

## LEWISTON-ALTURA SCHOOL DISTRICT EXTENDED/OVERNIGHT FIELD TRIP APPLICATION

Date of Field Trip: 12/14-12/15 Requested By: Stoppa Destination/Event: State Speaking Contests, St. Cloud

Time Leaving School: \_\_\_\_\_ Time Returning to School: 11:30 PM

Purpose of Field Trip: FFA State # of Students: 7 # of Adults: 3

Please check the approved volunteer list or check with the office to ensure that all volunteers are approved.

Will there be any parent volunteers or chaperons not including staff? ☒ Yes ☐ No

If yes, please list the names: Shelly Schell

Will you need district transportation? Yes ☐ No ☐ If yes, # of busses or vans needed 2

If you need district transportation, arrangements were made with

Haley Matthew (Name) on 11/21/2025 (Date).

If district transportation is unavailable or impractical, other transportation arrangements were made with

\_\_\_\_\_ (Name of the Company) on \_\_\_\_\_ (Date).

Will students be absent from school? ☒ Yes ☐ No

So that additional contacts can be made (food service, buildings and grounds, etc.), I notified

\_\_\_\_\_ (Office Staff Signature) on \_\_\_\_\_ (Date).

Budget Information: FFA (Program being billed for costs)

Transportation Cost:

Lodging Cost: \$585

Meal Cost:

Entry Fees: \$275

Please attach a copy of the Field Trip Parental Permission form and any additional guidelines or expectations.

### OFFICE USE ONLY

Date application was received (Must be received prior to a board meeting when possible): \_\_\_\_\_

APPROVED NOT APPROVED Rationale for not approving the field trip:

[Signature]  
(Activity Director's Signature if Applicable)

[Signature]  
(Principal's Signature)

Gwen Porter  
(Superintendent's Signature)

\_\_\_\_\_  
(School Board Member's Signature)

12/1/25  
(Date)

12-1-25  
(Date)

12-1-2025  
(Date)

\_\_\_\_\_  
(Date)



## LEWISTON-ALTURA PUBLIC SCHOOLS EXTENDED FIELD TRIP PERMISSION FORM



In compliance with school regulations governing special field trips of a curricular or extra-curricular nature, the following information is provided, so that as a parent/guardian of the student involved you will be aware of the circumstances under which the trip is being taken. Your permission must be obtained prior to the trip and may be given by signing the lower portion of this form and returning it to the classroom teacher sponsoring the trip.

All students participating in school-sponsored field trips must go and return on the transportation provided.

FIELD TRIP DETAILS	
NATURE AND PURPOSE OF FIELD TRIP	FFA State Speaking Contests
SCHOOL SPONSORING TRIP	L-A
INSTRUCTOR OR SPONSOR OF FIELD TRIP	Stopps
FIELD TRIP DESTINATION	St. Cloud, MN
DATE OF FIELD TRIP	December 14th - 15th
DURATION OF FIELD TRIP	2:00 PM Sunday - 11:00 PM Monday
COST OF THE FIELD TRIP TO STUDENTS (LODGING, MEALS, ETC.)	Bring \$ for meals. Lunch on Monday will be provided
HOTEL INFORMATION (LOCATION, CONTACT INFORMATION)	Best Western Plus Kelly Inn, 100 4th Ave S, St. Cloud, MN 56301 (320) 253 - 0606
STUDENTS REPORT TO	School Stage
STUDENTS WILL RETURN TO	Front Parking Lot
STUDENTS SHALL BRING THE FOLLOWING MATERIALS WITH THEM FOR USE ON TRIP	See Packing List

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I understand the conditions described above and give my permission for \_\_\_\_\_ (Student Name) to participate in the designated field trip. I further understand that neither the sponsor, school administration, nor the school board of District #857 assumes any unusual responsibility for the safety and welfare of my child.

parent/guardian signature

date

☐

My student has a medical record on file with the Lewiston-Altura Public School district that advisors need to consult prior to the trip. (Check only if this applies to your student.)