

**Faribault Public Schools**  
**Extended Trip Form**

School FARIBAULT HIGH SCHOOL Group Making Request MUSIC DEPT

Principal Joel Olson Person in Charge M. Sloane, B. Beaupre, N. Grothe

Check One:

Instructional Trip (Trips that take place during the school day, relate directly to a course of study, and require student participation shall fall in this category. Fees may not be assessed against students to defray direct costs of instructional trips.)

Supplementary Trips (This category pertains to those trips in which students voluntarily participate and which may or may not take place outside the regular school day. Financial contributions by students may be requested.)

1. Destination: LOS ANGELES

2. Dates of Trip: MARCH 25-29 2023 Number of School Days Missed: 0

3. Number of Students: 54

4. Grade Levels Included: 9-12

5. Suggested Supervision (one adult for 1-6 students; 2 adults for 7-12 students; and one adult for every 12 students thereafter.)

a. Staff Accompanying: 3 SLOANE, BEAUPRE, GROTHE

b. Other Adults Accompanying: 4 Chaperones

6. Prior to the trip, parents will be informed of the following:

- |  |   |                             |
|--|---|-----------------------------|
| a. Nature of the trip  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. Names of the adult sponsors   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| c. Emergency telephone number  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| d. Mode of transportation  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| e. Transportation waiver, if appropriate                                     | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| f. Student Medical Insurance Coverage  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| g. Group Tour Insurance- coverage and cost                                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| h. Procedure for sending a student home in case of emergency (medical, etc.) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| i. Amount of spending money a child may need                                 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| j. Itinerary   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

7. Describe the nature and objectives of the trip:

Students will be rehearsing and performing at Disneyland. Objectives:  
Retention of members by developing relationships with each other; personal  
growth; experience new places, music and people.

8. Transportation Information: How will student be transported:

- a. Bus  Name of Company Minnesota Coaches
- b. Plane  Name of Airline Sun Country
- c. School District van/s N/A
- d. Private vehicle driven by responsible adult N/A
- e. Other \_\_\_\_\_
- f. School District not responsible for transportation

9. Cost Factors:

- a. Trip funded by:
  - 1. School Account Both
  - 2. Individual Both
- b. Cost per person \$1,900
- c. What provision has been made for students where money is a problem?  
Fundraising opportunities since 2020
- d. For trips costing in excess of \$500 per person, what efforts have been made to acquire the most cost effective price?  
Travel agency negotiated prices to find lowest cost.

10. Insurance Issues

- a. Will students need additional medical insurance coverage? No
- b. Is group tour insurance being purchased? If so, what is the coverage and cost? Yes, optional

11. What is the procedure for sending a student home in case of emergency (medical, disciplinary, etc.)

Contact parent; 2 adults accompany minor to airport;  
Any expenses will be covered on dept P Card and reimbursed by  
school or Gateway. ~~etc~~

12. Faculty members may not receive any salary remuneration relating to field trips from outside agencies nor arrange trips for financial gain. Is a portion of the funds provided by students paying for or reducing chaperone costs? Yes \_\_\_\_\_ No

Sponsor Signature Mald Alan Date 2/1/23

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

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