DISTRICT 709 FIELD TRIP REQUESTS

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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:

<u>Instructional Trips</u> - 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.

<u>Supplementary Trips</u> - 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, the Continental United States, or a Foreign Country - Trips that involve one or more overnight stops within Minnesota, the Continental United States, or a Foreign Country (externally sponsored) and may be instructional or supplementary and are voluntary in nature. Extended field trips require school board approval prior to the trip.

INSTRUCTIONAL TRIP ACTIO	·	N	
Principal:	Approved	Name:	
	☐ Not Approved	Date:	
SUPPLEMENTAL TRIP ACTION	NC		
Principal:	☐ Approved	Name:	
	□ Not Approved	Date:	1
Instruc	ctional/Supplemental Trips ne	ed not be sent to District office.	
EXTENDED/EXTERNALLY SI	PONSORED TRIP ACTION	Laurich De	
Principal:	Recommended	Name: Samo to De	
·	☐ Not Recommended	Date: 1056	
Assistant Superintendent:	☐ Recommended	Name:	
	□ Not Recommended	Date:	
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: ✓ Instructional Type of Trip: ☐ Supplementary Extended Organization/Grade/Course Planning Trip: Contact Person (Responsible for Checklist Completion): Field Trip Date(s): 12/4 - 12/5/ ノ**く**Destination: Field Trip Overview (Include events, establishments and locations): Field Trip Departure from School (Date and Time): Field Trip Return to School (Date and Time): Objectives of Field Trip: Relationship to Curriculum or Student Learning: Planned Follow-up Field Trip Activities: Field Trip Budget Request **Estimated Expenses** Total Admission/Fees **Total Meals** Total Lodging **Total Transportation** \$180 School District Vehicle(s) ☐ Commercial Transportation Carrier ~ Name: Private Vehicle (requires certificate of insurance) ~ Name: Total Additional Stipends: Other: \$146 **Total** \$582 Revenues **District Budget** \$ 20 Code: **Booster Group** \$ **Donations** \$ Student Fees Total Additional Stipends: **Total** 11. Reviewed/Completed Request Checklist: No

10.03.15

*The Assistant Superintendent's office must receive a signed waiver form for each student participating in an externally sponsored trip prior to the departure date.

RETURN COMPLETED REQUEST TO BUILDING PRINCIPAL

FIELD TRIP REQUEST CHECKLIST - All Field Trips

DIRECTIONS: Please complete checklist. No attachments are necessary.

- Χ Develop and Communicate Student Discipline Expectations
- Forward Field Trip Explanation and Fee Structure Letter Sent to Parents/Guardians Χ
- Collect Parent/Guardian Permission for Student Participation in Field Trip (Include request for special information i.e. allergies, Χ medications, special needs.)
- Gain Access to Cell Phone for Field Trip Χ
- Plan Arrangements for Early Pick-Up or Late Drop-Off Students (if necessary). Χ

Guide: May choose to leave message on school voice mail to help with late drop off.

Plan Meal Arrangements (if necessary) χ

Reminder: Notify food service of non-participation.

Plan Administration of Student Medication and First Aid Needs (if necessary) Χ

Guide: Contact School Nurse.

- Develop and Communicate Action Plan if Student Gets Lost on Trip Х
- 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 Χ

Example: Supervision duties, no smoking, no alcohol

Planned Itinerary Χ

	TIME	LOCATION Awaiting itinerary form the state department	
Χ	Maintain Student Roster and C	Check-in/Check-out Procedure	
Χ	Arrangement for Safety Needs	(i.e. crossing guards)	
Sign	nature of Contact Person:		

FIELD TRIP REQUEST CHECKLIST – Extended/Externally Sponsored 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 Χ Note: Attach tentative planned itinerary.
- Arrange Funding of Expenses During Trip Χ
- Arrange Meal Plans Χ
- Arrange Lodging Plans and Room Assignments Х
- 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:

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INSTRUCTIONAL TRIP ACTION	ON		
Principal:	Approved	Name:	
	☐ Not Approved	Date:	
SUPPLEMENTAL TRIP ACTION			
Principal:	☐ Approved	Name:	
	☐ Not Approved	Date:	
Instruc	ctional/Supplemental Trips n	eed not be sent to District office.	
EXTENDED TRIP ACTION		0 11	
Principal:	Recommended	Name: Alame:	
	☐ Not Recommended	Date: 10-23-15	
Assistant Superintendent:	☐ Recommended	Name:	
	☐ Not Recommended	Date:	
		N	
School Board:	☐ Approved	Name:	
	☐ Not Approved	Date: ————	
All extended trip propo	osals must be sent to the Ass Education Committee mee	sistant Superintendent's Office to be placed on the ting agenda for approval.	

FIELD TRIP REQUEST CHECKLIST - All Field TripsDIRECTIONS: 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,				
Y	medications, special needs.)				
M	Gain Access to Cell Phone for Field Trip				
K)	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.				
X	Plan Meal Arrangements (if necessary)				
-√	Reminder: Notify food service of non-participation.				
凶	Plan Administration of Student Medication and First Aid Needs (if necessary)				
	Guide: Contact School Nurse.				
X	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.				
X	Develop and Communicate Teacher and Adult Chaperone Expectations				
	Example: Supervision duties, no smoking, no alcohol				
文	Planned Itinerary				
	TIME LOCATION				
X,	Maintain Student Roster and Check-in/Check-out Procedure				
X	Arrangement for Safety Needs (i.e. crossing guards)				
	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$				
Sigr	ature of Contact Person: Was Williams				
	EIELD TRID RECLIECT CHECKLIST Extended Trin Only				
	FIELD TRIP REQUEST CHECKLIST – Extended Trip Only				
	DIRECTIONS: Please complete checklist and attach all appropriate materials.				
M	Develop and Complete Field Trip Itinerary and Emergency Telephone Contacts Letter to Parents/Guardians				
سک	Note: Attach tentative planned itinerary.				
X	Arrange Funding of Expenses During Trip				
X	Arrange Meal Plans Special divets				
$\overline{\mathbf{x}}$	Arrange Lodging Plans and Room Assignments				
XXXX XXXX	Collect Family Emergency Information for Students				
	Example: Home phone numbers, emergency contacts, medical information				
X	Additional Information				
, ,	Note: Provide any additional information.				
	Note: Provide any additional information. WE WILL NEED S. E. Support to Follow IEP PLANS. nature of Contact Person: G. L. Support to Follow IEP PLANS.				