DISTRICT 709 FIELD TRIP REQUESTS

WOLF RIDGE

In accordance with School District Policy District 6160, District 709 recognizes properly planned, well conducted, and carefully supervised field trips may be a vital part of the curriculum. School field trips are encouraged within available resources and requirements outlined below.

DIRECTIONS: All staff are required to submit a Field Trip Request prior to the field trip being finalized with the involved students and to:

- Receive administrative and/or extra-curricular coordinator approval for all instructional and supplementary field trips
- Receive administrative reviewal and school board approval for all extended trips (Exceptions may be granted by the school board chair to accommodate emergencies.)

DEFINITIONS:

<u>Instructional Trips</u> - Trips that take place during the school day, relate directly to a course of study, and require student participation. Fees may not be assessed against students.

<u>Supplementary Trips</u> - Trips in which students voluntarily participate in and which often take place outside the regular school day, but do not include overnight stays. Financial contributions may be requested of students.

Extended Trips Within Minnesota and Continental United States - Trips that involve one or more overnight stops within Minnesota or the Continental United States and may be instructional or supplementary and are voluntary in nature. Extended field trips require school board approval prior to the trip.

INSTRUCTIONAL TRIP ACT		
Principal:	Approved	Name: In Court
	☐ Not Approved	Date:
SUPPLEMENTAL TRIP ACT	ION	
Principal:	☐ Approved	Name:
	☐ Not Approved	Date:
Instru	ctional/Supplemental Trips ne	ed not be sent to District office.
EXTENDED TRIP ACTION		•
Principal:	Recommended	Name:
	☐ Not Recommended	Date:
	- Too on mondog	Date.
Assistant Superintendent:	Recommended	Name: Anthone Are A
	☐ Not Recommended	Date: 1/108/123
	- The continued	Date: 11/08/03
School Board:	Approved	
control Board.	Approved	Name:
	☐ Not Approved	Date: ————
All extended trip propos	als must be sent to the Assist Education Committee meetin	ant Superintendent's Office to be placed on the g agenda for approval.

		· · · · · · · · · · · · · · · · · · ·

FIELD TRIP REQUEST CHECKLIST - All Field Trips DIRECTIONS: Please complete checklist. No attachments are necessary.

Develop and Communicate Student Discipline Expectations
Collect Parent/Guardian Permission for Student Participation in Field Trip (Include request for special information - i.e. allergies, medications, special needs.)
medications, special needs.)
☐ Gain Access to Cell Phone for Field Trip
A Plan Arrangements for Early Pick-Up or Late Drop Off Students (if process)
Guide: May choose to leave message on school voice mail to help with late drop off.
- i an mountifulgements in necessary
Heminder: Notify food service of non-participation
A Plan Administration of Student Medication and First Aid Needs ##
, and of condition will be
A Develop and Communicate Action Plan if Student Gots Leater To
A mange Audit Olidbelones for Field I in his page and
Guide: One (1) adult for every twenty (20) students depending on (1)
Guide: One (1) adult for every twenty (20) students depending on field trip. Parent volunteers are encouraged when possible or
Develop and Communicate Teacher and Adult Chapterene France in
Planned Itinerary
TIME LOCATION
1 18 1.3(////
3-6-24 10:30AM Arrive We
2-2-11:45 AM
2 9 21 1015 014
TOME HOMECROFE
Maintain Student Roster and Check-in/Check-out Procedure
Arrangement for Safety Needs (i.e. crossing guards)
A .
ignature of Contact Person:
Marthe,
PIPI P PPIP P
FIELD TRIP REQUEST CHECKLIST – Extended Trip Only DIRECTIONS: Please complete checklist and ottack all.
DIRECTIONS: Please complete checklist and attach all appropriate materials.
Doubles and G
Develop and Complete Field Trip Itinerary and Emergency Telephone Contacts Letter to Parents/Guardians Arrange First in the Parents of Parents
Mote: Attach tentative planned itinerary.
Arrange Funding of Expenses During Trip
Arrange Funding of Expenses During Trip Arrange Meal Plans Arrange Lodging Plans and Room Assignments
Arrange Lodging Plans and Room Assignments
3 Conduct Failily Emergency Information for Caudana
Example. Hollie phone numbers, emergency contact.
Note: Provide any additional information.

