

Memo

To: Principals/Program Administrators and Directors
From: Superintendent
Re: OUT-OF-STATE FIELD TRIPS/OVERNIGHT FIELD TRIPS

School Committee members have requested more detailed information when presenting an out-of-state field trip or overnight field trip request. I would ask that you forward answers to the following guideline questions so that I can include them with your request. Please attach as well any documentation/itinerary that may prove informative.

1. Dates of trip – will students be missing any school time.
APRIL 18, 2024 NO SCHOOL TIME MISSED (VACATION WEEK)
2. Reason for trip.
BASEBALL GAME (VARSITY)
3. Number of students participating and grades involved. How will students be selected?
VARSITY BASEBALL TEAM, APPROXIMATELY 20 STUDENTS
4. Cost to students.
\$0
5. Cost to school.
\$0
6. Transportation – public, private, school van, etc.
BEDFORD CHAPTER SCHOOL BUS
7. Chaperones – number, names. Please remember that if it is an overnight trip and attended by male and female students, a male and female chaperone is required.
4-5 COACHES (VARSITY AND JV)

Requests that do not have this form attached will be returned to the teacher. All approvals by School Committee need to be submitted one month in advance. Faculty should not discuss trips with students/parents before School Committee approval has been given. Thank you for your attention to this.

BEDFORD PUBLIC SCHOOLS

EDUCATIONAL FIELD TRIP REQUEST

Note: Trips of 150+ miles from Bedford, or overnight trips MUST have School Committee approval PRIOR to the trip. Please submit at least five (5) weeks prior to the trip.

Name: GEORGE CHASE Date: 4/18/24
School: BEDFORD HIGH SCHOOL
Teacher(s): VARSITY AND JV BASEBALL COACHES
Grade(s): 9-12 # of Pupils: APPROX 20
Destination: DODD STADIUM IN NORWICH, CT

Trip Date(s) 4/18/24 Departure 9AM Return 5PM

Out-of-State: (☒) yes () no If yes, please complete the Out-of-State Guidelines
Overnight: () yes (☒) no form

Chaperones: GEORGE CHASE JIM THOMEY
PAUL McGRATH MIKE LESKOWSKI JR.
JAY JOHNSON _____

} COACHES

Educational Aims:

Estimated Expenses:

Transportation Cost: _____ Cost to Pupil 0
Provider: BEDFORD CHARTER
Admission 0 Substitute Needed () Yes
Cost to School 0 (☒) No

Approvals:

Kevin Mays 1/24/24
Program Administrator/Director Date
Arthur P. A. _____
Principal Date Superintendent/Designee Date

Out-of-State:

School Committee Approval: () Yes () No Date: _____