

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: Nathan Prichard Group/Class German

Approx. # of Students: 10 Approx. # of Chaperones 2

Names of Chaperones:  
Marra Daus CORI Checked  Susan Unger CORI Checked   
Jen Stuart CORI Checked  \_\_\_\_\_ CORI Checked   
\_\_\_\_\_ CORI Checked  \_\_\_\_\_ CORI Checked   
\_\_\_\_\_ CORI Checked  \_\_\_\_\_ CORI Checked

Destination: URI: University of Rhode Island

Date(s) planned: Departure 11/2/18 Return: 11/3/18 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?) see attached

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

Method of Transportation: Nashoba Team Van (Mini-Bus)

Driver: (If staff member list staff member name) Nathan Prichard

Lodging Accommodations: Name: Holiday Inn South Kingstown

Address: 3009 Tower Hill Rd

Phone # (401) - 789 - 1051

Tour Company you are working with: Goethe Institut / University of Rhode Island

Total Cost of Trip: \$ 600 Total Cost to Student: \$ 60

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

<u>Nathan Prichard</u>	<u>10/26/18</u>	<u>Paul J. Jones</u>	<u>10/26/18</u>
TEACHER/ADVISOR SIGNATURE	DATE	PRINCIPAL SIGNATURE	DATE
_____	_____	_____	_____
NURSE SIGNATURE	DATE	SUPERINTENDENT SIGNATURE	DATE
_____	_____	_____	_____
NRSC CHAIR SIGNATURE	DATE	_____	_____
_____	_____	_____	_____