nature of Contact Person: _

FIELD TRIP REQUEST FORM

	Dat	te of Submission: 10-31-23
	Тур	pe of Trip: Instructional Supplementary Extended
	1.	Organization/Grade/Course Planning Trip: Homecroft 5th grade
	2.	
	3.	Field Trin Date(s): 3-1-74-3-8-24 Doctination: Notal Pidos FIC Rehado / 11
		Field Trip Overview (Include events, establishments and locations): Attend and Stay at Wolf Ridge
	4.	Pleid The Overview (include events, establishments and locations): Attend and Stay at Wolf Ridge
		The rung winder Survival Skills, Including Some MN Science
		Standards, and returning after 2 rights & 3 days.
,	5.	Field Trip Departure from School (Date and Time): March 6, 2024 8:30 AM
		Field Trip Return to School (Date and Time): March 8 2024 1:30 PM
(ô.	Objectives of Field Trip: To cover MN Science Standards and to
		teach our students survival skills and
		team building.
7	7.	Relationship to Curriculum or Student Learning: 5.3.4.1.3 5.4.2.1.2
		5.4.4.1.1, 5.1.3.2.1, 5.4.1.1.1
8	. F	Planned Follow-up Field Trip Activities: Students will complete working in make
	-	Planned Follow-up Field Trip Activities: STUDENTS will complete working journals while there and we will write thank you letters
9		Field Trip Budget Request
		Estimated Expenses
		I otal Admission/Fees
	-	Total Meals Story Addison
	1	Total Lodging Total Transportation \$ \$\delta\$
		School District Vehicle(s) Voyageur bus company \$
		☐ Commercial Transportation Carrier ~ Name:
		Private Vehicle (requires certificate of insurance) ~ Name:
	-	11.00
	H	Total Additional Superius.
	-	Other: night time snacks \$ 200
	_	\$ 18.633
		Revenues
		District Budget Code: \$
		Booster Group \$
		Donations \$ 500
		Student Fees \$ 18,600 Total Additional Stipends:
		Total Additional Stiperius:
	_	1319,100
11.	R	eviewed/Completed Request Checklist:

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/1/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

