

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:

Instructional Trips - 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.

Supplementary Trips - 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 ACTION

Principal:

- Approved
 Not Approved

Name: Jan Tarnell

Date: 10-31-23

SUPPLEMENTAL TRIP ACTION

Principal:

- Approved
 Not Approved

Name: _____

Date: _____

Instructional/Supplemental Trips need not be sent to District office.

EXTENDED TRIP ACTION

Principal:

- Recommended
 Not Recommended

Name: _____

Date: _____

Assistant Superintendent:

- Recommended
 Not Recommended

Name: Anthony [Signature]

Date: 11/08/23

School Board:

- Approved
 Not Approved

Name: _____

Date: _____

All extended trip proposals must be sent to the Assistant Superintendent's Office to be placed on the Education Committee meeting agenda for approval.

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 - i.e. allergies, medications, special needs.)
- 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 when possible or appropriate.
- Develop and Communicate Teacher and Adult Chaperone Expectations
Example: Supervision duties, no smoking, no alcohol
- Planned Itinerary

TIME

LOCATION

3-6-24	9:30AM	Leave Homecroft
3-6-24	10:30AM	Arrive WR
3-8-24	11:45AM	Leave WR
3-8-24	1:45PM	Arrive Homecroft

- Maintain Student Roster and Check-in/Check-out Procedure
- Arrangement for Safety Needs (i.e. crossing guards)

Signature of Contact Person: Nicole Munthe

FIELD TRIP REQUEST CHECKLIST - Extended Trip Only

DIRECTIONS: Please 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
- 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: Nicole Munthe

FIELD TRIP REQUEST FORM

Date of Submission: 10-31-23

Type of Trip: Instructional Supplementary Extended

1. Organization/Grade/Course Planning Trip: Homecroft 5th grade
2. Contact Person (Responsible for Checklist Completion): Nicole Munthe / Philip Warmanen / Ronda Lemay
3. Field Trip Date(s): 3-6-24 - 3-8-24 Destination: Wolf Ridge, ELC
4. Field Trip Overview (Include events, establishments and locations): Attend and stay at Wolf Ridge, learning winter survival skills, including some MN science standards, and returning after 2 nights & 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
6. Objectives of Field Trip: To cover MN science standards and to teach our students survival skills and team building.
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. Planned Follow-up Field Trip Activities: Students will complete working journals while there, and we will write thank you letters when we return.
9. Field Trip Budget Request

Estimated Expenses	
Total Admission/Fees	
Total Meals	\$ 16,833
Total Lodging	\$ 0
Total Transportation	\$ 0
<input checked="" type="checkbox"/> School District Vehicle(s) <u>Voyageur bus company</u>	\$
<input type="checkbox"/> Commercial Transportation Carrier ~ Name: _____	
<input type="checkbox"/> Private Vehicle (requires certificate of insurance) ~ Name: _____	
Total Additional Stipends:	1,600
Other: <u>night time snacks</u>	\$ 0
Total	\$ 18,633

Revenues	
District Budget	\$
Booster Group	\$
Donations	\$ 500
Student Fees	\$ 18,600
Total Additional Stipends:	\$
Total	\$ 19,100

11. Reviewed/Completed Request Checklist: Yes No

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

DISTRICT 709 FIELD TRIP REQUESTS

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INSTRUCTIONAL TRIP ACTION

Principal: Approved Name: _____
 Not Approved Date: _____

SUPPLEMENTAL TRIP ACTION

Principal: Approved Name: _____
 Not Approved Date: _____

Instructional/Supplemental Trips need not be sent to District office.

EXTENDED TRIP ACTION

Principal: Recommended Name: Kevin Johnson
 Not Recommended Date: 10-10-2023

Assistant Superintendent: Recommended Name: Anthony Bonds
 Not Recommended Date: 10/16/23

School Board: Approved Name: _____
 Not Approved Date: _____

All extended trip proposals must be sent to the Assistant Superintendent's Office to be placed on the Education Committee meeting agenda for approval.

FIELD TRIP REQUEST FORM

Date of Submission:

Type of Trip: Instructional Supplementary Extended

1. Organization/Grade/Course Planning Trip: Duluth East A Cappella Choir (10-12)

2. Contact Person (Responsible for Checklist Completion): Paul Christenson

3. Field Trip Date(s): 4/13/24 - 4/19/24 Destination: Miami (Royal Caribbean)

4. Field Trip Overview (Include events, establishments and locations): School performance exchange in Miami, performing on a cruise ship, & travelling around the Caribbean via cruise ship

5. Field Trip Departure from School (Date and Time): 4/13/24 @ 6:00am

Field Trip Return to School (Date and Time): 4/19/24 @ 10:00pm

6. Objectives of Field Trip: Share our musical talents, practice performing in new venues, listen to new music, & grow socially.

7. Relationship to Curriculum or Student Learning: Performing hits several of our high school curriculum standards; Quarter 4.

8. Planned Follow-up Field Trip Activities: Reflection, returning Final Concert; preparation for performance @ graduation.

9. Field Trip Budget Request Trip is being run through Marc Fioravanti with Performance tours.

Estimated Expenses	
Total Admission/Fees	\$
Total Meals	\$
Total Lodging	\$
Total Transportation	\$
<input type="checkbox"/> School District Vehicle(s)	
<input type="checkbox"/> Commercial Transportation Carrier ~ Name: _____	
<input type="checkbox"/> Private Vehicle (requires certificate of insurance) ~ Name: _____	
Total Additional Stipends:	\$
Other:	\$
Total	\$ 1800

per student

Revenues		
District Budget	Code:	\$
Booster Group		\$
Donations		\$
Student Fees		\$
Total Additional Stipends:		\$
Total		\$

We're running monthly fundraisers.

11. Reviewed/Completed Request Checklist: Yes No

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

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Example: Supervision duties, no smoking, no alcohol
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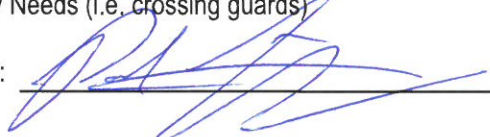
TIME

LOCATION

TBD in November 2023

- Maintain Student Roster and Check-in/Check-out Procedure
- Arrangement for Safety Needs (i.e. crossing guards)

Signature of Contact Person: _____



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