

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 2/10/26



**Recognition:**  Students  Staff  Parents  
**Information:**  Building Report  Old Business  Superintendent's Report  
**Action:**  Resignation  Hiring  Contract Service Agreements  
     Travel Out-of-State  Travel In State  Approvals  
     Termination  Legal Matters  Other:  
This action request pertains to  Elementary (only)  High School/District Wide

**Date:** 01/06/26

**To:** Rebecca Rappold  
    Superintendent of Schools **From:** Sandi Campbell  
    Title: Principal

**Subject: Out of State Travel: Close Up HS Civics Program 2025-2026**

**Description:** Request approval for Kari McKay, Colin Sibbersen and 14 students to travel to Washington DC for Close Up Civics Program April 26 - May 1, 2026. Information is attached. We pay the total amount required and the cost includes airfare, hotel, meals. BHS Close up will cover cost of taxi, travel meals, museum/site seeing activities.

**Chaperones:** Kari McKay & Colin Sibbersen

**Students:** Ariel McFadyean, Christian Scout, Dani Coursey, David Burdeau, Eli Edwards, Harmony Lahr, Jaden SureChief, Jaeden Gilham, Keyenna DeRoche, Koen CalfRobe, Maya Andreas, Shaia Webber, Tiazhona YellowOwl and Timothy CreeMedicine.

**Financial Impact:** 5 students @ \$2,257.00 = \$11,285 (early bird deposit) student @ \$2437.00 = \$21,933, 2 adults @ \$3,087 = \$6,774.00 Total cost = \$40,242

**Funding Source (Budget/grant, etc.):** Close Up budget #218. students are fundraising for the cost to but due to the # of students participating we may not meet our goal. We would appreciate any funding the school board could assist with in the cost of the trip. To date we still owe close to \$15,000.

**Attachment(s):** Travel Request/Schedule, Student list, invoice/cost

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**  N/A (Info)  Approved  Denied  Tabled to: \_\_\_\_\_

**BROWNING PUBLIC SCHOOLS**  
**Leave Report/Travel Request**

Employee Name Sample  
Building Browning High School

Employee # \_\_\_\_\_  
Substitute Name \_\_\_\_\_

**LEAVE REPORT**

Date of Leave  
4/27/2026-5/1/2026

Hours  
40 hrs

Type of Leave  
SR

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved; Condition upon the specific leave being available for the specific employee       Not Approved  
Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**TYPE OF LEAVE**

AN Annual

PL Personal Leave

ALWO Approved Leave W/O Pay

SL Sick Leave

JD Jury Duty (attach verification)

ULWO Unapproved Leave w/o Pay

\*EX/SR Extra-Curricular/School Related

NG National Guard

SWP Suspended w/Pay

FN Funeral \_\_\_\_\_

SWOP Suspended w/o Pay

(Master Contract Relationship)

\*If taking School Related/Extra-Curricular Leave only, In or Out of District, you MUST list Conference Agenda, Name, Location TRAVEL REQUEST. (If receiving payment for EX/SR leave please fill out entire form completely)

Conference/Workshop Close Up Civics Program (Attach Brochure/Agenda)

Location Washington, DC

Departure Date 4/25/26

Return Date 5/2/26

Departure Time TBA

Return Time TBA

Transportation:  Personal Vehicle

Mileage \_\_\_\_\_ = \_\_\_\_\_

District Vehicle

Per Diem \_\_\_\_\_ = \_\_\_\_\_

Professional Development

Registration PO# \_\_\_\_\_ = \$

Hotel PO# \_\_\_\_\_ = \$

Other PO# Airfare \_\_\_\_\_ = \$

Submit Receipts on return for Taxi/Shuttle/Parking/Luggage      Sub Total \$

Budget N/A

Check Total \$

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

# INVOICE



**TO** · Browning High School  
**FROM** · Close Up Foundation  
**RE** · Close Up Washington DC Program  
**DATE** · 1/22/2026

**School ID #:** MT005-46385  
**Invoice #:** MT005-260122  
**Program Start Date:** 1/26/2026  
**Transportation Package:** GTF

**DESCRIPTION:** Program cost for participants to attend the Close Up Civic Education Program in Washington, DC.

<b>Qty</b>	<b>Description</b>	<b>Unit Cost</b>	<b>Total Amt.</b>
5	Student Program Cost	\$ 2,257.00	\$ 11,285.00
9	Student Program Cost	\$ 2,437.00	\$ 21,933.00
2	Adult Program Cost	\$ 2,787.00	\$ 5,574.00
2	Single Room	\$ 600.00	\$ 1,200.00
1	Cancellation Fee	\$ 250.00	\$ 250.00
<b>Balance Due:</b>			<b>\$ 40,242.00</b>
10%	(Less Teacher Fellowship)*	\$ (2,787.00)	\$ (3,901.80)
	(Less Student Fellowship)		\$ (1,000.00)
	(Less Payment Received)		\$ (1,575.00)
	(Less Expected Payment)		\$ (6,250.00)
	(Less School Credit)		\$ (25.00)
<b>TOTAL BALANCE DUE 1/29/2026:</b>			<b>\$ 27,490.20</b>

**\*10% credit for every 1 paying participant (base adult tuition + transportation only).**

**For Fast Service:** Purchase orders should be faxed to 703-997-6573. Please call in School/District Credit Card and eCheck payments to 703-706-3416. **Credit card payments are limited to transactions of \$5,000 or less. For amounts exceeding this limit, please consider paying by mail.**

Please make checks payable to **Close Up Foundation**, write the **Invoice #** in the memo portion of the check, **include a copy of the invoice**, and mail payment to the following address:

Attn: Finance Department  
Close Up Foundation  
671 N Glebe Road, Suite 900  
Arlington, VA 22203

671 N. Glebe Road, Suite 900, Arlington, VA 22203

## **Close Up 2026**

Chaperones: Kari McKay  
Colin Sibbernson

Students: Ariel McFadyean  
Christian Scout  
Dani Coursey  
David Burdeau  
Eli Edwards  
Harmony Lahr  
JadenSureChief  
Jaeden Gilham  
Keyenna DeRoche  
Koen CalfRobe  
Maya Andreas  
Shaia Webber  
Tiazhona Yellow Owl  
TimothyCreeMedicine