Students: 25 Approx. # of Chaperones 5

Names of Chaperones:

| | | | |
|------------------------|--|-------|--|
| <u>Derek Rocca</u> | CORI <input checked="" type="checkbox"/> Fingerprinted <input checked="" type="checkbox"/> | _____ | CORI <input type="checkbox"/> Fingerprinted <input type="checkbox"/> |
| <u>Aaron Studham</u> | CORI <input checked="" type="checkbox"/> Fingerprinted <input checked="" type="checkbox"/> | _____ | CORI <input type="checkbox"/> Fingerprinted <input type="checkbox"/> |
| <u>Heidi Pauller</u> | CORI <input checked="" type="checkbox"/> Fingerprinted <input checked="" type="checkbox"/> | _____ | CORI <input type="checkbox"/> Fingerprinted <input type="checkbox"/> |
| <u>Lorraine Payson</u> | CORI <input checked="" type="checkbox"/> Fingerprinted <input checked="" type="checkbox"/> | _____ | CORI <input type="checkbox"/> Fingerprinted <input type="checkbox"/> |
| <u>Sarah Griffith</u> | CORI <input checked="" type="checkbox"/> Fingerprinted <input checked="" type="checkbox"/> | _____ | CORI <input type="checkbox"/> Fingerprinted <input type="checkbox"/> |

Destination: Pine Tree Robotics Competition, Lewiston, ME

Date(s) planned: Departure 4/4/19 Return: 4/6/19 How many school days will be missed: 1

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?)
Robotics Competition

Itinerary: (Provide or attach a brief description of the itinerary) Competition site:
Lewiston Colisee

Method of Transportation: Bus

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

Lodging Accommodations: Name: Hampton Inn
Address: 15 Lincoln St
Phone #: 855 479-0732

Tour Company you are working with: _____

Total Cost of Trip: \$ _____ Total Cost to Student: \$ 200-

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

| | | | |
|---|-----------------------|---|-----------------------|
| <u>[Signature]</u> TEACHER/ADVISOR SIGNATURE | <u>3/6/19</u> DATE | <u>[Signature]</u> PRINCIPAL SIGNATURE | <u>3/7/19</u> DATE |
| <u>[Signature]</u> NURSE SIGNATURE | <u>3/7/19</u> DATE | _____ SUPERINTENDENT SIGNATURE | _____ DATE |
| _____ NRSC CHAIR SIGNATURE | _____ DATE | | |