

DISTRICT 197 OVERNIGHT OR EXTENDED TRIP REQUEST- FORM 2

Form 1 must have been completed and approved before submitting Form 2
Submit to Principal/Administrator and Superintendent's Office no less than two months
prior to domestic travel and no less than 4 months prior to international travel.

Staff Member Name and school: Brianna Hawir - Heritage
Date of Trip/Destination/Who trip is for: 11/9 - 11/11 Eagle Bluff 7th Grade
Did you complete FORM 1 for this trip and receive the required approval? yes

TOUR CHECKLIST	RESPONSE
1. Dates of travel	11/9/26 - 11/11/26
2. Trip destination	Eagle Bluff Lanesboro, MA
3. SUBMIT: Complete roster of travelers. Include a link to your roster in the response or attach a document. Link to roster template: TOUR ROSTER	Linked in Email
4. SUBMIT: Detailed Itinerary, including hotel names, addresses and phone numbers. Include a link or attach a document with these details in your response.	Attached to Email
5. Final number of student travelers	159
6. Final number of adult travelers who are paying their own way/fare.	0
7. Final number of adults travelers who are traveling with a free or reduced fare. [If any, include the amount by which their fare is reduced]	27
8. Final number of district employees (also include in #6 and #7 counts)	16
9. Ratio of adults to students	5.8 adults to students
10. FINAL TOTAL of Number of Travelers (Adults and Students)	
11. Have parents received detailed information about the cancellation policies and fees?	yes
12. Is travel insurance through the tour company required OR optional for your travelers?	No

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13. Has the district completed background checks for <u>all</u> adults?	Yes
14. Is this a private tour, or will you be traveling with students from other schools? If so, please include the full roster of the adjoining group.	Private we will be the only school there
15. How will you communicate with travelers while on tour?	We will all be together at the camp staff will have cell phones
16. How will you communicate with families back home/not on tour?	Talking points + parent square Families will also have a number to leave messages for a call back
17. What is your plan for those requiring medication?	Staff member serving as "nurse" School nurse prepped



Staff Member's/Group Leader's Signature

10/20/26

Date

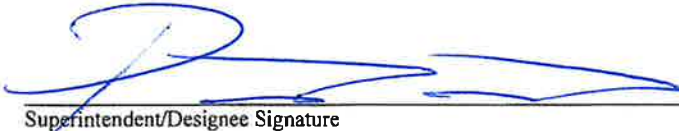
Required Approvals:



Principal Signature

10-20-2026

Date



Superintendent/Designee Signature

10/20/26

Date

School Board Approval

Date Approved

Once this form has been signed by your site administrator, submit it to the Superintendent for review and approval. It will then require School Board approval. Once approved, a signed copy will be returned to you for your records.