1	this certificate does not confer rights	to the	e ceri	tificate holder in lieu of s	ne poli uch en	cy, certain po dorsement/s	olicies may	require an endorsemer	nt. A stat	ement on
PRODUCER				CONTACT Dee Ann Briegel						
Marsh & McLennan Agency LLC 332 West Superior Street			PHONE [A/C, No, Ext): 218-623-5772 [A/C, No, Ext): 218-623-5772							
Duluth MN 55802					LACC, No, Ext): 210-023-3772 (A/C, No): E-MAIL ADDRESS: Dee.Briegel@MarshMMA.com					
					ADDRE					
					th course			RDING COVERAGE		NAIC #
INS	URED			INDE709		ER A : Dakota 1				34924
	uluth Public Schools					ER в : Indiana I				22659
	D #709 316 Rice Lake Road						lutual Fire In	surance Company		23035
	te 108				INSUR					
Dι	uluth MN 55811				INSUR					
CC	OVERAGES CER	STIFI	CATE	NUMBER: 351414435	INSURER F:					
Т	THIS IS TO CERTIFY THAT THE POLICIES	SOF	INSU	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE MICHES	REVISION NUMBER:		
	CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH								O ALL TH	E TERMS,
INSF		ADDL	SUBR		BEEN					
C	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER TB7Z5129367023			POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	CLAIMS-MADE X OCCUR			18723129367023		8/1/2023	8/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,00)0
	CLAIMS-MADE A OCCUR							PREMISES (Ea occurrence)	\$ 500,000	
	X Molectation							MED EXP (Any one person)	\$ 15,000	
	Wolestation							PERSONAL & ADV INJURY	\$ 1,000,00	00
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,00	00
	JEC1							PRODUCTS - COMP/OP AGG	\$ 2,000,00	10
В	OTHER: AUTOMOBILE LIABILITY	+		100754000070040				Emp Ben.	\$ 1,000,00	0
157.0	ANY AUTO			AS2Z51293670013		8/1/2023	8/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	0
	OWNED Y SCHEDULED							BODILY INJURY (Per person)	\$	
	HIRED NON-OWNED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
В	X UMBRELLA LIAB	-		T11775420207020					\$	
	EXCESS LIAB CLAIMS-MADE			TH7Z51293670073		8/1/2023	8/1/2024	EACH OCCURRENCE	\$5,000,00	0
	DED X RETENTION \$ 10,000							AGGREGATE	\$5,000,00	0
Α	WORKERS COMPENSATION			WC0100069172023A				DED OTH	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			WC0100069172023A		8/1/2023	8/1/2024	X PER OTH- STATUTE ER		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$ 2,000,00	0
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,00	0
	The state of the s							E.L. DISEASE - POLICY LIMIT	\$ 2,000,00	0
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule	e may he	attached if more	space is accorded	.0		
	te: 3/6/24 - 3/8/24 students from Homecroft Elementary, 3 :				o, may be	attached if more	space is require	a)		
00.	students from Fromecroft Elementary, 3	teacn	ers, 2	2 chaperones						
CEF	RTIFICATE HOLDER		3.080		CANC	ELLATION				
				T	CANC	LLLATION				
					SHOU	JLD ANY OF TH	HE ABOVE DE	SCRIBED POLICIES BE CA	NCELLED	REFORE
					INE	EXPIRATION	DATE THE	REOF, NOTICE WILL B	E DELIVE	RED IN
	Wolf Ridge Environmental I 6282 Cranberry Road	Learr	ning (Center	7000	PUDDINGE WILL	THE POLICY	PROVISIONS.		
	UZUZ CIGIDEIIV KORO									

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Finland MN 55603

AUTHORIZED REPRESENTATIVE

DISTRICT 709 FIELD TRIP REQUESTS

In accordance with School District Policy District 6160, District 709 recognizes properly planned, well conducted, and carefully supervised field trips may be a vital part of the curriculum. School field trips are encouraged within available resources and requirements outlined below.

DIRECTIONS: All staff are required to submit a Field Trip Request **prior** to the field trip being finalized with the involved students and to:

- > Receive administrative and/or extra-curricular coordinator approval for all instructional and supplementary field trips
- > Receive administrative reviewal and school board approval for all extended trips (Exceptions may be granted by the school board chair to accommodate emergencies.)

DEFINITIONS:

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Extended Trips Within Minnesota and Continental United States - Trips that involve one or more overnight stops within Minnesota or the Continental United States and may be instructional or supplementary and are voluntary in nature. Extended field trips require school board approval prior to the trip.

INSTRUCTIONAL TRIP ACTIO	ON .	
Principal:	Approved	Name:
	☐ Not Approved	Date:
SUPPLEMENTAL TRIP ACTION	ON	
Principal:	Approved	Name:
	□ Not Approved	Date:
Instruc	ctional/Supplemental Trips n	eed not be sent to District office.
and the same of th		i e
EXTENDED TRIP ACTION	4	$V \rightarrow I$
Principal:	Recommended	Name: Alley Olahang
Ly Send to	☐ Not Recommended	Date: 10-90-2023
Anthony Bonds		16 11
Assistant Superintendent:	Recommended	Name: Anthry Bourt
1 Send to	□ Not Recommended	Date: 10/16/2-3
School Board	\	
School Board:	☐ Approved	Name:
	□ Not Approved	Date:
All extended trip propo		istant Superintendent's Office to be placed on the
	Education Committee meet	ing agenda for approval.

