

CHARIHO REGIONAL SCHOOL DISTRICT

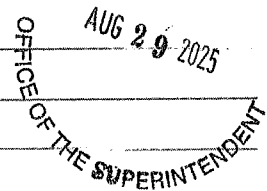
FIELD TRIP REQUEST FORM



Submitted by: Robert Wild Date Submitted: 8/28/25
 Date of Trip: 9/20/25 - 9/29/25 Grade(s): 12th
 Destination: WASHINGTON D.C.
 Number of Students: 1 Number of Chaperones: 3

Chaperones:	Substitute Funding Source	Cost	Business Office
*Teacher/Teacher Assistants:			
<u>Aimee Duvante</u>			
<u>STEPHANIE ALECIA</u>			

Please list additional chaperones and funding source on back



Other Chaperones: _____

Please list additional chaperones on back

Departure Time: 10:35 AM Bus Company to be Used: N/A
 Return Time: 11:50 AM Is Ocean State Trans. Available: Yes No (circle one)
 Field Trip Funding Source: SK-113 US+ Bus(es): _____ @ \$ _____
 Total Cost Per Student: _____ Special Needs Bus(es) _____ @ \$ _____
 CHS/CTC - Class Coverage Needed (Please Circle): G: 1 2 3 4 / W: 1 2 3 4

Curriculum Connection: *(Please list specific standards or student goals that are supported by this field trip experience.)*
Student is a member of the SK-113 USA Exchange Team - Going to Washington Leadership Training Institute

Out-of-Country Trips:
 Safety plan is attached.
 _____ U.S. Embassy will be notified of the trip. (Please attach draft notification letter, to be dated and sent following approval of trip.)
 Upon return, please schedule a brief (5-7 min) presentation by students to the School Committee to discuss the impact and highlights of the trip.

This request is approved by:
 Department Head's Signature [Signature] Date 8/29/25
 Principal's Signature _____ Date _____
 Superintendent's Signature _____ Date _____

Additional forms may be necessary for out of state field trips
 * Approval of this request constitutes approval for absence from duty for teachers/teacher assistants.
 Revised 7/29/16

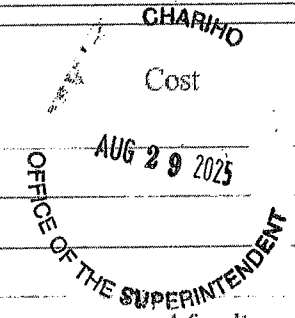
Out of State - Georgia

CHARIHO REGIONAL SCHOOL DISTRICT

FIELD TRIP REQUEST FORM

Submitted by: <u>Robert W. Id</u>	Date Submitted: <u>8/28/25</u>
Date of Trip: <u>5/31/26 - 6/4/26</u>	Grade(s): <u>9-12th</u>
Destination: <u>Atlanta Ga</u>	
Number of Students: <u>15</u>	Number of Chaperones: <u>3</u>

Chaperones:	Substitute Funding Source	Cost	Business Office
*Teacher/Teacher Assistants:			
<u>BOB WILB</u>			
<u>BONNIE PRICE</u>			
<u>DAVE BAUNSTER</u>			
<i>Please list additional chaperones and funding source on back</i>			



Other Chaperones: _____

Please list additional chaperones on back

Departure Time: 0700 AM Bus Company to be Used: _____

Return Time: 1200 PM Is Ocean State Trans. Available: Yes No (circle one)

Field Trip Funding Source: _____ Bus(es): _____ @ \$ _____

Total Cost Per Student: TRD Special Needs Bus(es) _____ @ \$ _____

CHS/CTC - Class Coverage Needed (Please Circle): G: 1 2 3 4 / W: 1 2 3 4

Curriculum Connection: *(Please list specific standards or student goals that are supported by this field trip experience.)*

Skills USA NATIONAL Championships

Out-of-Country Trips:

Safety plan is attached.

_____ U.S. Embassy will be notified of the trip. (Please attach draft notification letter, to be dated and sent following approval of trip.)

Upon return, please schedule a brief (5-7 min) presentation by students to the School Committee to discuss the impact and highlights of the trip.

This request is approved by:

Department Head's Signature _____ Date 8/27/25

Principal's Signature _____ Date _____

Superintendent's Signature _____ Date _____

Additional forms may be necessary for out of state field trips

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Revised 7/29/16

CHARHO REGIONAL SCHOOL DISTRICT

FIELD TRIP REQUEST FORM

Submitted by: Zachary Folsom Date Submitted: 8/26/25
 Date of Trip: May 2026 Grade(s): 12
 Destination: Project MFG National Competition Big Rapids Michigan
 Number of Students: 1-3 Number of Chaperones: 2

Chaperones:	Substitute Funding Source	Cost	Business Office
*Teacher/Teacher Assistants: <u>Zachary Folsom</u>	<u>B</u>	<u>CHARHO</u>	
<u>TBD Parent</u>			

AUG 29 2025
OFFICE OF THE SUPERINTENDENT

Please list additional chaperones and funding source on back

Other Chaperones: _____

Please list additional chaperones on back

Departure Time: TBD Bus Company to be Used: _____
 Return Time: TBD Is Ocean State Trans. Available: Yes No (circle one)
 Field Trip Funding Source: Project MFG Bus(es): _____ @ \$ _____
 Total Cost Per Student: 0\$ Special Needs Bus(es) _____ @ \$ _____
 CHS/CTC - Class Coverage Needed (Please Circle): G: 1 2 3 4 / W: 1 2 3 4

Curriculum Connection: *(Please list specific standards or student goals that are supported by this field trip experience.)*
Project MFG Nationals allows students to compete in the SMAW, CMAW and GTAW processes

Out-of-Country Trips:
 Safety plan is attached.
 _____ U.S. Embassy will be notified of the trip. (Please attach draft notification letter, to be dated and sent following approval of trip.)
 Upon return, please schedule a brief (5-7 min) presentation by students to the School Committee to discuss the impact and highlights of the trip.

This request is approved by:
 Department Head's Signature [Signature] Date 8/28/25
 Principal's Signature _____ Date _____
 Superintendent's Signature _____ Date _____

Additional forms may be necessary for out of state field trips
 *Approval of this request constitutes approval for absence from duty for teachers/teacher assistants.
 Revised 7/29/16