## DISTRICT 709 DISTRICT 709 FIELD TRIP REQUESTS

Camp Menogyn  $\frac{06/08/10}{3/4/25} - 3/7/25$ 

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.

STRUCTIONAL TRIP ACTI		
Principal:	Approved	Name:
	☐ Not Approved	Date:
UPPLEMENTAL TRIP ACTI	ON	
Principal:	☐ Approved	Name:
	☐ Not Approved	Date:
Instruc	ctional/Supplemental Trips n	eed not be sent to District office.
XTENDED TRIP ACTION		.)
		" Lucy Set
Principal:	Recommended	Name:
	☐ Not Recommended	Date:
A - data at Oran - data and a at-	C Decemberded	Name: Anthony But
Assistant Superintendent:		Name.
	□ Not Recommended	Date: 2/4/25
School Board:	☐ Approved	Name:
	••	
Odilodi Bodia.	Not Approved	Date:

## **FIELD TRIP REQUEST FORM**

e of Trip:   Instructional   Supplementary   Extended	
Organization/Grade/Course Planning Trip: East HS. AFNR Classes / Ft	FA
Contact Person (Responsible for Checklist Completion):	
Field Trip Date(s): 3/4/25 - 3/7/25 Destination: Camp Menogyn	
Field Trip Overview (Include events, establishments and locations): Camp Mengayin	Grand Marais MAN
Tield Tip Overview (Include events, establishments and locations).	<u> </u>
Field Trip Departure from School (Date and Time): 3/4/25 9 AM	
Field Trip Return to School (Date and Time): 3/7/25 6 PM	
Objectives of Field Trip: Learn about local ecology, Social + emotional	learning community
building, career opportunities	- Continue of
Relationship to Curriculum or Student Learning: Connects with AFNR	cum culum,
Career exploration	
Field Trip Budget Request	
riora inp sudgerioques	
Estimated Expenses	
Estimated Expenses Total Admission/Fees	\$5,145.24
Estimated Expenses  Total Admission/Fees  Total Meals	\$
Total Admission/Fees Total Meals Total Lodging Total Transportation	
Total Admission/Fees Total Meals Total Lodging Total Transportation	\$
Total Admission/Fees Total Meals Total Lodging	\$ \$ \$
Total Admission/Fees Total Meals Total Lodging Total Transportation  School District Vehicle(s)  Estimated Expenses  Logenses  Fotal Admission/Fees  Total Transportation  Cans x 2	\$
Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) Commercial Transportation Carrier ~ Name: Private Vehicle (requires certificate of insurance) ~ Name:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Total Admission/Fees  Total Meals  Total Lodging  Total Transportation  School District Vehicle(s)  Commercial Transportation Carrier ~ Name:  Private Vehicle (requires certificate of insurance) ~ Name:  Total Additional Stipends:	\$ 1500.00 +2,572
Total Admission/Fees  Total Meals  Total Lodging  Total Transportation  School District Vehicle(s)  Commercial Transportation Carrier ~ Name:  Private Vehicle (requires certificate of insurance) ~ Name:  Total Additional Stipends:  Other: Sub X + days	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Total Admission/Fees  Total Meals  Total Lodging  Total Transportation  School District Vehicle(s)  Commercial Transportation Carrier ~ Name:  Private Vehicle (requires certificate of insurance) ~ Name:  Total Additional Stipends:	\$ 1500.00 \$ 42,572
Total Admission/Fees  Total Meals  Total Lodging  Total Transportation  School District Vehicle(s)  Commercial Transportation Carrier ~ Name:  Private Vehicle (requires certificate of insurance) ~ Name:  Total Additional Stipends:  Other: Sub X + days	\$ 1500.00 \$ 42,572
Total Admission/Fees  Total Meals  Total Lodging  Total Transportation  School District Vehicle(s)  Commercial Transportation Carrier ~ Name:  Private Vehicle (requires certificate of insurance) ~ Name:  Total Additional Stipends:  Other: Sub x 4 days  Total  Revenues  District Budget Code: 74 x 220 298 000 \$	\$ 1500.00 \$ 42,572
Total Admission/Fees  Total Meals  Total Lodging  Total Transportation  School District Vehicle(s)  Commercial Transportation Carrier ~ Name:  Private Vehicle (requires certificate of insurance) ~ Name:  Total Additional Stipends:  Other: Sub x 4 day 5  Total  Revenues  District Budget Code: 74 x 220 298 000 \$  Booster Group  **XXX** 459 \$	\$ 1500.00 \$ 42,572
Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) Commercial Transportation Carrier ~ Name: Private Vehicle (requires certificate of insurance) ~ Name:  Total Additional Stipends: Other: Sub x 4 day 5  Total  Revenues  District Budget Code: 79 x 220 298 000 \$  Booster Group xxx 459 \$  Donations	\$ 1500.00 \$ 42,572
Total Admission/Fees  Total Meals  Total Lodging  Total Transportation  School District Vehicle(s)  Commercial Transportation Carrier ~ Name:  Private Vehicle (requires certificate of insurance) ~ Name:  Total Additional Stipends:  Other: Sub × 4 day 5  Total  Revenues  District Budget Code: 74 × 220 298 000 \$  Booster Group ××× 459 \$  Donations  Student Fees	\$ 1500.00 \$ 42,572
Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) Commercial Transportation Carrier ~ Name: Private Vehicle (requires certificate of insurance) ~ Name:  Total Additional Stipends: Other: Sub x 4 day 5  Total  Revenues  District Budget Code: 79 x 220 298 000 \$  Booster Group xxx 459 \$  Donations	\$ 1500.00 \$ 42,572

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

will have when up 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 Para Jesse Schomberg Develop and Communicate Teacher and Adult Chaperone Expectations Example: Supervision duties, no smoking, no alcohol See attached it inerary Planned Itinerary TIME Maintain Student Roster and Check-in/Check-out Procedure Arrangement for Safety Needs (i.e. crossing guards) Signature of Contact Person: 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 Example: Home phone numbers, emergency contacts, medical information will have when Additional Information

Note: Provide any additional information Collect Family Emergency Information for Students Additional Information Note: Provide any additional information.

Signature of Contact Person:

FIELD TRIP REQUEST CHECKLIST - All Field Trips