

Field Trip Authorization Form

Name of Group/Team: CEHS Nordic Team

Faculty/Staff member Making Request: Shawn Guerrette

Date(s) of Proposed Trip: 12-28-14-12-30 # of School Days: 0 # Nights Away: 2

Destination: Kingfield, ME Distance (one-way): 200 miles

Purpose/Benefit of Trip: Nordic ski training

Transportation Arrangements: Sched transportation vans

Students: 14 # Chaperones: 3 School Staff: 2 Parents/Other: 1

Arrangements for Mixed Gender Supervision: Yes Adult female - Amy Partridge - Barton
male - Stans Alcock - Roberts

Cost Per Student: \$150

Description of any Fundraising: Cape Nordic

Do all members of the group/team have an opportunity to participate? Yes No

If "no," describe circumstances:

For overnight trips

All parent/other chaperones have attended volunteer training: Yes No

Date and time of pre-trip chaperone meeting: Dec 18, 7:00 PM

For out-of-country trips

Travel and cancellation insurance arrangements (attach copy of contract with insurance and cancellation provisions highlighted):

Approvals:

Principal or Athletic Administrator _____

Superintendent _____

School Board _____

Date 12/5/14

Date _____

Date _____

Authorization Authority: Principal/AA: in-state day trips; Superintendent: out-of-state trips w/n 125 miles, in-state trips requiring one-night stay; School Board: out-of-state trips beyond 125 miles, trips requiring 2 or more overnights; trips costing \$500 or more per student