FIELD TRIP REQUEST FORM

Date	of Submission:	
Туре	e of Trip: Instructional Supplementary Extended	
1.	Organization/Grade/Course Planning Trip: Outoth East A Caspella Choir	(id-12)
2.	Contact Person (Responsible for Checklist Completion): Paul Christenson	(14 10)
3.	Field Trip Date(s): 4/13/24 - 4/19/24 Destination: Mani (Royal Caribbe	ean)
4.	Exchange in Miami, performing on a cruse ship, travelling around the Caribbean via cruse ship.	1
5.	Field Trip Departure from School (Date and Time): 4/13/24 @ Co Wam	
	Field Trip Return to School (Date and Time): 4 19/24 @ 16 60pm	
6.	Objectives of Field Trip: Objective Objectives of Field Trip: Objective	
	performing in new venues listen to new music, is	1 row socially
7.	Relationship to Curriculum or Student Learning: Performing hits several of	
	high school curriculum standards; Ovarter 4.	
^	Planed Follow up Field Tim Astrillian Reflection, returning final Co	societ
8.	Planned Follow-up Field Trip Activities:	21-00-0
	; preparation for performance & graduation.	*
9.	Field Trip Budget Request	15 . (1)
		nti with
	Estimated Expenses Performance T	ours.
	Total Admission/Fees Total Meals	\$
	Total Lodging	\$
	Total Transportation	\$
	School District Vehicle(s)	
	Commercial Transportation Carrier ~ Name:	
	☐ Private Vehicle (requires certificate of insurance) ~ Name:	
	T. I.A.I.E. LOC. I	
	Total Additional Stipends:	\$
	Other: Total	\$ 0000
	Total	\$ 1800
	Revenues	per student
	District Budget Code: \$ We're ruming	
	District Budget Code: \$ We're ruming Booster Group \$ monthly fundraisers.	
	Donations \$	
	Student Fees \$	
	Total Additional Stipends: \$	
	Total \$	
11.	Reviewed/Completed Request Checklist: Yes No	

FIELD TRIP REQUEST CHECKLIST - All Field Trips DIRECTIONS: Please complete checklist. No attachments are necessary.

Develop and Communicate Student Discipline Expectations Forward Field Trip Explanation and Fee Structure Letter Sent to Parents/Guardians Collect Parent/Guardian Permission for Student Participation in Field Trip (Include request for special information	a i a allergios
medications, special needs.)	1 - I.e. allergies,
Gain Access to Cell Phone for Field Trip	
Plan Arrangements for Early Pick-Up or Late Drop-Off Students (if necessary). Guide: May choose to leave message on school voice mail to help with late drop off.	
Plan Meal Arrangements (if necessary)	
Reminder: Notify food service of non-participation.	
☐ Plan Administration of Student Medication and First Aid Needs (if necessary)	
Guide: Contact School Nurse.	
Develop and Communicate Action Plan if Student Gets Lost on Trip Arrange Adult Chaperones for Field Trip (if necessary)	
Guide: One (1) adult for every twenty (20) students depending on field trip. Parent volunteers are encouraged w	vhen possible o
appropriate	and the second s
Develop and Communicate Teacher and Adult Chaperone Expectations	
Example: Supervision duties, no smoking, no alcohol Planned Itinerary	
TIME LOCATION	
TBD in November 2023	
Maintain Ohydaut Baatan and Chaele in Ohaele aut Bracadure	
Maintain Student Roster and Check-in/Check-out Procedure Arrangement for Safety Needs (i.e., crossing guards)	
7 Wangement for Safety Needs (i.e. 57055) galaxy	
Signature of Contact Person:	
FIELD TRID DECLIEST CHECKLIST Extended Trip Only	
FIELD TRIP REQUEST CHECKLIST – Extended Trip Only DIRECTIONS: Please complete checklist and attach all appropriate materials.	
DINEO HONO. Mease complete checklist and attach all appropriate materials.	
Develop and Complete Field Trip Itinerary and Emergency Telephone Contacts Letter to Parents/Guardians	
Note: Attach tentative planned itinerary.	
Arrange Funding of Expenses During Trip Arrange Meal Plans Arrange Lodging Plans and Room Assignments	
Arrange Index Plans Arrange Lodging Plans and Room Assignments	
Collect Family Emergency Information for Students	
Example: Home phone numbers, emergency contacts, medical information	
Additional Information	
Note: Provide any additional information.	
Signature of Contact Person:	