# Proposal for Overnight/Extended Student Trips (Athletic)

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| **Email Address** | *joel.stockwell@rimsd41.org* |
| **Type of Trip** | *Wrestling* |
| **Proposed Departure Date** | *Jan 08, 2027* |
| **Return Date** | *Jan 09, 2027* |
| **Proposer** | *Joel Stockwell* |
| **School** | *RIHS* |
| **Position** | *Teacher/Coach* |
| **Date By Which Response Is Needed** | *Nov 24, 2026* |
| **What is the major place to be visited or event to be attended?** | *Sycamore High School* |
| **How is the trip related to the educational program of the District?** | *Athletics* |
| **In what ways will the students benefit?** | *Experience* |
| **In what ways will the District benefit?** | *Positive exposure* |
| **How will the trip be evaluated to determine the extent to which these benefits were realized?** | *Behavior and performance* |
| **Which students (grade, class, or organization) will be going?** | *9-12 Varsity* |
| **How many students in total?** | *18* |
| **How many students are currently experiencing academic problems?** | *None* |
| **Which staff members will be in charge?** | *Joel Stockwell Jake Boyd* |
| **What previous experience has the staff member had in conducting overnight or extended field trips?** | *20+ years* |
| **What other staff members will be going?** | *N/A* |
| **How many chaperones, in addition to staff members, will be going?** | *N/A* |
| **What are their names and affiliations with the students?** | *N/A* |
| **How many days of school will be missed?** | *0* |

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| **How will teachers be advised in advance that the students will be out of school?** | *N/A* |
| **How will missed work be made up?** | *N/A* |
| **What special assistance will be provided to students with academic problems?** | *Tutoring* |
| **What is the destination?** | *Sycamore High School* |
| **What will be the mode of transportation? What liability insurance does the carrier have?** | *Act II* |
| **Where will the group be housed and fed?** | *Motel 6* |
| **What enroute or supplementary activities are planned?** | *none* |
| **What arrangements have been made for dealing with emergency situations?** | *Emergency Folders* |
| **If tour guides are involved, what liability insurance do they carry?** | *N/A* |
| **What is the estimated total cost and cost per student?** | *$40* |
| **What is the source of funds?** | *Rock Island Wrestling Club for food and lodging. RIMSD for transportation.* |
| **How will the funds be collected and safeguarded?** | *Staff* |
| **How will any shortfall be made up or excess funds used?** | *RIWC* |
| **What provision has been made for students who are financially unable to pay any necessary costs?** | *RIWC* |
| **How will you communicate to parents prior to, during, and after the trip?** | *Group Me* |
| **List telephone numbers at destination where group will be housed.** | *815-899-6500* |

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| **What information will be provided to the media and the community?** | *Results* |
| **Athletic Director Approval** (Athletic trips only) | Approved by *Mike Emendorfer* |
| **Principal approval** | Approved by *Patricia Ulrich* |
| **Superintendent/Designee approval** | Approved by *Sharon Williams* on 09/20/26 |
| **Signature of School Board Representative** | |