DISTRICT 709 FIELD TRIP REQUESTS

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 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.

| INSTRUCTIONAL TRIP ACTION | | | |
|--|--------------------------------|------------------------------------|--|
| Principal: | ☐ Approved | Name: | |
| | ☐ Not Approved | Date: | |
| SUPPLEMENTAL TRIP ACTI | ON | | |
| Principal: | ☐ Approved | Name: | |
| | ☐ Not Approved | Date: | |
| | 1 | | |
| Instru | ctional/Supplemental Trips ned | ed not be sent to District office. | |
| EXTENDED TRIP ACTION | E | | |
| | ✓ | SIT. (1) Those | |
| Principal: | Recommended | Name: 121/23 | |
| | □ Not Recommended | Date: O/31/22 | |
| Assistant Superintendent: | Recommended | Name: Anthony Bonds | |
| 7 dolotant oupermendent. | | about eller an | |
| | □ Not Recommended | Date: | |
| Cabaal Daawl | | | |
| 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: | | | | |
|---|---|--|--|--|
| Type of Trip: | Extended | | | |
| Organization/Grade/Course Planning Trip: Denfeld Music Departme | ent | | | |
| Contact Parson (Passancible for Chaplifet Completion), Jackies Labiet | | | | |
| Contact Person (Responsible for Checklist Completion): Joshua Lehigh | | | | |
| 3. Field Trip Date(s): 3/2-3/5 Destination: C | Chicago | | | |
| 4. Field Trip Overview (Include events, establishments and locations): | Les Miserables and Blue Man Group Performan | | | |
| Museums, food and camaraderie | | | | |
| 5. Field Trip Departure from School (Date and Time): March 2 nd @ 6 and | m | | | |
| Field Trip Return to School (Date and Time): March 5th @ 6 pm | | | | |
| 6. Objectives of Field Trip: Attend high level musical events while te | om building with our music groups, daysler | | | |
| | | | | |
| perspectives by traveling to an enormous city; build interpersor | nal relationships | | | |
| | | | | |
| Relationship to Curriculum or Student Learning: While we are not pe | erforming, we will be taking in performances that | | | |
| are a very high level. Students will observe and interact with culture | from the perspective of a musical group. | | | |
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| B. Planned Follow-up Field Trip Activities: Discussions | | | | |
| Planned Follow-up Field Trip Activities: Discussions Field Trip Budget Request | | | | |
| . Field Trip Budget Request | | | | |
| | ees | | | |
| Field Trip Budget Request Estimated Expens Total Admission/Fees Total Meals | \$3,300 \$3,700 | | | |
| Field Trip Budget Request Estimated Expens Total Admission/Fees Total Meals Total Lodging | \$3,300 \$3,700 | | | |
| Field Trip Budget Request Estimated Expens Total Admission/Fees Total Meals Total Lodging Total Transportation | \$3,300 \$2,700 | | | |
| Field Trip Budget Request Estimated Expens Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) | \$3,300 \$2,700 \$9,000 | | | |
| Field Trip Budget Request Estimated Expens Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LGS Coaches | \$3,300 \$2,700 \$9,000 | | | |
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| Field Trip Budget Request Estimated Expens Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LGS Coaches | \$3,300 \$2,700 \$9,000 \$10,000 | | | |
| Estimated Expens Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LGS Coaches Private Vehicle (requires certificate of insurance) ~ Name: | \$3,300 \$2,700 \$9,000 | | | |
| Field Trip Budget Request Estimated Expens Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LCS Coaches Private Vehicle (requires certificate of insurance) ~ Name: Total Additional Stipends: | \$3,300 \$2,700 \$9,000 \$10,000 | | | |
| Estimated Expens Total Admission/Fees Total Meals Total Lodging Total Transportation School District Vehicle(s) X Commercial Transportation Carrier ~ Name: LGS Coaches Private Vehicle (requires certificate of insurance) ~ Name: Total Additional Stipends: Other: | \$3,300 \$2,700 \$9,000 \$10,000 \$ \$ | | | |
| Field Trip Budget Request Estimated Expens | \$3,300 \$2,700 \$9,000 \$10,000 | | | |
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FIELD TRIP REQUEST CHECKLIST - All Field Trips 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 | | | | |
| \times | the control of the co | | | | |
| | medications, special needs.) | | | | |
| \boxtimes | | | | | |
| \mathbb{X} | 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. | | | | |
| \bowtie | Plan Meal Arrangements (if necessary) | | | | |
| | Reminder: Notify food service of non-participation. | | | | |
| 120 | and the state of t | | | | |
| | Guide: Contact School Nurse. | | | | |
| \searrow | | | | | |
| \succeq | The state of the s | | | | |
| | Guide: One (1) adult for every twenty (20) students depending on field trip. Parent volunteers are encouraged when possible or | | | | |
| | appropriate. | | | | |
| \searrow | | | | | |
| | Example: Supervision duties, no smoking, no alcohol | | | | |
| \times | Planned Itinerary | | | | |
| | | | | | |
| | TIME LOCATION, | | | | |
| | Thursday 2" Travel and Les Miserables | | | | |
| | friday 300 Museum + Blue Man Group | | | | |
| | Sot 4th Museum + Millenium Park | | | | |
| | Sun. 5th Travel | | | | |
| | | | | | |
| 29 | Maintain Student Roster and Check-in/Check-out Procedure | | | | |
| X | Arrangement for Safety Needs (i.e. crossing guards) | | | | |
| | 040/ | | | | |
| Sign | ature of Contact Person: | | | | |
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| | l and the second | | | | |
| | FIELD TRIP REQUEST CHECKLIST – Extended Trip Only | | | | |
| | DIRECTIONS: Please complete checklist and attach all appropriate materials. | | | | |
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| X | Develop and Complete Field Trip Itinerary and Emergency Telephone Contacts Letter to Parents/Guardians | | | | |
| | Note: Attach tentative planned itinerary. | | | | |
| X | Arrange Funding of Expenses During Trip | | | | |
| Χ | Arrange Meal Plans | | | | |
| X | Arrange Lodging Plans and Room Assignments | | | | |
| X | Collect Family Emergency Information for Students | | | | |
| ^ | | | | | |
| V | Example: Home phone numbers, emergency contacts, medical information | | | | |
| Χ | Additional Information | | | | |
| | Note: Provide any additional information. | | | | |
| 0:- | ature of Contact Powers A X X | | | | |
| Sign | nature of Contact Person: | | | | |
| | | | | | |